**Performance**

**Report**

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| Name: | TransitCare Limited |
| Commission ID: | 700448 |
| Address: | Level 1, 628 Kingston Road, LOGANLEA, Queensland, 4131 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9967 TransitCare Limited  
Service: 28118 TransitCare Ltd - HCP  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7673 TransitCare Limited  
Service: 24973 TransitCare Limited - Community and Home Support

**This performance report**

This performance report has been prepared by K. Jarvie, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers, representatives and others; and
* the provider’s response to the assessment team’s report received on 20 August 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

* **Standard 1 Requirements (3)(a), (3)(c) and (3)(e)**
  + Ensure staff interactions with consumers are monitored to maintain kind, caring and respectful interactions at all times.
  + Ensure consumers are provided opportunities to make decisions and provide feedback about care and services they receive and the way they are delivered.
  + Ensure information provided to or communicated with consumers and representatives is accurate and timely.
  + Review processes, policies and procedures relating to supporting consumers to exercise choice and independence.
* **Standard 2 Requirements (3)(a), (3)(c), (3)(d) and (3)(e)**
  + Ensure staff have the skills and knowledge to:
    - initiate assessments and update care plans where changes to consumers’ health are identified or when incidents occur.
    - recognise changes to consumers’ health and well-being and initiate assessments, implement or review strategies and monitor their effectiveness. Ensure assessment processes include processes for staff to identify consumers’ needs and wishes in relation to palliation and terminal phase of life.
    - ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
  + Ensure policies and procedures in relation to assessment, care planning and review are developed and effectively communicated and understood by staff.
  + Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.
* **Standard 3 Requirements (3)(a), (3)(b), (3)(e) and (3)(f)** 
  + Ensure staff have the skills and knowledge to:
    - recognise risks and changes to consumers’ health and well-being, initiate assessments, implement appropriate management strategies and initiate referrals to medical officers and allied health specialists.
    - report, document and manage clinical incidents.
    - ensure care plans are accurate and reflective of each consumer’s current care and service needs.
  + Ensure policies, procedures and guidelines in relation to best practice care and management high impact or high prevalence clinical risks are developed and effectively communicated and understood by staff.
  + Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care and management high impact or high prevalence clinical risks.
* **Standard 4 Requirements (3)(a) and (3)(d)**
  + Ensure staff have the skills and knowledge to identify things of interest to each consumer, implement supports for daily living in line with consumers’ preferences.
  + Ensure staff providing services and supports for daily living have sufficient information about each consumer’s needs, goals and preferences.
  + Ensure policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle are effectively communicated and understood by staff.
  + Monitor staff compliance with the service’s policies, procedures and guidelines in relation to optimising consumer independence, health, well-being and quality of life, supporting emotional and psychological well-being and leisure and lifestyle.
* **Standard 6 Requirements (3)(a) and (3)(c)** 
  + Ensure staff have the skills and knowledge to support consumers to provide feedback and make complaints.
  + Ensure feedback and complaints data is regularly reviewed to identify trends and improvement opportunities to the quality of care and services.
  + Ensure feedback is provided to consumers, representatives and others in relation to receipt of complaints and action taken in response.
  + Ensure an open disclosure approach to complaints is implemented.
* **Standard 7 Requirements (3)(a), (3)(d) and (3)(e)**
  + Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and acuity.
  + Ensure staff are provided appropriate training to address the deficiencies identified in all eight Quality Standards.
  + Ensure training is provided to staff in line with the service’s training schedule.
  + Ensure attendance at training sessions is monitored and non-attendance managed and addressed.
  + Ensure regular staff performance review processes are conducted, staff are effectively monitored, and issues identified with staff practice and competency appropriately addressed.
* **All Requirements in Standard 8** 
  + Ensure consumers and representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
  + Ensure the Board effectively monitors the timelines of implementation of actions to address deficiencies related to the non-compliance with the Quality Standards, including ensuring regular reporting from management.
  + Ensure regulatory obligations in relation to Board composition and advisory bodies is adhered to.
  + Review the organisation’s governance systems in relation to information management, workforce governance, regulatory compliance and feedback and complaints.
  + Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.
  + Implement a clinical governance framework and ensure it includes oversight of clinical care delivered by subcontractors, minimising the use of restraint, and addresses the non-compliance identified in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.

# 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. | Not Compliant | Not 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. | Not 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. | Not Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement (3)(a)

For both services operated by the provider, the Assessment Team was not satisfied each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team provided the following evidence relevant to my finding:

* Five of 36 consumers across both services provided examples of disrespectful interactions they have experienced with staff.
* Sampled records did not consistently use respectful language in relation to consumers.
* Staff across both services said they have not received training in relation to the Code of Conduct for Aged Care or the Charter of Aged Care Rights. Staff also said they had not seen the Charter of Aged Care Rights.

The provider did not agree with the Assessment Team’s findings and asserts that the sample size was insignificant, a proportionate approach was not taken, an appropriate response cannot be provided as consumers wanted their statements to remain confidential, and additional information provided during the audit had been overlooked. The provider’s response includes, but is not limited to:

* An explanation that an annual client survey was conducted between December 2023 and January 2024, which shows 94.42% of consumers were satisfied they are treated with dignity and respect. An undated copy of this survey was provided in support.
* An explanation that five consumer statements and three examples of disrespectful language in records is not proportionate in comparison to the volume of consumers receiving services.
* An explanation that staff training does not relate to Standard 1, however, all members of care staff under Service 28118 have a Certificate III qualification which covers the Code of Conduct for Aged Care and Charter of Aged Care Rights. Furthermore, these topics are covered as part of induction processes. An induction guide and plan dated February and May 2024 respectively was provided in support.
* An explanation that the Assessment Team’s evidence did not consider whether staff were able to describe what treating consumers with dignity and respect means in practice, how they respect and promote cultural awareness and diversity, or what they would do if they thought a consumer’s dignity wasn’t being upheld.

I have considered that while the provider maintains the Assessment Team’s sample was not proportionate, there is no evidence indicating the percentage of dissatisfied consumers would decrease by increasing the sample size.

The provider also maintains there is additional evidence not considered by the Assessment Team, including staff knowledge of how they meet the intent of this Requirement. However, the provider’s response also did not include this evidence. The only evidence in the provider’s response relates to a client satisfaction survey which is not dated, and induction records for February and May 2024.

While the provider asserts that staff training is not related to Standard 1, I find that training is essential in supporting the workforce to meet the intent of this Requirement. The provider’s response states that all care staff under Service 28118 have a Certificate III qualification which covers the Code of Conduct for Aged Care and Charter of Aged Care Rights, however, the provider did not demonstrate the same qualifications for its workforce in relation to Service 24973. Furthermore, the provider needs to demonstrate it has systems and processes in place to ensure staff are supported in delivering care and services that align with the intent of this Requirement, I find that relying upon a certification is insufficient. The provider has a responsibility to ensure training provided to its staff is contemporaneous and well-understood. Induction documents were included in the provider’s response but did not clearly demonstrate that all staff had received induction or that it includes training in relation to the Code of Conduct for Aged Care and Charter of Aged Care Rights. This is consistent with the Assessment Team’s findings under Requirement (3)(d) in Standard 7 Human resources.

I have considered the provider’s response did not include any information or evidence to demonstrate how they ensure each consumer is treated with dignity and respect, or that their identity, culture and diversity valued. This includes monitoring of staff engagement with consumers, ongoing training and support, and dealing with disrespectful behaviour when identified.

I have also considered the intent of this Requirement relates to ‘each’ consumer, not ‘most’ consumers, and have therefore placed weight on statements from the five consumers that they do not always feel respected.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

Requirement (3)(c)

In relation to Service 24973 the Assessment Team was satisfied each consumer is supported to exercise choice and independence about the way care and services are delivered, who is involved in their care, and who they maintain connections with. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Five of 18 consumers were unaware of what care and services they can receive through their package funds, including that they feel they need to argue to get what they need, their needs and preferences are not always understood, and requests to reassess their care and services are denied.
  + Documentation showed consumers are not provided with a complete or accurate list of care and services available under a package.
* Service 24973:
  + Consumers said they can decide how their needs, goals and preferences are met. They can request services as needed and are supported to make social connections and maintain relationships that are important to them.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes, but is not limited to:

* An explanation that most consumers agreed they are supported to exercise choice and independence and of the negative statements from consumers, it is impossible to determine how many of the five consumers these relate.
* An explanation that the list of services available is provided in each consumer’s service agreement. A sample agreement was provided, which includes a schedule of fees and charges for each service available.

In relation to Service 28118, while the provider maintains that most consumers were satisfied they can exercise choice and independence, I have considered the intent of this Requirement relates to ‘each’ consumer, not ‘most’ consumers, and have therefore placed weight on statements from the five consumers that said they need to argue to get what they need, their needs and preferences are not always understood, and requests to reassess their care and services are denied. While it is unclear how many of the five consumers these statements relate, it does not change the outcome that five consumers felt they cannot exercise choice and independence about the care and services they receive.

I acknowledge that a schedule of fees is provided to consumers on commencement, however, it’s the provider’s responsibility to support consumers to exercise choice and independence, including ensuring that the schedule of fees is well-understood. I find this did not occur, as five consumers were not aware of what care and services they can access.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(c) in Standard 1 Consumer dignity and choice.

Requirement (3)(e)

In relation to Service 24973 the Assessment Team was satisfied 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. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Of 17 consumers interviewed:
    - Five said they did not have sufficient information to enable them to exercise choice, including that information was not clear or explained, and they are unsure what care and services are available.
    - Fifteen said they do not have a copy of their care plan and are either unsure if they have one or have a copy they can refer to. Staff said consumers are offered a copy of their care plan but sometimes decline.
    - Three said they are not always advised when there is a change in staff who will be attending their homes and times of scheduled services are changed without notice.
    - One said there had been a service price increase without notice.
    - Five consumers said their monthly statements are confusing and included errors.
  + The HCP agreement and Client Handbook did not include a comprehensive list of specified inclusions and exclusions to ensure consumers are fully informed and empowered to make choices and decisions about their care and services. Furthermore, the Client Handbook included conflicting information.
  + Sampled monthly statements did not accurately reflect care and services provided during the relevant month. For example, one statement included eight allied health charges all on the same day, which may be attributed to bulk invoicing from the subcontractor.
* Service 24973:
  + The consumer information pack was comprehensive and included information about transport services and payment, the Charter of Aged Care Rights, and how to book and cancel services.
  + A quarterly calendar and magazine is available to consumers, and includes information about the organisation, service offerings, pricing changes, and scheduled activities and events.
  + Consumers said that while they are not provided with a care plan, they have all the information they need about transport and social support services. Consumers said booking processes are clear and easy to follow, and they know what social support activities are scheduled.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes a copy of a consumer’s home care agreement dated March 2022, showing a list of inclusions and associated prices.

I have considered the intent of the Requirement, which expects providers to communicate clearly and supply helpful information to consumers about their care and services, including the care and services they offer, commitments and obligations. For Service 28118, I find this did not occur, as consumers said information is not clear or explained, they are unsure if they have a care plan or what care and services they can choose from, staffing changes are not always communicated and statements can be confusing.

I find evidence in the Assessment Team’s report does not demonstrate deficits in relation to Service 24973.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

Requirements (3)(b), (3)(d) and (3)(f)

Consumers said staff ask about their cultural needs and preferences. Management provided examples of the way they support the cultural needs and preferences, including implementation of a Reconciliation Action Plan, engagement with Indigenous communities and health organisations, and staff training. Staff were knowledgeable of, and provided examples of how they tailor care and services to suit, consumer’s cultural needs and preferences.

Consumers said they are encouraged to take risks to enable them to live the best life they can. Documentation showed consumers are safely supported to take risks, which maintains their independence and quality of life.

Consumers were satisfied their privacy is respected and personal information is kept confidential. They said they have been informed how their information will be used, and consent is sought before it is shared. Staff provided examples of how they respect consumers’ privacy and maintain their confidentiality, including not entering their home without authorisation and being mindful of their environment before discussion personal information. Consumer records are stored electronically, and devices are password protected.

Based on the information summarised above, I find the provider, in relation to Service 28118 and Service 24973, compliant with Requirements (3)(b), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice.

# 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not Compliant | 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. | Not 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant | Compliant |

Findings

Requirement (3)(a)

For both services operated by the provider, the Assessment Team was not satisfied 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. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Staff said they receive information about tasks that need completion, not about risks and level of assistance required with various aspects of care.
  + Three sampled care plans did not include sufficient detail about each consumer’s individual assessed needs, the risks for the consumer and strategies to manage such risks.
  + Home safety risk assessments are completed on commencement but not updated when living conditions change.
* Service 24973:
  + Initial assessment processes are based on My Aged Care assessment summaries and consumer engagement. Documentation showed consumers are asked about consumers’ mobility and dietary needs.
  + Consumers living with dementia or exhibiting signs of confusion are identified and classified according to risk.
  + Management and staff said consumers receiving social support and transport have low needs and do not require a care or support plan. They said no care or support plans have been generated for consumers who commenced after April 2024, opting instead to consolidate consumer information into the consumer’s electronic profile.
  + The Assessment Team requested access to the electronic profile for consumers living with dementia or exhibiting signs of confusion in order to evaluate how risks and mitigation strategies are documented. Management declined to provide this information, so the team was unable to assess the effectiveness of this process in relation to this Requirement.

The provider did not agree with the Assessment Team’s findings in relation to Service 24973 and maintains that the intent of this Requirement is met. The provider’s response includes, but is not limited to:

* Explanation that assessments completed at intake establishes that consumers are suitable for the low-level service provided. When identified, staff escalate deterioration in a consumer’s condition to the intake team who reassess and initiate referrals to more suitable services if required.
* Explanation that clients with greater needs, such as those with dementia, are transported to meet up with a carer. While drivers are provided specific written instructions in relation to these consumers, they are not responsible for delivery of clinical care and any consumers needing a higher level of assistance are required to travel with a carer.
* Explanation that there is not always a service plan to be documented or provided as services can be booked on an ad hoc basis.

The provider’s response does not address the Assessment Team’s findings in relation to Service 28118.

I have considered the intent of this Requirement, which expects providers to ensure relevant risks to a consumer’s safety, health and well-being are assessed, discussed with the consumer, and included in planning a consumer’s care. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being aren’t compromised. In relation to Service 28118, I find this did not occur, as sampled care plans did not include sufficient information to guide staff in effectively managing consumers’ risks.

In relation to Service 24973, consumers who commenced after April 2024 do not have a care or support plan, and the Assessment Team was not provided any evidence demonstrating that these consumers’ electronic profiles sufficiently identifies risks and includes associated mitigation strategies. While the provider maintains that consumers are independent, it is ultimately responsible for ensuring risks to consumers safety are mitigated during care and service delivery. The provider’s response includes no evidence that this is occurring.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(b)

In relation to Service 24973, the Assessment Team was satisfied assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Seventeen sampled care plans did not consistently reflect all information regarding each consumer’s care needs, including current services they are receiving, preferences relating to personal care, goals relating to functional ability and skin integrity, and preferred communication mechanisms for consumers with sensory impairment.
* Service 24973:
  + Consumers and representatives confirmed consumers’ needs, goals and preferences are discussed with them.
  + Access to electronic profiles for consumers who commenced after April 2024 was not provided to the Assessment Team to assess the provider’s performance in relation to this Requirement, however, this has been addressed under Requirements (3)(a) and (3)(d) in this Standard.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

In relation to Service 28118, I have considered that sampled care plans did not include up to date information about consumers’ care and services, or their needs, goals and preferences. This may result in consumers not receiving the care and services they need.

In relation to Service 24973, I have placed weight on positive feedback from consumers and representatives that consumers’ needs, goals and preferences are discussed with them. While the Assessment Team was not provided access to consumers’ electronic profiles, I find the core deficit relates to identification of risk and documenting outcomes of assessment and planning and have therefore considered it under Requirements (3)(a) and (3)(d) in this Standard.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(c)

In relation to Service 24973, the Assessment Team was satisfied assessment and planning is based on ongoing partnership with the consumer and includes other providers of care and services. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Sampled care plans were based on initial assessments and did not demonstrate ongoing partnership with consumers and their representatives.
    - One consumer said they have requested a care plan review on multiple occasions, but staff said they were too busy. The consumer’s care plan was last updated in April 2023.
    - One consumer said the frequency of their care was reduced without consent. The consumer’s care plan was not updated to reflect these changes and progress notes did not demonstrate why the care frequency was reduced or that the consumer was consulted in the decision-making process.
  + Recommendations from other providers of care were not incorporated into assessment and planning processes. For example, mitigation strategies recommended by an occupational therapist for a consumer with sensory impairment.
* Service 24973:
  + Consumers confirmed they can choose which services they require and are involved in decisions regarding transportation and participating in social support activities of choice.
  + Staff were able to describe how they work in partnership with others when undertaking assessment and planning.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

In relation to Service 28118, I have considered that sampled care plans did not demonstrate consultation or input from consumers or representatives. This assessment is supported by consumer feedback that they have requested a care plan review and were declined, and their care frequency was reduced without consultation.

In relation to Service 24973, I have placed weight on the positive feedback from consumers in their ability to choose the services they require.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(d)

For both services operated by the provider, the Assessment Team was not satisfied the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer and where care and services are provided. The Assessment Team provided the following evidence relevant to my finding:

* Twelve consumers across both services said they either did not have a copy of their care plan or could not recall receiving one.
* Three sampled care plans across both services did not include up to date information about the consumer’s condition or care and services they receive.
* For three consumers, the provider was unable to demonstrate how outcomes of assessment and planning were communicated, as staff were unable to locate their care plans.
* In relation to service 24973, there was no evidence that consumers’ electronic profiles included outcomes of assessment and planning as the provider refused to make these accessible to the Assessment Team.
* Management and staff said it is impractical to maintain care and support plans for 25,000 consumers currently receiving services.

The provider did not agree with the Assessment Team’s findings in relation to Service 24973 and maintains that the intent of the Requirement is met. The provider’s response includes, but is not limited to:

* Additional context in relation to two of the three named consumers whose care plans contained out of date information. This includes that evidence in the Assessment Team’s report is contradictory and that services are episodic.
* Explanation that consumers receiving services are fully independent and capable of communicating directly with drivers and staff during service provision. As a result, information in consumers’ electronic profiles is sufficient.
* Explanation that of the 25,000 consumers currently receiving services, most relate to transport to and from independent activity and can occur rarely.
* Explanation that consumers receiving transport services have their bookings read back to them at the time for confirmation and receive a follow up text with the trip details. Consumers receiving social support services are called each week for confirmation.

The provider’s response did not address the Assessment Team’s findings in relation to Service 28118.

I have considered the intent of this Requirement, which expects providers to document assessment and planning outcomes for each consumer and ensure care and service plans are available to staff at point of care and services, and to consumers in a way they can understand. I find the intent of this Requirement has not been met for both services, as consumers were either not aware they had a care plan or did not recall receiving one. Furthermore, three care plans were unable to be located by staff.

In relation to Service 24973, while the provider maintains consumers are fully independent and capable of communicating directly with drivers and staff during service provision, this does not eliminate the provider’s responsibility to document consumers’ care and service needs, goals and preferences, and ensure this information is available to consumers and at point of care and service delivery.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

Requirement (3)(e)

In relation to Service 24973, the Assessment Team was satisfied care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + The service undertook an internal audit which revealed 17 of 44 care plans had not been reviewed for more than one year.
  + Clinical assessments had not been completed for consumers who had experienced deterioration or change in condition.
  + Three consumers explained, and care plans showed, their care and services had not been reviewed despite having a change in care and service delivery or condition.
* Service 24973:
  + Staff said consumers will undergo a review once per year. When changes are identified during a phone review, a note is added to their electronic profile to ensure the updated needs are documented.
  + Staff and management said a consumer’s electronic profile will be updated in response to a consumer’s condition. They provided examples where a change in condition was promptly escalated and updated.
  + The Assessment Team was not provided access to consumers’ electronic profiles and as a result, these statements were unable to be verified. However, this has been addressed under Requirements (3)(a) and (3)(d) in this Standard.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

In relation to Service 28118, I have considered that a significant portion of consumers’ care plans had not been updated in at least one year. The provider therefore hasn’t ensured that care and services meets the consumer’s needs safely and effectively.

In relation to Service 24973, I have placed weight on feedback from staff and management that electronic profiles are updated following annual service reviews. While access to consumers’ electronic profiles was not provided, I find the core deficit relates to Requirements (3)(a) and (3)(d) in this Standard.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

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

Standard 3 is not applicable to Service 24973 as it does not provide personal or clinical care to consumers. The below findings relate to Service 28118 only.

Requirement (3)(a)

The Assessment Team was satisfied care provided to consumers is safe, however, they were not satisfied that it is best practice and tailored to consumers’ needs. The Assessment Team provided the following evidence relevant to my finding:

* The service does not employ clinical staff to deliver care, rather, brokerage arrangements are in place to meet consumers’ clinical needs. The service does not have oversight of the safety and quality of the clinical care provided by brokered staff.
* Staff said they would be guided by their own knowledge and previous experience in relation to care delivery, rather than best practice guidelines provided by the service.
* Staff and management advised they did not have any consumers who have active wounds, however, the Assessment Team identified through consumer interviews and document reviews that one consumer has a chronic ulcer and pressure injury which is managed by an occupational therapist and general practitioner.
* Staff could not articulate how they provide tailored or best practice care to one consumer with chronic disease of the central nervous system or skin condition.
* Staff were unable to describe why one consumer receives fortnightly nursing reviews. The consumer did not have a care plan entailing their health summary, blood glucose management plan or medication self-administration.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

I have considered the intent of this Requirement, which expects the provider to do everything they can to provide safe and effective personal and clinical care. I find this did not occur, as the provider demonstrated limited oversight of consumers receiving subcontracted clinical services. Staff and management were unable to articulate how they provide best practice and tailored care to consumers, and staff conceded that they rely on their own knowledge rather than best practice guidelines provided by the service.

Based on the information summarised above, I find the provider, in relation to Service 28118, not compliant in relation with Requirement (3)(a) in Standard 3 Personal care and clinical care.

Requirement (3)(b)

The Assessment Team was not satisfied high impact or high prevalence risks associated with the care of consumers is effectively managed. The Assessment Team provided the following evidence relevant to my finding:

* Interviews with consumers and documentation showed consumers’ falls risks were not effectively managed. Risk management strategies were not consistently followed and where a fall occurred, assessments were not completed and revised mitigation strategies were not implemented.
* Interviews with staff and documentation showed one consumer’s pain, cognitive decline and malnutrition was not effectively managed. Assessments were not completed, and strategies were not implemented to ensure adequate oversight of pain, medication management and weight loss.
* There are no policies or processes in place to guide staff in relation to pain management, skin integrity, falls prevention and behaviour management.
* Staff have not received any training in relation to high impact or high prevalence risks, including pressure injury and falls prevention and management.
* The service does not have a vulnerable consumer register to identify and monitor high impact or high prevalence risks associated with consumers.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

I have considered the intent of this Requirement, which expects the provider to do everything they can to manage risks related to the personal and clinical care of each consumer. This includes applying measures to make sure the risk is as low as possible through the use of risk assessments, implementation of mitigation strategies and staff training and education. I find this did not occur, as consumers experiencing falls, cognitive decline, wounds and pain were not appropriately assessed and monitored, and strategies to minimise risk to each consumer were not implemented. I also find supports are not in place, such as policies, processes and training, to guide staff in managing consumers’ risks and delivering safe and effective care.

Based on the information summarised above, I find the provider, in relation to Service 28118, not compliant in relation with Requirement (3)(b) in Standard 3 Personal care and clinical care.

Requirement (3)(e)

The Assessment Team was not satisfied information about the consumer’s condition, needs and preferences is effectively communicated within the organisation or with others where responsibility is shared. The Assessment Team provided the following evidence relevant to my finding:

* Sampled care plans lacked detail in relation to each consumer’s personal and clinical care risks, needs and preferences. They also did not include input from allied health professionals.
* Service staff said they can only view tasks that require completion and have no access to care plans.
* The service’s subcontracted workforce who delivers clinical care said they do not have access to consumers’ care plans.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

I have considered that the service did not ensure its workforce has information about delivering safe and effective personal and clinical care and understanding each consumer’s condition, needs, goals and preferences. I find this places consumers at risk, as they may not be receiving care that meets their assessed needs.

Based on the information summarised above, I find the provider, in relation to Service 28118, not compliant in relation with Requirement (3)(e) in Standard 3 Personal care and clinical care.

Requirement (3)(f)

The Assessment Team was not satisfied a proactive approach is taken in initiating referrals to individuals, other organisations and providers of other care and services. The Assessment Team provided the following evidence relevant to my finding:

* Consumer interviews and documentation shows two consumers were not referred to other relevant health professionals following a decline in mobility.
* The service does not undertake regular care plan or progress note reviews to identify where a change in condition has occurred and ensure appropriate referrals are initiated.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

I have considered that the service did not implement effective monitoring processes to ensure changes in consumers’ condition are identified and assessed, and where appropriate, initiate referrals to other specialised providers. I find this poses a risk to consumers, as the service has not ensured consumers’ needs are met and risks associated with their care are effectively managed.

Based on the information summarised above, I find the provider, in relation to Service 28118, not compliant in relation with Requirement (3)(f) in Standard 3 Personal care and clinical care.

Requirements (3)(c), (3)(d) and (3)(g)

There are processes in place for understanding consumers’ needs, goals and preferences relating to end of live and advance care. Staff explained how consumers’ care would change when nearing end of life, including initiation of referrals, increased frequency of care, provision of emotional support and pain management.

There are processes in place to support staff in reporting incidents or concerns in response to deterioration or change in condition. Staff were knowledgeable of this process and provided examples of where it had been used.

Consumers said and observations showed staff adhere to infection mitigation measures, including use of personal protective equipment (PPE). Staff have received training in relation to infection control practices, and policies and procedures are in place to guide staff in best practice.

Based on the information summarised above, I find the provider, in relation to Service 28118, compliant with Requirements (3)(c), (3)(d) and (3)(g) in Standard 3 Personal care and clinical care.

# 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. | Not 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. | Not 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 | Not Applicable |

Findings

Requirement (3)(a)

In relation to Service 24973, the Assessment Team was satisfied each consumer gets safe and effective services and supports for daily living that meets consumers’ needs, goals and preferences and optimises their independence, health and well-being. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Seven consumers were dissatisfied with the quality of domestic assistance provided to them, with some stating that staff are not appropriately trained, and they need to tell staff what to do.
  + Management and consumers said staffing continues to be an issue and impacts the service’s ability to provide services and supports at the agreed time. Some examples include changes in staff attending their home, a reduction in frequency of services and delayed responses to requests.
  + Interviews with consumers and staff, and documentation showed, no action was taken in response to an occupational therapist’s recommendations following two consumers’ decline in condition.
* Service 24973:
  + Most consumers provided positive feedback about the services and supports they receive, which help them to remain independent and live the life they choose. Consumers were complimentary of staff who deliver services.
  + Staff were knowledgeable of what’s important to consumers and spoke about how they maintain their safety and well-being, including when they don’t answer the door as expected or are not at the designated pick-up point.
  + Management provided examples of how they support consumers living in remote locations.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

In relation to Service 28118, I have considered that services and supports for daily living do not support consumers’ needs and are not delivered in line with their preferences, as consumers are dissatisfied with the quality and timeliness of services and supports provided.

In relation to Service 24973, I am satisfied evidence demonstrates the provider meets the intent of this Requirement.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(a) in Standard 4 Services and supports for daily living.

Requirement (3)(d)

In relation to Service 24973, the Assessment Team was satisfied information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Consumers and representatives said they need to let care staff know about the consumer’s condition and preferences, as staff change quite a bit and they’re not mentioned in their care plan.
  + Care staff said they can access consumers’ care plans when in the office but do not have access to that information at point of care and service delivery. Care staff said they have access to tasks that need to be completed for consumers, however, no details are provided about the consumer’s needs, preferences or condition.
* Service 24973:
  + Staff said they have access to consumers’ social support care plan (for consumers who commenced before April 2024) and receive up to date about consumers’ schedules, needs and preferences.
  + While access to electronic profiles for consumers who commenced after April 2024 was not provided to the Assessment Team to assess the provider’s performance in relation to this Requirement, this has been addressed under Requirements (3)(a) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

In relation to Service 28118, I have placed weight on statements from consumers and staff that staff do not have information in relation to consumers’ condition, needs and preferences at point of care and service delivery. I have considered that consumers need to continuously tell staff what to do.

In relation to Service 24973, while electronic profiles were not made available to the Assessment Team to assess the provider’s performance in relation to this Requirement, the core deficit relates to assessment and planning processes and has therefore been considered under Requirements (3)(a) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers. I have placed weight on staff feedback that they have enough information at point of service delivery and that the Assessment Team did not find any adverse impacts to consumers.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(d) in Standard 4 Services and supports for daily living.

Requirements (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g)

Consumers’ emotional, spiritual and psychological well-being is supported wherever possible. Staff and management demonstrated knowledge of what is important to consumers and described how they support their well-being, including having meaningful conversations and escalating concerns. Documentation shows consumers are supported to maintain meaningful connections with those who are important to them.

Consumers said services and supports for daily living enables them to access the community, maintain connections and do things of interest to them. They said they can choose to engage in activities and were complementary of efforts from staff and volunteers to ensure they enjoy themselves.

Consumers said referrals are made on their behalf and they are satisfied with the process. Staff explained they work with My Aged Care assessment teams, other service providers and hospital staff to ensure consumers can access the services and supports they need.

Consumers provided positive feedback about the meals they receive, including that they are of adequate quality and quantity. Consumers said they can access various meal options which are suitable to their needs. Documentation showed dietary preferences, requirements and food allergies are discussed with each consumer. Consumers were observed enjoying their meals at a lunchtime meal service.

While the Assessment Team noted some areas for improvement regarding equipment provided to consumers, the service had taken action to address these prior to the Quality Audit. Service 24973 does not provide equipment and was therefore not assessed against Requirement (3)(g).

Based on the information summarised above, I find the provider, in relation to Service 28118 and Service 24973, compliant with Requirements (3)(b), (3)(c), (3)(e), and (3)(f) in addition to Service 28118 being found compliant with Requirement (3)(g), in Standard 4 Services and supports for daily living.

# 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 | 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. | Not Applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Compliant |

Findings

The service environment was observed to be a bright open space which enabled consumers to easily navigate. All consumers provided positive feedback in relation to the service environment and said it is welcoming and enables them to interact with others and maintain independence.

The service environment was observed to be clean, well maintained and comfortable. Consumers were observed moving freely around the environment. Processes are in place to ensure hazards are identified and reported, including risk assessments of all 62 venues consumers attend. The risk assessments include, parking, access, navigation, seating.

There are systems in place to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. They were observed to be clean and in good condition.

The provider is not funded for a service environment in relation to HCP services and therefore Standard 5 has not been assessed against Service 28118.

Based on the information summarised above, I find the provider, in relation to the CHSP Service 24973, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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. | Not Compliant | Not Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement (3)(a)

In relation to both services operated by the provider, the Assessment Team was not satisfied consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. The Assessment Team provided the following evidence relevant to my finding:

* Most consumers and representatives said they are aware of how to make a complaint. These statements were supported by the welcome pack provided to consumers on commencement.
* Four consumers across both services asked the Assessment Team to keep their feedback confidential as they did not feel comfortable providing the same feedback to the provider.
* Five consumers across both services said they do not feel comfortable providing feedback or making a complaint out of concern they will be treated differently, will lose access to services or won’t be listed to. Some of these consumers provided examples of being treated as ‘silly’ or ‘crazy’ or not experiencing procedural fairness after they lodged a complaint.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes, but is not limited to:

* Explanation that the Assessment Team did not follow lines of enquiry to understand whether sampled consumers’ concerns were valid, nor did they consider positive feedback in the yearly survey.
* Explanation that in the yearly survey, 88.04% of consumers said they can raise complaints or concerns without fear of repercussions. An undated copy of the survey was provided in support.
* Explanation that the Assessment Team did not ask consumers who wished to remain confidential whether they had provided feedback to their respective service, and it is common for older persons to believe that feedback can lead to reprisals. Furthermore, the five consumers sampled is not proportionate in comparison to the total number of consumers receiving services.

In relation to both services, while the provider asserts the Assessment Team did not follow lines of enquiry to understand whether sampled consumers’ concerns were valid, the provider’s response does not include any evidence to demonstrate consumers’ concerns were invalid. The report did provide some consumers’ names which would have given the provider an opportunity to provide further evidence if desired.

Furthermore, the provider’s response states that 88.04% of consumers said they can raise complaints without fear of repercussions. The evidence provided to support this was undated and its validity cannot be verified. The Assessment Team interviewed 34 consumers throughout the Quality Audit and while it’s unlikely that they interviewed each consumer about this Requirement, I’m confident that at minimum, 26% of consumers said they felt uncomfortable to lodge a complaint. I find this is a significant portion of sampled consumers.

Based on the above, I have placed weight on consumer feedback included in the Assessment Team’s report that they do not feel encouraged or supported to provide feedback or make a complaint.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(a) in Standard 6 Feedback and complaints.

Requirement (3)(c)

In relation to both services operated by the provider, the Assessment Team was not satisfied appropriate action is taken in relation to complaints, and an open disclosure process is used when things go wrong. The Assessment Team provided the following evidence relevant to my finding:

* Five of nine consumers and representatives interviewed across both services said feedback and complaints are not always openly accepted, they have not been involved in resolution processes and outcomes of their feedback and complaints are not always communicated.
* Management described the complaints resolution process which includes triaging and allocation of responsibility for resolution. However, management could not demonstrate how tracking occurs after responsibility has been allocated and throughout the resolution process.
* Sampled complaint outcomes were not consistently documented. Management acknowledged this is an issue with the complaints handling system and advised it has been reported as a software improvement.
* Induction and training records did not demonstrate staff are supported to understand the complaints handling system, what to do if they receive feedback or a complaint, or open disclosure. Staff were not knowledgeable of the complaints handling process or principles of open disclosure.
* There are no policies or procedures to guide staff in relation to complaints handling. This was acknowledged by management during the Quality Audit.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes, but is not limited to:

* An explanation that in the yearly survey, 77.02% of consumers said the provider effectively deals with suggestions, problems or concerns. An undated copy of the survey was provided in support.
* An explanation that the volume of consumers sampled is not proportionate in comparison to the total number of consumers receiving services.
* An explanation that open disclosure only relates to incidents that result in harm to a patient while receiving health care. This clearly does not apply to transport or social support services and none of the complaints evidenced by the Assessment Team in relation to Service 28118 demonstrated harm.
* An explanation that the Assessment Team’s report does not include evidence demonstrating disciplinary issues that resulted from one of the sampled consumer’s complaints. Consumers are not privy to these outcomes nor is it appropriate they be involved in this process. The provider’s response did not include any evidence to demonstrate this complaint had been appropriately addressed.
* An explanation that the other complaint related to a transport staff member and camera footage showed the staff member did not do anything wrong. No evidence was provided to demonstrate this complaint had been appropriately addressed.
* An explanation that the description of issues regarding the complaint software system is incorrect. While the system does not track after initial action has been taken, there was still clear evidence that complaints are received, managed and responded to in a timely manner.

I have considered that while the provider maintains 77.02% of consumers are satisfied their complaints are effectively managed, the survey provided to evidence this claim is undated. Furthermore, I have considered that five of nine consumers interviewed by the Assessment Team were dissatisfied with the provider’s handling of complaints, which is 55.55% of all consumers sampled. I consider this to be a significant portion.

While the provider maintains the Assessment Team’s sample size is not proportionate to the volume of consumers receiving services, there is no evidence indicating that an increased sample size would result in a greater proportion of consumers being satisfied that complaints are effectively managed.

In relation to open disclosure, I do not agree with the provider’s view that it is limited to consumers receiving health care. The Commission’s ‘Open Disclosure, Framework and Guidance’ gives practical guidance to support providers in open disclosure practices. It explains that providers should practise open disclosure when something has gone wrong that has caused harm or had the potential to cause harm to a consumer. Harm may be physical, psychological or social resulting in loss of quality of life, impairment, suffering, injury, disability or death. The document provides examples of when open disclosure should be used, including, but not limited to, a staff member using abusive language towards a consumer, a staff member failing to attend a consumer’s home to attend personal care, and a provider failing to provide meals that align with the cultural preferences of a consumer. These examples extend beyond health care and are targeted at staff and provider behaviour.

I have considered the provider’s response did not include any evidence that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Based on the above, I have placed weight on consumer feedback included in the Assessment Team’s report that they were dissatisfied with the provider’s complaints resolution process.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

Requirements (3)(b) and (3)(d)

Consumers and representatives were aware of external complaints mechanisms. Management and staff provided examples of how consumers are provided information about advocacy, language and external complaints services, and this was evidenced in the welcome pack provided to consumers.

Management provided examples of how feedback and complaints information has been used to improve the quality of care and services, including driver training. The complaints register showed complaints regarding cancelled services were discussed at continuous improvement meeting and resulted in a process to change communication mechanisms.

Based on the information summarised above, I find the provider, in relation to Service 28118 and Service 24973, compliant with Requirements (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

# 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 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. | Not Compliant | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant | Not Compliant |

Findings

Requirement (3)(a)

In relation to Service 24973, the Assessment Team was satisfied 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. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Seven consumers or representatives said staff often change and services have been cancelled due to a lack of staff. They said consumers are impacted as they do not always know the staff providing care, there is a lack of continuity, their preferences are not always known and they need to continuously explain their condition, needs and preferences, and they don’t like strangers in their home.
  + Documentation showed one consumer’s services were reduced due to staffing issues.
  + Staff said consumers assigned on their roster often change and consumers are dissatisfied with the frequency that this occurs.
  + Documentation shows over a one-month period, there were 17 unfilled shifts due to ‘staff away’.
  + Management said coordination staff step in when shifts are unable to be filled, however, coordination staff said this means they do not have adequate time to fulfil their coordination duties.
  + Management confirmed staffing is a key challenge and they are currently recruiting.
* Service 24973:
  + Seven consumers said they receive quality care and services that are delivered safely and as planned by regular staff.
  + Staff said they have sufficient time to perform their duties.
  + Management spoke of workforce planning processes, including budgeting and forecasting, and ensuring staff have the right skill mix.
  + Observations of a social support group indicated a sufficient volume of staff to assist consumers.

The provider did not agree with the Assessment Team’s findings in relation to this Requirement, as the evidence which formed the base of this finding was ‘unreasonable’. The provider’s response includes no further evidence to support their assertion.

In relation to Service 28118, I have placed weight on statements from consumers, representatives and staff that there are insufficient staffing numbers to ensure the delivery and management of safe and quality care and services. I have considered that this has had a significant impact to consumers, particularly in relation to a lack of continuity and having to repeatedly explain their condition, needs and preferences.

I acknowledge the provider does not think this evidence is reasonable or sufficient to form a not compliant finding, however, I have considered the provider’s response did not include any evidence to show how they plan to ensure enough staff are rostered to meet consumers’ needs and preferences or that they have mechanisms in place to cover unplanned leave.

In relation to Service 24973, I find evidence demonstrates no deficits in relation to this Requirement.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(a) in Standard 7 Human resources.

Requirement (3)(d)

In relation to both services operated by the provider, the Assessment Team was not satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence relevant to my finding:

* Nine consumers or their representatives, across both services, said they are not confident in staff ability.
* Management, staff and volunteers across both services said they had not received any training in relation to the Quality Standards, nor how they apply to their work.
* Training, learning and development needs of the workforce is not regularly reviewed.
* Induction and training records for both services showed staff are not provided training in relation to the Charter of Aged Care Rights. In relation to Service 28118, these records showed staff are not provided training in relation to the Code of Conduct for Aged Care, identifying and responding to abuse and neglect, identifying and responding to deterioration, restrictive practices or the Serious Incident Response Scheme (SIRS). Staff confirmed they had not received this training.
* Management said staff are required to attend annual training which includes challenging behaviours, manual handling, infection control and diversity, however, training documents did not show that this had occurred.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes, but is not limited to:

* An explanation that consumer feedback is subjective and lacked substance.
* An explanation that the Assessment Team did not consider relevant qualifications, skills and experience of staff prior to recruitment. All but one staff in relation to Service 28118 have a minimum Certificate III in Individual Support (Aged Care) and the remainder have been through on the job training. The Charter of Aged Care Rights, Code of Conduct for Aged Care and infection control are part of the curriculum for that Certificate. A copy of the ‘on the job’ trainee feedback form was provided to support assessment of competency for staff in relation to Service 28118.
* An explanation that the Commission does not prescribe that staff need to be trained in the Charter of Aged Care Rights. This was confirmed via email during the Quality Audit. A copy of this advice from the Commission was not included in the provider’s response.
* An explanation that it is false to say training, learning and development needs of the workforce is not regularly reviewed. Training records for drivers have been ignored. A training matrix and ‘on the job’ trainee feedback forms were provided in support.
* An explanation that there is no evidence staff interviewed are current employees. There are some staff who did not perform to the required standards and were moved on from the organisation. Furthermore, no contact centre or intake staff were interviewed, and these are the staff who are tasked with communicating with consumers and ensuring services are suitably delivered.
* An explanation that an employee survey completed in June 2024 demonstrates the number of staff who felt they had adequate training for their current position and their training was relevant was 86.97% and 88.26% respectively. A copy of this survey was not included in the provider’s response.

In coming to my finding, I have focused on the systems and processes in place to ensure that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities.

I place weight on evidence included in the provider’s response demonstrating staff practice is observed as part of induction processes, however, there is no evidence staff training is monitored or delivered beyond this. The provider’s response includes a matrix showing which training is mandatory, but there is no evidence staff training is monitored to ensure these mandatory training requirements are met.

The provider maintains that all but one staff working under Service 28118 have a Certificate III qualification which covers the Code of Conduct for Aged Care, infection control and Charter of Aged Care Rights, however, the provider did not demonstrate the same qualifications for its workforce under Service 24973. Furthermore, the provider needs to demonstrate it has systems and processes in place to ensure staff are supported to deliver outcomes for consumers in line with the Quality Standards, I find that relying upon a certification is insufficient, as the provider has the ultimate responsibility to ensure training is contemporaneous and well-understood.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(d) in Standard 7 Human resources.

Requirement (3)(e)

In relation to both services operated by the provider, the Assessment Team was not satisfied staff performance is regularly evaluated or that additional support, training and development needs are identified or addressed. The Assessment Team provided the following evidence relevant to my finding:

* Nine consumers or their representatives, across both services, said they are not satisfied with the performance of staff.
* Management said they do not assess staff performance on an ongoing basis and staff performance reviews are not required for both services. Management said the contact centre is the only area that completes regular performance appraisals, with the remaining being completed in response to an issue, incident or complaint.
* Management said they conduct regular one-to-one discussions with their respective teams within the office to track key performance indicators, maintain financial oversight, monitor service operations and check in. Any concerns are expected to be raised at this meeting.
* Management said staff can voice any concerns via the ‘concerns register’.
* Staff said they do not receive regular performance reviews, have not received probation reviews and training and development needs are not identified.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for both services. The provider’s response includes, but is not limited to:

* An explanation that there is no requirement that regular assessment, monitoring and review of staff performance needs to be documented.
* An explanation that management statements have been misrepresented and at no time did they say that performance is not measured on an ongoing basis.
* An explanation that staff at Service 28118 have not been engaged for sufficient time to warrant a formalised performance review.
* An undated performance management framework was provided to show managers are reviewed on an ongoing basis.

I have considered that while the provider strongly refutes the Assessment Team’s findings, the provider’s response includes no evidence to support that effective systems and processes are in place to regularly evaluate and monitor staff performance.

The provider’s response includes a performance management framework to demonstrate how management performance is reviewed, however, this document is undated and there is no evidence it is embedded in practice. No evidence was provided to ensure staff, other than management, receive any form of performance review.

While the provider maintains there is no requirement to document staff performance discussions, I find that it is pivotal in ensuring performance management processes are effective. An effective performance management process includes, but is not limited to, collation of comments, feedback, observations and incidents, and records performance gaps, objectives actions and timelines. I find there is no evidence to support that this has occurred.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(e) in Standard 7 Human resources.

Requirements (3)(b) and (3)(c)

Most consumers provided positive feedback in relation to consumers’ interactions with the workforce and said staff are kind, caring and respectful. While five consumers spoke of interactions with staff which made them feel disrespected, this has been considered under Requirement (3)(a) in Standard 1 Consumer dignity and choice. Staff provided examples of how they show consumers respect, including through tailored support.

There are processes in place to measure consumers’ competency, including on-the-job training and competency check ins. Management and staff said mentoring is conducted for a period of up to six weeks or until the staff member is deemed competent in their role. While deficiencies have been identified in relation to staff training, induction and development, these have been considered under Requirements (3)(d) and (3)(e) in this Standard.

Based on the information summarised above, I find the provider, in relation to Service 28118 and Service 24973, compliant with Requirements (3)(b) and (3)(c) in Standard 7 Human resources.

# 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 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. | Not Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant | Not Applicable |

Findings

Requirement (3)(a)

In relation to Service 24973, the Assessment Team was satisfied consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. However, they found that this did not consistently occur for consumers in relation to Service 28118. The Assessment Team provided the following evidence relevant to my finding:

* Service 28118:
  + Consumers can provide feedback through feedback forms and the annual consumer survey.
  + The Board does not have direct engagement with consumers who receive care and services.
  + Management and a member of the Board confirmed the service has not established a consumer advisory body and did not demonstrate an awareness of their responsibility to do so.
* Service 24973:
  + Consumers confirmed they can participate in an annual feedback survey.
  + The annual feedback survey showed consumers are provided the opportunity to evaluate current services and provide suggestions for future service delivery.
  + Management said consumer feedback is collected through informal conversations at social support group activities, and provided examples of how this is used to tailor future service delivery.
  + Annual general meetings are held which enable consumers to talk about issues that are important to them.

The provider did not agree with the Assessment Team’s findings in relation to this Requirement. The provider’s response includes, but is not limited to:

* An explanation that the Board engaged with some consumers in March 2024 as part of a 30th year event program.
* An explanation that the requirement for a consumer advisory body does not exist until a provider has more than 40 HCP consumers. This benchmark was not reached until May 2024.

In relation to Service 28118, I have considered that the provider has not met its responsibilities to establish a consumer advisory body. It is a legislative requirement that from 1 December 2023, each provider establishes a consumer advisory body to give the governing body of the provider feedback about the quality of care provided. There is no basis for the provider’s argument that they are not required to do so until they reach a threshold of 40 consumers. The only exemption for this requirement relates to providers that operate under a grant agreement, are a state or territory, are a state or territory authority or are a local government authority.

A provider can, however, apply for a determination that membership responsibilities in respect of their governing body do not apply by virtue of their size (i.e. have fewer than five members in their governing body and provide care to fewer than 40 consumers). This scenario is not relevant to this Requirement, as it relates to the governing body not consumer advisory body.

In relation to Service 24973, I find evidence demonstrates no deficits in relation to this Requirement.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(a) in Standard 8 Organisational governance.

Requirement (3)(b)

In relation to both services operated by the provider, the Assessment Team was not satisfied the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team provided the following evidence relevant to my finding:

* Reports to the Board show they receive information in relation to complaints, concerns, incidents and the workforce, however, there was no way to distinguish whether the data related to Service 28118, Service 24973 or consumers under the National Disability Insurance Scheme.
* Three sampled Board meeting minutes did not show a standing agenda item, report or discussion relating to complaints or incidents for each service.
* Management and a member of the Board confirmed there are no members of the Board who have clinical experience and a quality care advisory body has not been established. They did not demonstrate an awareness of their responsibilities or accountabilities to establish a consumer advisory body.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for Service 24973. The provider’s response includes, but is not limited to, the following information:

* An explanation that the format of reports to the Board are effective as consumers from all funding sources utilise the same services. For example, an issue with an equipment fault, staff behaviour or process problem will present an equal generic risk to all service users.
* An explanation that while there is not a standing agenda item for the Board meetings pertaining to complaints or incidents, there is a standing item in the Board report. An undated and untitled report was provided in support.
* An explanation that the Board does more to promote a culture of safe, inclusive and quality care and services than just receiving and discussing information. A Business Plan for 2023-24 was provided to support how the Board ensures organisational objectives, such as client focused services, innovation and culture, are met.

I have considered that while the provider strongly refutes the Assessment Team’s findings, the provider’s response includes no evidence to support that effective systems and processes are in place to regularly evaluate and monitor staff performance.

In relation to Service 28118, I have considered that the organisation has not met its legislative responsibilities in relation to Board membership and establishment of a quality care advisory body and consumer advisory body. These responsibilities ensure effective governing bodies lead and set the culture of an organisation to ensure older Australians get the highest quality care.

In relation to Service 24973, I have considered these responsibilities do not apply. The information relied upon by the Assessment Team relate to merged data being provided to the Board and no standing agenda for Board meetings. I accept the provider’s explanation that they treat identified risk as equal across all services and while there is no standing agenda, the Board discusses complaints and incidents through reports provided. Furthermore, I find the Business Plan demonstrates good oversight of the quality of services provided.

Based on the information summarised above, I find the provider, not compliant in relation to Service 28118 and compliant in relation to Service 24973, with Requirement (3)(b) in Standard 8 Organisational governance.

Requirement (3)(c)

In relation to both services operated by the provider, while the Assessment Team was satisfied governance systems are effective in relation to continuous improvement and financial governance, they were not satisfied they are effective in relation to information management, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Continuous improvement:
  + Management provided examples of where systems have been used to inform continuous improvement.
  + Documentation reflected processes discussed by management and showed how tracking of continuous improvement initiatives occurs.
* Financial governance:
  + Systems and processes in relation to financial governance includes reporting procedures, management structures and financial auditing.
  + Each service monitors and manages consumers’ budgets to ensure continuity of care for consumers.
  + The Board has appropriate oversight of financial matters and resources required to provide care and services.
* Information management:
  + Care plans were not up to date and did not include sufficient information to support staff in delivering safe and quality care to consumers.
  + Information requested by the Assessment Team during the Quality Audit could not be located or did not exist. These include policies and procedures in relation to assessment and planning and complaints management, and staff training and qualification records.
  + In relation to Service 28118, information provided to consumers, through the welcome pack, service agreement and supporting resources to inform decision making, was not accurate.
* Workforce governance:
  + Staff are not trained and supported to deliver the outcomes required by the Quality Standards.
  + Staff training is not monitored.
  + Staff performance is not monitored on an ongoing basis.
* Regulatory compliance:
  + Deficits identified throughout the Quality Audit demonstrated the organisation’s process to stay informed of their regulatory obligations is not effective. In relation to Service 28118, these include, management and a member of the Board not having an awareness of their responsibility to establish a consider advisory body and quality care advisory body, and the organisation’s failure to ensure a member of the Board has experience in providing clinical care.
  + In relation to both services, there was limited understanding of staff training requirements in order to deliver the outcomes required by the Quality Standards.
* Feedback and complaints:
  + Staff are not provided with adequate information or training on how to support consumers through the complaints handling process, including the elements of open disclosure.
  + A complaints policy or procedure could not be provided during the Quality Audit.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met. The provider’s response includes, but is not limited to:

* An explanation that the workforce is monitored and provided with induction and ongoing training which equips them to provide safe and quality services required under the Quality Standards.
* An explanation that issues identified by the Assessment Team have been addressed in their response under Standards 6 and 7.

I have considered information in the Assessment Team’s report and provider’s response and find the organisation’s governance systems are not effective in relation to information management, workforce governance, regulatory compliance and feedback and complaints.

In relation to information management, I have considered that information management systems and processes did not give members of the workforce access to information to support them in their roles or allow consumers to access information about their care and services. This is evidenced by care plans that lacked detail and contemporaneous information, and the provider’s inability to locate a number of documents requested by the Assessment Team during the Quality Audit.

In relation to workforce governance, I have considered the organisation does not have systems and processes in place to monitor staff performance or training.

In relation to regulatory compliance, while the organisation has a system to understand their regulatory obligations, I find they are not effective in relation to Service 28118, as the provider was unaware of their requirement to establish a consumer advisory body and quality care advisory body.

In relation to feedback and complaints, I have considered that a policy or procedure to guide staff in complaints management could not be produced.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(c) in Standard 8 Organisational governance.

Requirement (3)(d)

In relation to both services operated by the provider, the Assessment Team was not satisfied risk management systems and practices were effective in relation to managing high impact or high prevalence risks associated with consumers, identifying and responding to signs of abuse and neglect, supporting consumers to live the best life they can and the use of an effective incident management system. The Assessment Team provided the following evidence relevant to my finding:

* Assessment and planning processes did not consistently identify or appropriately manage risks associated with consumers’ care, including in response to an incident.
* There was no evidence indicating staff had received education and training in relation to identifying signs of deterioration, abuse and neglect.
* Policies and procedures are not in place to identify and manage risk associated with consumers’ care.
* In relation to Service 28118:
  + There are no processes in place for subcontractors to report risk or an incident. Management and a member of the Board advised it is the subcontractor's responsibility to manage risk, including incidents which occur during service provision.
  + Staff said they rely on their own knowledge and experience to address high impact or high prevalence risks. The provider could not provide any guidelines or training relating to the management of these risks.
  + The provider does not have a vulnerable consumer register which identifies all consumers’ risks.
  + Staff are not provided training in relation to pressure injury prevention and management, preventing falls and other high impact risks associated with consumers’ care.

The provider did not agree with the Assessment Team’s findings and maintains that the intent of the Requirement is met for Service 24973. The provider’s response includes, but is not limited to:

* An explanation that risks are appropriately identified and managed for the provision of transport and social support services to independent adults who are legally responsible for their own decisions, living in their own homes and actively participating in the community.
* An explanation that the Assessment Team was not proportionate in their finding.

I have considered the intent of this Requirement which expects organisations to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. It’s expected that the organisation’s risk management system identifies and evaluates incidents and near misses. I find this did not occur for both services, as staff have not been provided sufficient training and policies and procedures are not in place to support the intent of this Requirement. Furthermore, assessment and planning processes did not consistently identify or appropriately manage risks associated with consumers’ care.

In relation to Service 28118, I have considered that there are no systems in place for subcontractors to escalate risks or incidents to ensure the safety and well-being of consumers is maintained. Furthermore, the service does not have an overarching register to monitor consumers’ risks.

Based on the information summarised above, I find the provider, in relation to Service 28118 and 24973, not compliant with Requirement (3)(d) in Standard 8 Organisational governance.

Requirement (3)(e)

This Requirement is not applicable in relation to Service 24973, as it does not provide clinical care.

In relation to Service 28118, the Assessment Team was not satisfied an effective clinical governance framework is in place to guide safe and effective clinical practices. The Assessment Team provided the following evidence relevant to my finding:

* Management and a member of the Board confirmed the Board does not include someone with clinical experience. Furthermore, they said the service does not have a clinical governance framework and did not demonstrate an awareness of this Requirement. They said the clinical governance requirements do not apply as they do not provide clinical care. They advised subcontractors are ultimately responsible for clinical care provided to consumers.
* The organisation does not have oversight or monitor the safety and quality of clinical care provided by subcontractors.
* Management said coordination staff, with no clinical experience or background, have oversight of all HCP consumers’ clinical care needs, coordination of clinical services and oversight of clinical care delivered by subcontractors.
* Management said identification of restrictive practices was based on staff observations. However, staff were unable to describe training or support provided in relation to restrictive practices. The organisation’s restrictive practice policy did not demonstrate consumer, decision maker or clinical involvement, the requirement to obtain consent, using for the least amount of time or monitoring.
* There was conflicting information in relation to the service’s role in medication management. Management acknowledged the discrepancies.

The provider’s response does not address the Assessment Team’s findings in relation to this Requirement.

I have considered the intent of this Requirement which expects organisations to ensure systems are in place for delivering safe, quality clinical care and for continuously improving services. This is through a set of relationships and responsibilities between the organisation’s governing body, executive, clinicians, consumers and others to achieve good clinical results. I find this does not occur, as staff overseeing consumers’ clinical care needs and assessments do not have appropriate qualifications and quality of care provided by subcontractors is not being monitored to ensure risks are managed. Furthermore, staff have not received appropriate training to ensure good clinical outcomes for consumers.

Based on the information summarised above, I find the provider, not compliant with Requirement (3)(e) in Standard 8 Organisational governance

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)