**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Trefoil Care Services |
| Service address: | 271 Albert Street Sebastopol VIC 3356 |
| Commission ID: | 301045 |
| Home Service Provider: | Triquetra Visions Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 17 July 2023 to 20 July 2023 |
| Performance report date: | 25 November 2023 |

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

**This performance report**

This performance report for Trefoil Care Services (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Trefoil Care Services, 27659, 271 Albert Street, Sebastopol VIC 3356

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 30 August 2023.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

Requirement 1(3)(b) – The service needs to ensure it identifies consumers identity, culture, and diversity.

Requirement 1(3)(d) – The service needs to ensure consumers are supported to take risks to enable them to live the best life they can.

Requirement 1(3)(e) – The service needs ensure information provided to each consumer is current, accurate and timely.

Requirement 2(3)(a) – The service needs to demonstrate assessment and planning, including

Ensuring consideration of risks, informs the delivery of care and services.

Requirement 2(3)(b) - The service needs to demonstrate assessment and planning identifies and addresses current needs including advance care planning and end of life planning where the consumer wishes.

Requirement 2(3)(c) - The service needs to demonstrate assessment and planning is based on ongoing partnership with the consumer and other involved in their care.

Requirement 2(3)(d) - The service needs to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and documented in service agreement.

Requirement 2(3)(e) - The service needs to demonstrate it regularly reviews care and services for effectiveness and when circumstances change and when incidents impact on the need’s goals or preferences of the consumer.

Requirement 3(3)(a) - The service needs to demonstrate consumers receive care that is best practice and tailored to the needs of the consumer.

Requirement 3(3)(b) - The service needs to demonstrate consumers with high impact, high prevalent risks to their health and well-being are identified and responded to.

Requirement 3(3)(c) - The service needs to demonstrate it can evidence they would provide supports to consumers at end of life.

Requirement 3(3)(d) - The service needs to ensure it is recognising and responding to consumer deterioration of health and physical function.

Requirement 3(3)(e) - The service needs to ensure information about the consumer’s condition needs and preferences is documented and communicated within the service and others responsible for the care of the consumer.

Requirement 3(3)(f) - The service needs to ensure timely and appropriate referrals are made in relation to other care and services.

Requirement 3(3)(g) – The service needs to ensure demonstrate minimisation of infection related risks. While staff described practices to prevent the spread of infection including hand washing and the use of personal protective equipment (PPE).

Requirement 4(3)(a) – The service needs to ensure each consumer receives services and supports for daily living that meet their needs, goals, and preferences.

Requirement 4(3)(d) – The service needs to ensure that information about the consumers condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Requirement 4(3)(e) – The service needs to ensure timely and appropriate referrals are made in relation to other care and services.

Requirement 4(3)(g) – The service needs to ensure where equipment is provided, it is safe, suitable, clean, and well maintained.

Requirement 6(3)(d) – The service needs to ensure demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Requirement 7(3)(c) – The service needs to ensure all members of the workforce have the qualifications and knowledge to effectively perform their roles.

Requirement 7(3)(d) - The service needs to ensure the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

Requirement 7(3)(e) - The service needs to ensure it is assessing, monitoring, and reviewing the performance of each member of the workforce.

Requirement 8(3)(b) - The service needs to ensure the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery.

Requirement 8(3)(c) – The service needs to ensure effective governance systems are in place.

Requirement 8(3)(d) - The service needs to ensure effective risk management systems and practices.

Requirement 8(3)(e) - The service needs to ensure where clinical care is provided—a clinical governance framework.

# Standard 1

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The service has a process to ensure each consumer is treated with dignity and respect, with their identity culture and diversity valued.

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are culturally safe. Care documentation sighted by the Assessment Team does not describe consumers’ cultural needs. Support staff have not received training in cultural safety and could not describe what it means to deliver culturally safe care.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way services are delivered including to make decisions about when family, friends and others should be involved, communicate their decisions, and make connections with others and maintain relationships of choice.

Evidence analysed by the Assessment Team showed the service did not demonstrate how each consumer is supported to take risks to enable them to live the best life they can. While support workers described the ways consumers are supported to live their best life and remain independent, not all risks are identified during the assessment processes and supports relating to each risk are not always known to support staff. Care documentation in use at the service prompts care managers to enquire about and acknowledge the ways in which consumers choose to live their best life. However, consumers’ care plan documentation is incomplete and does not demonstrate discussions on balancing risk and quality of life with the consumer consistently occur so that risk mitigation strategies are agreed and known to support staff delivering care.

Evidence analysed by the Assessment Team showed the service did not demonstrate information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Statements are not provided monthly to consumers’ and are difficult to understand.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers privacy is respected, and personal information is kept confidential. The service has a process to manage consumer privacy. Staff described the ways the protect consumer personal and private information. Consumer information saved electronically is accessed by staff relative to their role and via password and identity verification. The Assessment Team observed staff ensuring consumer files are stored securely. Computers are password protected and require two factor authentication to access the services shared drive.

Based on the evidence summarised above, I find the provider in relation to the service, non- compliant with Standard 1.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

Evidence analysed by the Assessment Team showed the service did not demonstrate 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 service did not demonstrate that they provide effective assessment and planning. Information collected through the care planning process is insufficient to support best practice care. Validated assessment tools are not used to understand and consider risks to consumers’ well-being. Policy and procedures reviewed by the Assessment Team do not include guidance on the use of validated assessment tools in care planning.

Evidence analysed by the Assessment Team showed the service did not demonstrate assessment and planning identifies and addresses the consumers current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. The service did not demonstrate that it identified or addressed consumers’ current needs and preferences including advanced care planning or end of life care. Staff interviewed said they get information about consumers' needs from the consumer and receive written information through emails and phone calls from the Care Manager. Management said they inform care workers of any needs and changes via emails and phone messages, however, do not discuss advance care planning. Management acknowledged that the service does not initiate discussions on advance care planning and said they will adopt the use of the Advanced Care Planning Assessment Tool Victoria 2022 into their care planning and assessment process. The Assessment Team were unable to see any documentation which evidenced any information about a care plan or advanced care planning or end of life care.

Evidence analysed by the Assessment Team showed the service did not demonstrate that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. The service did not demonstrate, assessment and planning is based on an ongoing partnership with the consumer and others, the consumer wishes to involve including other organisations and individuals. Care planning documentation did not demonstrate consumer involvement.

Evidence analysed by the Assessment Team showed the service did not demonstrate 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. Assessments are not consistently undertaken and as a result, a care plan, detailing the outcomes of the care planning process is not made available to consumers. Management acknowledged that care plans are not provided to consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate care and services are reviewed regular for effectiveness, and when circumstances change. The service did not demonstrate that care and services are reviewed on a regular basis for effectiveness, when circumstances change, or when there have been incidents that have impacted on the need’s goals or preferences of the consumer. Management acknowledged incidents had not led to reassessments being undertaken and the care manager did not demonstrate that a review of consumers’ services had occurred to ensure their ongoing effectiveness.

Based on the evidence summarised above, I find the provider in relation to the service, non- compliant with Standard 2.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant |

Findings

Evidence analysed by the Assessment Team showed the service did not demonstrate clinical care provided is congruent with best practice and optimises the health and well-being of the consumer. The director and the care manager were unable to demonstrate care management by the service is occurring for consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of the consumer. While the consumer’s representative and support worker discussed the strategies, they use to minimise the risk of falls, documentation showed that the consumer has experienced two falls during 2023. File review did not evidence a post fall review there is no wound assessment, pain assessment, post fall risk assessment tool, or evidence of a referral to a physiotherapist for post fall review or an occupational therapist for home assessment having been considered by the care manager.

Evidence analysed by the Assessment Team showed the service did not demonstrate the needs goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The service did not demonstrate the needs, goals or preferences of consumers nearing end of life were recognised and addressed. Management said they are not currently providing end of life care. End of life planning is not discussed with consumers at the service. The organisation’s care planning process does not address how the service provides palliative or end of life care. While the care manager able to verbalise how the service would work with others involved in the care of the consumer such as palliative care services, nursing and allied health, there were few examples of the service currently communicating with others involved in the consumer’s care.

Evidence analysed by the Assessment Team showed the service did not demonstrate deterioration or a change in consumers health is recognised and responded to in a timely manner. The service did not demonstrate that a deterioration of a consumer’s mental health, cognitive or physical decline is recognised and responded to in a timely manner. While support workers said they would notice and report to the care manager any change or deterioration in a consumers physical or mental health this did not consistently occur in practice. Documentation review identified incidents were not always recorded or analysed to identify deterioration in consumer health and regular care plan reviews do not occur.

Evidence analysed by the Assessment Team showed the service did not demonstrate information about the consumers condition, needs and preferences is documented and communicated within the organisation as well as with others involved in their care. The service did not demonstrate how information about the consumer’s condition needs and preferences is documented and communicated within the service and others responsible for the care of the consumer. Contemporaneous information about each consumer’s condition, needs and preferences is not documented.

Evidence analysed by the Assessment Team showed the service did not demonstrate timely and appropriate referrals are made to other organisations and providers when required. The service did not demonstrate timely and appropriate referrals are made in relation to other care and services. The Assessment Team identified the service relies on family members of consumers who are subsequently employed by Trefoil Care Services to coordinate referrals. Management acknowledged that referrals are not attended in a timely manner.

Evidence analysed by the Assessment Team showed the service did not demonstrate the service minimises infection-related risks to consumers. The service did not demonstrate minimisation of infection related risks. The care manager could not demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Based on the evidence summarised above, I find the provider in relation to the service, non-compliant with Standard 3.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Non-compliant |

Findings

Evidence analysed by the Assessment Team showed the service did not demonstrate that each consumer gets safe and effective services that meet their needs, goals, and preferences. The service did not demonstrate consumers get services and supports for daily living that meet their needs goals and preferences and that optimise their independence well-being and quality of life. The care manager did not demonstrate that other than feedback from the representative / support worker that they had taken steps to independently assure themselves that the care being delivered is safe and effective. The care manager does not generally send staff independent of the family to undertake care to understand any emerging needs which may not be identified by a representative holding a dual role.

Evidence analysed by the Assessment Team showed the service demonstrated that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. The service has processes to support consumers’ emotional and psychological well-being. While care coordination staff do not collect information on consumers, the current and a previous home care consumer reviewed at this audit used a ‘care by family’ model whereby a member of their immediate family is employed by Trefoil Care Services. This supports a consumer’s emotional, spiritual, and psychological well-being, using familial ties.

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. The service demonstrated the consumers are supported to participate in the community, maintain relationships and do things of interest to them. The representative and support worker interviewed described how they assist the consumer to do things of interest to them said that he is assisted to do things of interest. She stated that she takes him shopping or coffee in a café.

Evidence analysed by the Assessment Team showed the service did not demonstrate it is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. The service did not demonstrate that information about the consumers condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The care manager said information systems are informal and that emails and phone messages are used to convey consumer information and there is no person-to-person hand over.

Evidence analysed by the Assessment Team showed the service did not demonstrate it is making timely and appropriate referrals to individuals and other organisations. The service did not demonstrate timely and appropriate referrals are made in relation to other care and services. The Assessment Team identified the service relies on family members of consumers who are subsequently employed by Trefoil Care Services to coordinate referrals. Management acknowledged that care and service reviews had not occurred and therefore the referrals that may be generated from those reviews have not been identified. Management said their review of the information management system is anticipated to improve overall service provision.

Evidence analysed by the Assessment Team showed the service demonstrated where meals are provided, they are varied and of suitable quality and quantity. The service demonstrated meal support is varied and of a suitable quality and quantity. The representative / support worker discussed how they support the consumer’s nutrition through a combination of meal preparation and assistance to purchased packaged meals. Documentation does not identify the supports required for the consumer’s nutrition including allergies and intolerances as the consumer does not have a care plan.

Evidence analysed by the Assessment Team showed the service did not demonstrate where equipment is provided, it is safe, suitable, clean, and well maintained. The service did not demonstrate equipment that has been provided is safe, suitable, clean, and well maintained. Management said maintenance is attended as required and recorded on the maintenance request report.

Based on the evidence summarised above, I find the provider in relation to the service, non-compliant with Standard 4.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This standard has been deemed not applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. The representative and support worker said whilst they have not had concerns relating to the consumers care and services, they described the methods available to make a complaint. Management described the organisation’s complaints and feedback process, and the multiple touchpoints they have with the consumer to encourage feedback such as via family members, phone calls and in person. Documentation showed the organisation has a feedback, issues, and concerns process. Management discussed the organisations policy and process encourages consumers to provide feedback and make complaints via various methods including telephone, email and in person.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The service demonstrated consumers are made aware of and have access to advocates, language service and other methods for raising and resolving complaints. The representative and support worker described they have not required advocacy services. Management discussed they have not been required to support the advocacy process for a consumer to date and have a process should it be required. Complaint’s information including contacts for relevant advocacy services, internal and external escalations is provided to consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service demonstrated appropriate action is taken in response to complaints however an open disclosure process is not evident. The representative and support workers reported the service is responsive in relation to all kinds of feedback. Management discussed how they respond to complaints and described an open disclosure process. While the service has a complaints policy it does not reference open disclosure.

Evidence analysed by the Assessment Team showed the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. The service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Management discussed how they have responded to external feedback and are working to improve care and services.

Based on the evidence summarised above, I find the provider in relation to the service, non-compliant with Standard 6.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. The service demonstrated 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. Management said there have been no unfilled shifts during the last month and management fill shifts as required. However, management also said they are rebuilding their information management system and following the issues identified during a complaint resolution process with the commission have chosen to suspend new admissions until the issues have been corrected.

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Evidence analysed by the Assessment Team showed the service did not demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service did not demonstrate the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles. Not all staff employed by the service have the qualifications and experience to perform their roles. Management said they are a registered training organisation and have been preparing to provide the certificate course to staff and while not all support workers employed are qualified, should it be necessary only one of the two qualified certificate staff would be rostered to support these consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. While position descriptions describe key performance measures including to show commitment to ongoing skills development and to attend appropriate training for the role, this is not occurring in practice. Management said they are currently not actively recruiting for additional staff and have suspended consumer admissions until the service has reviewed their existing information management and implemented a new information management system.

Evidence analysed by the Assessment Team showed the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce. The service did not demonstrate staff performance is monitored at regular intervals. Staff reported they had not participated in a performance review in the past 12 months. Management advised the effects of the COVID-19 pandemic and the resulting workforce shortages have necessitated an organisational restructure and several routine activities such as the annual performance appraisal process have been interrupted. Support staff said they had not participated in a performance review in the last 12 months. Management said they are undergoing a review of the organisation’s information management system and plan to recommence a staff review process as soon as possible.

Based on the evidence summarised above, I find the provider in relation to the service, non-compliant with Standard 7.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Management described the client satisfaction survey they last utilised in February 2018 as a way of encouraging broad engagement with consumers, however the process has not been implemented since the COVID-19 pandemic and did not prompt for suggestions about service improvements. The service currently encourages suggestions about service improvements informally.

Evidence analysed by the Assessment Team showed the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation did not demonstrate a culture of safe and quality care and services is promoted. Management said that as they are hands on in the service, they are aware of all incidents and feedback and while responsible for the oversight of incident management, care planning, assessment and review they acknowledged the process has not been adhered to. Management also acknowledged regular governance meetings had not been scheduled and attended since 2020 and provided minutes dated 11 March 2020 as the most recent minutes. Management also discussed they do not have subcontractors providing services currently but are working to engage an occupational therapist.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective organisation wide governance systems. Information management systems do not effectively maintain or share information pertinent to consumer care. The service did not demonstrate how is uses a continuous improvement process to review and improve the quality of its care and services. Consumer budgets and monthly invoicing and statements do not occur. Two of the service’s staff do not have a current employment contract. The service does not have a process for the monitoring and oversight of probity checks. While the service has a process and policy for complaints and feedback there are none recorded and any feedback which has been received has not led to improvements for other consumers.

Evidence analysed by the Assessment Team showed the service did not demonstrate effective risk management systems and practices. The service did not demonstrate effective risk management systems and practices including managing high-impact or high-prevalence risks and managing and preventing incidents, including the use of an incident management system. The organisation has a consumer assessment and care planning process however have not effectively implemented the process and completed assessments to identify risks to the consumer and develop strategies to manage risk. The service does not have organisational policies and processes to guide staff identify and respond to abuse and neglect. The training calendar does not include identifying/preventing elder abuse or neglect and SIRS training has not been implemented. The training matrix did not show staff completion of elder abuse training.

Evidence analysed by the Assessment Team showed the service did not demonstrate where clinical care is provided—a clinical governance framework. The service does not have a clinical governance framework. The service was unable to demonstrate it has a systematic approach to maintaining and improving the quality of consumers’ clinical care. There is no clinical governance committee or similar and the governing body has not formally met since 2020.

Based on the evidence summarised above, I find the provider in relation to the service, non-compliant with Standard 8.

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