**Performance**

**Report**

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| Name: | Tripoli And Mena Association Limited |
| Commission ID: | 200211 |
| Address: | 48-50 Taylor Street, LAKEMBA, New South Wales, 2195 |
| Activity type: | Quality Audit |
| Activity date: | 23 April 2024 to 24 April 2024 |
| Performance report date: | 31 May 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 269 Tripoli And Mena Association Limited  
Service: 17799 Tripoli And Mena CACPs

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7903 Tripoli and Mena Association Limited  
Service: 26706 Tripoli and Mena Association Limited - Care Relationships and Carer Support  
Service: 24979 Tripoli and Mena Association Limited - Community and Home Support

**This performance report**

This performance report for Tripoli And Mena Association Limited (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 17 May 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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.

**Requirement 6(3)(d)**

* Develop a feedback and complaints register to assist with capturing, trending and analysing feedback and complaints and use this information to improve the quality of care and services.

**Requirement 7(3)(d)**

* Ensure recruitment practices protect consumers by undertaking the appropriate checks.
* Develop a program of regular training for staff that reflects the needs of consumers and program requirements.

**Requirement 7(3)(e)**

* Ensure systems for regular assessment, monitoring or review of staff performance which encompasses regular review of staff training needs

**Requirement 8(3)(c)**

* Ensure a holistic approach to managing risk that includes the governing body reviewing consumer risk in a holistic way at an organisational level.

**Requirement 8(3)(d)**

* Ensure an incident management system is being used to document incidents, drive and influence continuous improvement.

# Standard 1

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

Findings

Consumers and representatives interviewed said they felt consumers are respected and valued as individuals by staff. Care plans reflect the diversity of consumers, including information about their religious beliefs and preferences. Staff were observed interacting with consumers respectfully during the CHSP group activity. Care workers interviewed were familiar with consumers’ backgrounds. The service has policies and procedures that outline what it means to treat consumers with dignity and respect.

Consumers confirmed their cultural preferences were met. Staff were able to identify consumer’s cultural backgrounds and their preferences were reflected in their care plans. Care plans included information on consumers’ individual care and service preferences and relevant cultural and religious beliefs. Staff described how the consumer’s culture influenced how they deliver care and services in a culturally safe way.

Consumers and representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them. Staff described how consumers are supported to make informed choices about their care and services. The organisation has policies on supporting consumers to maintain relationships of choice and supporting decision making, which staff were able to explain.

Consumers and representatives said they were satisfied they are supported by staff to take risks and live the best life they can. For the consumers sampled, care planning documentation described areas in which they are supported to take risks in accordance with their preferences.

Consumers and their representatives described the information they receive to help them make decisions about the services they would like to receive. Staff were able to describe the different ways in which information is provided to consumers, including consumers with a cognitive deficit. Consumers and representatives confirmed they received statements and invoices monthly and most said they were satisfied with them.

Consumers and representatives sampled said their privacy is respected. Staff described the practical ways they respect the personal privacy of consumers. There is an organisational policy and procedure on protection of personal consumer information and staff were aware of this.

Based on the information before me I find six of the six requirements in Standard 1 complaint.

# Standard 2

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

Findings

Consumers and representatives said they receive the care and services they need, were satisfied staff listened to their needs and discussed ways to support their health and wellbeing. Policies and procedures guide staff in assessment and planning processes. Assessments of consumers record consideration of risks related to medical status, mobility, vulnerability, medication, home safety, non-response to a service and emergency planning. Comprehensive care plans include health information, a variety of risk alerts and management strategies, mobility equipment in use, and level of functioning. As the service does not employ nursing staff to routinely conduct clinical assessments, referrals are made to subcontracted allied health and nursing providers or medical practitioners. The service is not providing clinical care currently. Recommendations from external assessments are incorporated into care planning documentation. The service is not using validated clinical risk assessment tools. Following Assessment Team feedback, management added an improvement action to the service’s Plan for Continuous Improvement (PCI) to introduce the use of a validated falls risk assessment tool when assessing HCP and CHSP consumers.

Consumers and representatives said that services meet their current needs and preferences, including requirements for Arabic speaking workers and worker gender, which were recorded and actioned. Most consumers and representatives interviewed stated it was not culturally appropriate to discuss advance care or end of life wishes in detail or outside the family unit, nor share associated documentation with the service. Staff were able to describe what is currently in care plans and what is important to consumers in how their care is delivered. Care plans reflected consumer’s individual goals, needs and preferences. Policies and procedures are in place to guide staff in advance care and end of life planning, and processes include asking consumers if they have an advance care directive and general end of life wishes. Care documentation showed where consumers wished, this information is recorded for HCP consumers. Advance care planning was not routinely raised with CHSP consumers, however management stated this would be introduced as an improvement action.

Consumers and/or representatives stated they are involved in making decisions about their care and services and this is reflected in care documentation. They said care managers regularly seek their feedback on how services are going, including subcontractors, and whether changes need to be made. Involvement of external medical and allied health providers was evident in care documentation.

All consumers and/or representatives interviewed said they had a copy of their care plan, and that assessment information was explained to them by the case managers, or their health providers. Reviewed care documentation showed all consumers had comprehensive, signed, and dated care plans that informed the delivery of care and services. Care staff said care plans are accessible, accurate and contain enough detail to deliver appropriate and correct care and services for the consumer.

Consumers and representatives said care and services are reviewed regularly and staff regularly communicate with them about any changes impacting their needs and health. Policies and procedures guide review of consumer’s care and services at least annually or more frequently if care needs change or increase. A system to trigger reviews is in place and care documentation showed reviews were up to date. Conversations with consumers or representatives are undertaken following reported incidents or hospitalisations to determine service needs and the need for further clinical assessment. In their response to the Assessment Team’s report the Approved Provider elaborated and provided further context about a potentially high risk situation reported by the Assessment Team demonstrating how they managed the risk.

Based on the information before me I find five of the five requirements in Standard 2 complaint.**Standard 3**

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

Findings

The service provides personal care to both HCP and CHSP consumers, with clinical care outsourced to subcontractors when needed. No nursing care was being provided to consumers at the time of the Quality Audit. All consumers and representatives interviewed expressed satisfaction with the quality of their personal care saying they felt safe during services and the care met their individual needs. Reviewed care plans showed care instructions were tailored to consumer needs. Staff demonstrated they were familiar with individual personal care needs and safety considerations. Care coordinators monitor the quality of care by regularly seeking verbal feedback from support staff and consumers after services. Policies, procedures, and best practice guidelines are available to staff. When a consumer’s personal or clinical care needs increase, the service contacts My Aged Care to apply for HCP upgrades or short term CHSP funding to supplement HCP funds, optimising health and wellbeing of the consumer.

Consumers and representatives interviewed said risks associated with their care are managed well and staff were risk aware. The service identified skin integrity, falls, medication management, diabetes, and cognitive impairment as key high impact or high prevalence risks for consumers within the service. Care plans reviewed and staff interviews showed risk mitigation strategies are implemented for individual consumers. Support workers interviewed described familiarity with consumers’ risks and were able to discuss how best to support them. Environmental risk assessments are routinely conducted, and regular monitoring processes and risk mitigation strategies are in place to safeguard consumers living alone. The service monitors individual consumer health risks on a regular basis. In their response to the Assessment Team’s report the Approved Provider elaborated and provided further context about a situation involving missed medication demonstrating how they had responded to the consumer’s need by providing medication prompting as an additional service to support the consumer.

The service was not currently providing services to consumers who are palliative or nearing end of life but has provided care in the past. When a consumer requires end of life support, families oversee the medical arrangements and the service may continue to provide services such as personal care, respite and feeding support, in accordance with consumer needs and preferences. Experienced workers provide care, in partnership with palliative care teams and others delivering care. Policies and procedures are available to guide staff in end of life care, although formal training has not been conducted. Positive feedback in relation to the care provided to a former consumer was provided by a consumer representative.

Consumers and representatives interviewed expressed confidence that the service identifies and responds to consumer deterioration or change in a timely manner. Staff interviewed demonstrated an understanding of the signs of deterioration, provided examples and described escalating their concerns to the care coordinators as soon as possible. Staff said they have not received any additional education through the service on identifying deterioration, but said they understand each consumer very well and immediately know when something is wrong or different. Reports on consumer health status are phoned through to care coordinators to action.

Consumers and representatives were satisfied staff knew their needs and preferences, and that any changes were communicated across the organisation. Consumer care information is stored in the electronic care management system (ECMS), on individual computers and hard copy consumer files. Progress notes record some updates although these are not routinely used to capture current consumer information and are not visible to support workers. Consumer information is mostly communicated to support staff verbally and through detailed care plans on a mobile phone application. Support staff demonstrated current knowledge of consumer care needs, said they accessed the care plan regularly and phone their feedback to care coordinators. Regular contact with external providers is maintained by phone and email, although not consistently documented in progress notes.

Consumers and representatives interviewed said they are satisfied that when needed, the service assists with making timely referrals to appropriate providers outside the service. Clear referral processes are in place and care documentation showed multiple referrals to My Aged Care, and allied health and nursing providers.

Consumers and representatives interviewed were satisfied with the measures taken by all staff to protect them from infection. The service has policies to guide infection control practices, and information is provided to staff during induction processes and reminders in staff meetings. Policies include reference to antimicrobial stewardship, however management said in practice, medication is overseen by medical practitioners and the service is not involved in monitoring antibiotic use. Influenza and COVID-19 vaccination records are maintained for staff and consumers. The organisation encourages staff influenza vaccinations and will cover costs. Consumer vaccination status is also recorded in care plans and visible to support workers.

Based on the information before me I find seven of the seven requirements in Standard 3 complaint.**Standard 4**

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

Findings

Consumers receive safe and effective services that enhance and maintain their independence, well-being and quality of life. Staff demonstrated a sound knowledge of individual consumers’ needs and preferred daily living activities and how they support consumers to meet their needs, goals and preferences. Management explained how they partner with consumers and representatives to create a care plan which includes individual preferences, past interests and current interests, social, cultural and spiritual needs and traditions that are important to them. Care planning documentation reflected staff knowledge about what is important to consumers and what they like to do.

Consumers said they felt connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented.

The service supports consumers to maintain social and personal connections that are important to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. Most consumers and representatives interviewed stated the service proactively supports them to participate in their community.

Consumers were confident that their information was being provided to external agencies engaged in shared care and responsibility. Staff demonstrated sound knowledge of individual consumers and said that consumer care and other needs are communicated with them. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including changes as they occur. Most consumers and representatives said information about the consumer’s condition was communicated well with one consumer expressing frustration at having to repeat information.

Consumers’ care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers. Consumers said when the service is unable to provide suitable support they are confident they would be appropriately referred to an external provider. Multiple referrals to occupational therapists for equipment were noted in care documentation.

All CHSP consumers interviewed said the meals are varied and of suitable quality and quantity. Staff are aware of each consumers’ dietary preferences including Islamic dietary requirements. This requirement was not assessed as ‘Not Applicable’ to HCP services.

Consumers and representatives who had received equipment through the home care package were satisfied the equipment was safe, appropriate and well-maintained. The service transports consumers in service owned vehicles to social support groups. Consumers sampled said they feel safe when staff use the equipment to provide care and services. The Assessment Team identified however that where staff are using their own vehicles the service needed to check staff cars were registered and insured. In their response to the Assessment Team’s report the Approved Provider stated this issue has now been addressed, all care registration and insurance certificates have been collected and this item added to their employee checks register.

Based on the information before me I find seven of the seven requirements in Standard 4 complaint.

# 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

Consumers interviewed expressed satisfaction with the service environment in which their services were provided. Consumers stated they find the service welcoming and easy to find their way around. Management and staff could describe aspects of the service environment that make consumers feel welcome and to optimise their independence, interaction and function.

Consumers interviewed said they can mobilise independently around the service environment easily and move freely, both indoors and outdoors without obstruction. The Assessment Team observed a safe, clean and well-maintained service environment and outdoor spaces with garden beds, seating and shaded areas for consumers. Clear signage was visible throughout the service and appropriate access for people living with disability was observed. However, the Assessment Team observed storage of cleaning chemicals in a consumer toilet which should have been secured.

Furniture, fittings and equipment is safe, clean and well maintained in the community centre. Consumers confirmed the service and equipment is kept clean and safe for use.

Based on the information before me I find three of the three requirements in Standard 5 complaint for CHSP.

# Standard 6

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

Findings

Consumers and representatives interviewed said they felt supported to give feedback and make complaints and described the processes in place to enable this to occur. Staff described the escalation processes in place for managing verbal or written feedback and complaints, and management gave specific examples of enabling consumers to give feedback. Policies and procedures were in place to guide staff in complaints handling and options were available for consumers, staff and representatives to give anonymous feedback.

Consumers and representatives interviewed stated they have access to different methods of raising complaints. Management and staff stated all consumers were from an Arabic speaking background and the service demonstrated they have information on how to raise complaints available for consumers, written in Arabic and English. Information developed by the service and also downloaded from the internet included the Commission complaints contacts and advocacy contacts. The service stated they provided information to consumers on how to raise complaints and access advocacy services during the admission process and thereafter as required. Management said many consumers have active involvement and support from representatives to assist with making complaints. Staff interviewed said they verbally escalated to management any complaints received or provided consumers with feedback forms.

The service has policies in place to guide staff on complaints handling and open disclosure, including when an adverse event occurs. Most complaints from consumers were raised verbally and responded to quickly by staff and management. Consumers and representatives said management were open, transparent and responsive when resolving complaints and they had received apologies where appropriate. Management stated when complaints were resolved verbally apologies were given but these complaints were not always documented in a consistent way and often not documented at all.

The service does not have a system in place to consistently document, monitor, analyse and trend complaints. As previously stated complaints were often resolved verbally with minimal documentation in the complaints folder or consumer’s care documentation. For CHSP consumers there were no complaints documented.

The lack of documentation and logging complaints issues prevented tracking and trending of complaints. Management told the Assessment Team that they received similar complaints on a regular basis around excluded items in HCP programs but could not show how these complaints resulted in improvements to care and services for all HCP consumers to address their lack of understanding and need for further education about excluded items. The Approved Provider responded to the Assessment Team’s report by stating that they provide information to HCP consumers at their initial assessment about excluded items and could show they sent information by email to the majority of consumers about this. The Approved Provider felt they therefore had taken appropriate action to ensure they were providing information to consumers and were responding to complaints through this approach. The Approved Provider felt consumers were provided with the appropriate information but remained dissatisfied about the rules around excluded items. I have consider the Approved Provider’s response and agree that they are providing information to consumers on this topic at intervals. What the Approved Provider has not been able to demonstrate however is whether their approach has been successful/sufficient to address the issue. As they are not trending and analysing complaints received and evaluating the success or otherwise of their response they are unable to demonstrate that feedback and complaints are being used to improve the quality of care and services. Additionally, because many complaints are resolved verbally and the outcomes/resolutions of these are not documented, issues cannot be captured, trended and analysed to support quality improvement. It is remarkable that no complaints have been recorded for CHSP consumers and the few complaints recorded for HCP consumers has been largely about excluded items only. No other issues have been reported on either as feedback or a complaint.

Based on the information before me I find three of the four requirements in Standard 6 complaint. Requirement 6(3)(d) is not compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | 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

The workforce is planned to enable the delivery of safe, quality care and services. Consumers and representatives interviewed provided positive feedback about the standard and quality of the care and services they received, with many confirming the same staff had been providing care to them for years. They said their care coordinators were in regular contact with them and would check on the quality of care and services at these times. Staff interviewed said they had enough time to complete their tasks and felt supported by their care coordinators. Management stated the number and mix of consumers was reviewed each time a new admission to the service occurred, and thought was given to which staff member would provide the best match with each consumer.

Consumers and representatives interviewed said staff were kind, caring and respectful when delivering care and services and feedback about staff was positive. They stated choices around preferences of care workers were promptly actioned and their culture, diversity and identity supported at all times. Consumers, representatives and staff stated they had formed relationships with each other and were like family. Staff interviewed spoke respectfully about the consumers they cared for. Management stated the service provides care and services to Arabic speaking consumers and only employs Arabic speaking staff who understand the language and culture of the consumers they provide services to.

The service could not always demonstrate the workforce had all the necessary qualifications to safely and effectively perform their roles. In HCP the service requires support workers to have a Certificate III in Aged Care or equivalent but not all workers had. The service had recognised this prior to the Quality Audit and had put in place plans to address this. In CHSP, the Assessment Team found not all support workers in direct care roles had received accredited first aid training and certification. The CSP Program Manual requires this to occur ‘as soon as practicable’ but the service could not demonstrate plans to address this issue. Management agreed not all required employees had a current first aid certificate. Staff interviewed however stated they were given induction upon commencement of employment and felt well supported. Consumers and representatives said staff had the skills and knowledge to meet their needs. The Approved Provider, in their response to the Assessment team’s report, stated that they are in the process of organising First Aid Training. I have considered this issue and note that no significant deficits have been identified in consumer care as a result of staff not having these qualifications. I note staff are commencing training in Cert IV in April 2024 and First Aid Certification will be provided ‘as soon as practicable’ to meet CHSP Program requirements.

The service could not demonstrate the workforce was recruited, trained or equipped to protect consumers against risk and improve care outcomes for consumers. Gaps were observed in staff recruitment, training and monitoring processes, resulting in staff providing services without appropriate initial or ongoing employment checks in place and minimal ongoing education occurring. The Assessment Team found the service was not checking the aged care banning orders and doing reference checks when recruiting new staff. Management agreed, stating that most staff were referred by ‘word of mouth’ and reference checks did not occur unless the service was unsure of the staff member’s character. There was no evidence of mandatory or ongoing training being provided to staff, and management and staff acknowledged no training program was currently in place. A review of the education calendar for the last 4 years showed minimal education listed with only one formal education session in diabetes and insulin management documented as provided in the last 12 months. Although formal training was not in place to support staff, evidence was reviewed by the Assessment Team of meetings being held every 3 months with support workers to provide some guidance across a range of areas, including WHS, incident and accident reporting, using the electronic care management system and risk management. In their response to the Assessment Teams report the Approved Provider replied that checking for aged care banning orders was not required as they had not recruited any new staff since September 2022, before the banning order was introduced, but from now on upcoming workers will be searched for on the banning list prior to appointment. The Approved Provider did agree that their ‘word of mouth’ referee checks were insufficient and are planning to address this. The Approved Provider made no reference to the Assessment Team’s findings about staff training.

The service was unable to demonstrate regular assessment, monitoring or review of staff performance was occurring. The service had detailed policies, procedures and position descriptions in place to assist and guide staff in the process of monitoring staff performance, however, these were not followed by the service. Staff interviewed stated they were not receiving regular performance assessments, formal feedback on performance, or opportunities to request further training. Staff position descriptions and the service’s policy on staff development stipulated an annual performance review was required for all staff. A review of employee documentation files showed no evidence of regular or annual performance reviews taking place after employees were hired. Management and staff interviewed said this did not occur. The Approved Provider did not respond to this issue in their response to the Assessment Team’s report.

Based on the information before me I find three of the five requirements in Standard 7 complaint. Requirement 7(3)(d) and Requirement 7(3)(e) are not compliant.**Standard 8**

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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. | Compliant | Not Applicable |

Findings

The Assessment Team found the organisation does not have an organisation wide approach for involving consumers in the development delivery and evaluation of care and services. Whilst individual consumers are encouraged to provide verbal feedback and have a say in how their individual care and services are delivered, the organisation could not demonstrate other mechanisms were in place to seek consumer views about care and services provide by the organisation. The organisation has attempted to establish a consumer advisory body but had been unsuccessful in recruiting interested consumers. In their response to the Assessment Team’s report the Approved Provider stated that they had sent out ‘Tell Us What You Think’ forms to all consumers in February 2024 and were receiving responses back that indicated consumers were very satisfied with services offered. Only one negative reply was obtained and Management had been aware of this issue prior to the survey. I note that the Assessment Team’s report describes the organisation’s current strategic plan for 2024 – 2027 which includes targeted actions for community consultation around current and future needs for consumers, including holding community-based events and targeting Arabic speaking consumers in specific local government areas. This strategy has just been implemented and actions were not yet detailed in the organisation’s PCI at the time of the Quality Audit. I have considered this information, and also that the organisation sent out a consumer satisfaction survey in February 2024 and is continuing to encourage consumer participation in to a consumer advisory body. I find that the Approved Provider is demonstrating an organisational approach to meeting this requirement.

The organisation’s governing body promotes a safe and inclusive culture, with evidence of information flowing to and from the governing body. The organisation’s documentation showed regular reviews of governing body composition, key personnel requirements, skills and conflicts of interest, in line with legislated governance requirements for Aged Care. Service documentation reviewed showed the governing body was actively reviewing information related to legislated aged care governance requirements and although the organisation does not yet have a Quality Care Advisory Body, they were able to demonstrate evidence of attempts to recruit suitably qualified personnel over the last year and establish this committee. A new board member with clinical expertise is to be inducted at the next board meeting in May 2024. A review of service documentation including board meeting minutes showed the board were receiving, discussing and providing feedback to management on information provided, including WHS issues, adverse events, SIRS, compliance issues, and skills and qualifications of staff. Staff within the organisation described a safe working culture with support available from care coordinators when needed.

The organisation was unable to demonstrate effective governance systems in place were used effectively with regard to information management, continuous improvement, workforce, and managing feedback and complaints. Operational policies and procedures were detailed for staff to use as a reference however documentation methods and the use of information systems was inconsistent. Continuous improvement systems and processes were not in place to capture opportunities for improvement at an organisational level. Gaps were observed in workforce governance in training, compliance and risk management processes. Feedback and complaints and adverse events were documented, however, not in a format which allowed for ongoing monitoring, trending or analysis. The Approved Provider responded to this issue in their response to the Assessment Team’s report by providing further detail on how they are accessing feedback using the ‘Tell us What You Think’ survey and using consumer feedback to match staff and consumers but provide no further information with regard to the other issues. I considered this response in relation to standard 8(3)(a).

The organisation was unable to demonstrate risk management systems in place were currently effective in managing all risks. Whilst individual consumer risks were being addressed by staff and documented against each consumer, systems were not being maintained to ensure governing body oversight, trending, and analysis of data could occur, with oversight dependent on each specific staff member’s relationship with and knowledge of that consumer. There was no evidence of the governing body reviewing consumer risk in a holistic way at an organisational level. The organisation could not demonstrate evidence of an incident management system being used to document incidents and drive and influence continuous improvement. Management acknowledged they did not have an incident management system (IMS) in place during the Quality Audit. The Assessment Team observed evidence demonstrating incidents were escalated to the governing body and discussed by them however, because all incidents were not recorded in the same place and in a consistent manner or being reviewed holistically by the organisation within an IMS, it could not be said the organisation was aware of, managing and preventing all incidents. In the Approved Provider’s response to the Assessment Team’s report the Approved Provider provided additional information in relation to how they are identifying and responding to abuse and neglect and SIRS reporting. They also provide further context to issues described in the Assessment team report with regard to preventing incidents, reporting of two incidents that occurred to the governing body and to SIRS. No further information was provided by the Approve Provider in relation to their incident management system. Whilst I am persuaded that the Approved Provider is responding to individual incidents that occur I am not persuaded that an effective incident management system is in place and that there is an organisational approach to managing high risk, high prevalence risk for consumers.

The Assessment Team found the organisation was unable to demonstrate the governing body had quality and safety systems in place to enable oversight of clinical care. The organisation demonstrated it had a clinical governance framework and policies in place for HCP and CHSP programs, with defined roles and responsibilities for clinical care across the organisation, and guidance for staff on management of anti-microbial stewardship, restrictive practices and open disclosure. Clinical staff were not directly employed by the organisation, yet staff were proactive in engaging and referring to relevant subcontracted or external clinical or allied health specialists, as aligned with policy. At the time of the Quality Audit the organisation was not providing clinical care under HCP to any of their consumers. The Assessment team found at the time of the Quality Audit the organisation had not implemented an audit schedule and was not currently monitoring clinical outcomes. At the time of the Quality Audit the organisation also did not have a Quality Care Advisory Body or clinical board director in place. However, a recent appointment meant this would be in place in May. The organisation has a policy in place for AMS, minimising the use of restrictive practices and open disclosure was referenced in policies and procedures for complaints, feedback and adverse events. I find the organisation complaint in HCP as they have now recruited a clinician for their Quality Care Advisory Board and they have a clinical governance framework in place. The organisation is urged to now utilise these structures to monitor clinical outcomes for consumers being provided clinical care.

As the organisation is not providing nursing care under CHSP this requirement is ‘Not Applicable’.

Based on the information before me I find three of the five requirements in Standard 8 complaint. Requirement 8(3)(c) and Requirement 8(3)(d) are not compliant.

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)