**Performance**

**Report**

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| Name: | Victoria Daly Regional Council Home Services |
| Commission ID: | 600453 |
| Address: | 29 Crawford Street, KATHERINE, Northern Territory, 0851 |
| Activity type: | Quality Audit |
| Activity date: | 27 August 2024 to 12 September 2024 |
| Performance report date: | 15 November 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3222 Victoria Daly Regional Council  
Service: 27563 Kalkarindji  
Service: 17939 Nauiyu Community Aged Care Service  
Service: 27582 Timber Creek Aged Care Services  
Service: 17953 Yarralian Aged Care Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7651 Victoria Daly Regional Council  
Service: 24729 Victoria Daly Regional Council - Community and Home Support

**This performance report**

This performance report has been prepared by R Beaman, 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 was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 17 October 2024, and;
* the assessment team’s workbook in relation to the Quality Audit undertaken 27 August 2024 to 12 September 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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** |

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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**

* **Requirement (3)(e)**
  + Ensure 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, including the provision of financial statements.

**Standard 2**

* **Requirement (3)(d)**
  + Ensure the outcomes of assessment and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to consumers, and others where care and services are provided.
* **Requirement (3)(e)**
  + Ensure assessment and planning is regularly reviewed for effectiveness, or when changes in consumer condition or incidents occur.

**Standard 4**

* **Requirement (3)(e)**
  + Ensure timely and appropriate referrals to individuals, other organisations and providers of care and services.

**Standard 6**

* **Requirement (3)(c)**
  + Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* **Requirement (3)(d)**
  + Ensure feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 7**

* **Requirement (3)(a)**
  + Ensure the workforce is planned with the right mix and number of staff to enable the delivery of safe and quality care and services.
* **Requirement (3)(d)**
  + Ensure the workforce is trained, equipped and supported to deliver the outcomes required by these Standards.
* **Requirement (3)(e)**
  + Ensure there is regular assessment, monitoring and review of the performance of each member of the workforce.

**Standard 8**

* **Requirement (3)(c)**
  + Ensure there is effective organisation wide governance systems in place including for information management, workforce governance and feedback and complaints.

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

Findings

This Quality Standard is non-compliant as one of the six requirements have been found non-compliant. The assessment team recommended requirements (3)(d) and (3)(e) not met as they were not satisfied the service supported consumers to undertake activities of risk and consumers did not have current or accurate information that was provided in a timely manner. However, I have come to a different view to the assessment team and include my reasons further below.

Requirement (3)(d)

The assessment team was not satisfied consumers were supported to take risks to do the things they choose to do in a safe manner. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* The service has policies in place for supporting consumers to undertake activities of risk, however, they do not have specific procedures or guidelines for staff to conduct risk assessments for consumers wishing to take risks.
* Staff were not aware of their requirement to complete an event risk assessment form for consumers undertaking activities of risk.
* Consumers in one service location who choose to go on shopping trips did not have risk assessments undertaken or strategies in place to ensure the consumers return to the correct location to then be transported to their homes.
* Staff confirmed risk assessments for consumers who have a diagnosis of diabetes choosing to have drinks that have high sugar content to discuss associated risks with consumers.

It is unclear if the provider agrees or disagrees with the deficits identified in the assessment team’s report and provided additional commentary in their response of actions taken following the quality audit, which includes further education to staff around risk assessments and completing the required forms for consumers wishing to undertake activities of risk. The provider also included their plan for continuous improvement with an action to address the scheduling of regular reviews for risk assessments.

I acknowledge the information in the assessment team’s report; however, I have come to a different view and find each consumer is supported to take risks to enable them to live the best life they can. In coming to my finding, I have considered information in the assessment team’s report that shows consumers are able to undertake the activities they wish to do which may include elements of risk. I have also considered information in the assessment team’s report and provider’s response which shows the organisation has a policy in place in relation to supporting consumers to take risks, and balance this against information that shows the service does not have a procedure in place to guide staff in relation to this policy. While staff were unable to demonstrate how they support consumers to take risks I have considered this information in Standard 2, requirement (3)(a) and Standard 7, requirement (3)(d). In relation to risk assessments not being undertaken for consumers choosing to undertake activities of risk, I have considered this information in Standard 2, Requirement (3)(a) where it is more in line with the intent of that requirement.

For the reasons above, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

Requirement (3)(e)

The assessment team was not satisfied each consumer was provided information that was current and accurate or in a timely manner. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Information was not provided to consumers including financial statements, care plans, agreements and feedback processes.
* Management confirmed consumers receive an information booklet which includes all the relevant information about care and services. Agreements reviewed were not signed by consumers or representatives. Information for consumers was in English, which is not the language of most consumers.
* Consumers interviewed could not recall receiving an information booklet and documentation reviewed showed some services had not been provided, including for one named consumer with an agreement including cleaning services to be delivered on a specific day weekly. Documentation did not reflect this had been provided in the recent period prior to the quality audit.
* Staff confirmed activity schedules are not available at 4 of the 5 service locations, one location consumers said they were well informed about activities. Staff confirmed they provide information about meals to consumers verbally.
* Documentation showed for HCP consumers, financial statements have not been provided. For two named consumers documentation showed they had been billed for services that were not provided between June 2024 and August 2024.
* Management said shift reports are competed and submitted at the end of each day and are used for billing purposes.

The provider submitted a response which is unclear if they agree or disagree with the deficits identified in the assessment team’s report. The provider’s response includes additional commentary and a plan for continuous improvement with actions to address the deficits identified including developing a pamphlet about services available and having information in an easy to read format for consumers. The provider also asserts they use family and other community members to assist with the explanation of services available and provided to consumers.

I acknowledge the information and additional commentary included in the providers response; however, I find for HCP services the service does not provide each consumer with current, accurate information about care and services in a timely manner. In coming to my finding, I have considered information in the assessment team’s report that shows for consumers receiving HCP services financial statements have not been provided monthly which does not enable consumers to review those and determine if any discrepancies have occurred and is not done so in a timely manner. I have also considered information that shows services for consumers that were not delivered had been included on financial statements for at least 2 consumers.

I acknowledge the actions the service is taking to address the deficits including the development of a new electronic storage drive which will include information for consumers including activity plans, meal options and financial statements. However, I find this will need time to be fully embedded.

Based on the information above, I find for HCP requirement (3)(e) in Standard 1 Consumer dignity and choice non-compliant.

In relation to requirements **(3)(a), (3)(b), (3)(c),** and **(3)(f)** consumers and representatives confirmed they are treated with dignity, respect and their identity and culture is valued by staff. Consumers expressed satisfaction care is delivered in a manner that is culturally safe and their needs and preferences in relation to culture are respected. Staff described ways in which they support consumers to exercise choice in decision making about care and services and making connections with others. Documentation reflected consumers cultural backgrounds and confirmed staff have policies to guide their practice. Consumer information was observed to be kept in a confidential manner.

Based on the information above, I find requirements **(3)(a), (3)(b), (3)(c), and (3)(f)** in Standard 1 Consumer dignity and choice compliant.

# 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. | 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 | Not Compliant |

Findings

The assessment team recommended five of five requirements in this Standard not met as they were not satisfied assessment and planning was undertaken in consideration of risks to consumers health and wellbeing, the assessment process was not undertaken in partnership with consumers, and care planning documentation did not reflect consumers current needs, goals and preferences. Consumers were not provided the outcomes of assessment and planning and did not have access to care planning documentation, and assessments were not reviewed at regular intervals or where changes occur.

Requirement (3)(a)

The assessment team was not satisfied assessment, and planning was undertaken with the consideration of risk, specifically in relation to undertaking risk assessments. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Documentation reviewed showed initial assessments for consumer care and services had not been completed, and service agreement forms not signed by consumers.
* Assessment information at one service location was observed to be more than five years old.
* Documentation did not demonstrate risk is identified, assessed or mitigation strategies developed for both HCP and CHSP consumer cohorts, including for one named consumer who has risks associated with mobility, falls and nutrition did not have risk assessments completed.
* Staff confirmed one consumer experienced a choking incident in the recent past, however documentation did not include information about the incident or that assessment of risk in relation to choking had been undertaken.
* The service’s policy in relation to assessment and planning includes procedures for staff to identify strategies to manage identified risks to consumers during the care planning process.
* Management confirmed community local health clinics are responsible for undertaking risk assessments and incorporate risk assessment outcomes into care plans.

The provider’s response is unclear if they agree or disagree with the findings in the assessment teams report. The provider’s response included actions planned to schedule regular reviews of risk assessments which will be monitored by the organisation’s quality and regional co-ordinators. I acknowledge the information in the assessment team’s report and the actions in the providers response, and have further considered information in Standard 1, requirement (3)(d) in the assessment team’s report which includes staff did not complete risks assessments and some did not have knowledge of the processes in place that requires them to assess a consumer’s risk. However, I have come to a different view to that of the assessment team and find the service has demonstrated it considers risks to consumers health and well being through the assessment and planning process.

In coming to my finding, I have considered information throughout the assessment team’s report that confirmed staff know consumers and use verbal information to deliver care and services, of which consumers report their satisfaction with care received. I have also considered information in the Quality Assessor Workbook that shows for multiple consumers a client assessment form is completed that includes risks to the consumer’s health and wellbeing such as falls and dietary. Information in the Quality Assessor Workbook shows for named consumers with identified falls risks strategies including using a walking aid to remain balanced and prevent falls when mobilising independently are recorded in consumer assessment and planning documentation.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers, compliant.

Requirement (3)(b)

The assessment team was not satisfied assessment and planning identified consumers current, needs, goals and preferences for care and services including advanced care and end of life planning. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Care planning documentation was not available to the assessment team at 3 of the 5 service locations.
* Care planning documentation for consumers was not available in the community, specifically in relation to personal care needs and preferences of consumers. Preferences for personal care including frequency of showers and personal grooming was not included in care documentation for 2 consumers.
* Care planning documentation included generic goals of care for sampled consumers including for nutrition, mobility and social connections for 3 named consumers.
* One named consumer confirmed the goals in their care plan were not current, a second named consumer’s care plan did not include their goals for mobility to remain independent.
* Staff confirmed they ask consumers what their preferences are and deliver care and services in accordance with this.
* Care plans reviewed for one service location included current lifestyle information and consumer preferences for activities.
* An end of life assessment is completed for consumers; however, the information does not always include needs, goals and preferences for consumers.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider included additional commentary in their response in relation to the deficits identified. The provider asserts care planning documentation and assessments were identified as an action for the service approximately 6 months prior to the quality audit and all documentation had been removed off site for uploading to the new electronic management system that has been implemented. The provider also asserts in relation to end of life care, cultural sensitivities are a contributing factor and where appropriate this information is discussed with consumers.

I acknowledge the information in the assessment team’s report; however, I have come to a different view to that of the assessment team and find assessment and planning does identify and address consumers current needs, goals and preferences. In coming to my finding, I have considered information in other areas of the assessment team’s report that shows consumers satisfaction with care and service’s meeting their needs, goals and preferences and information being available to staff to deliver care that is current for consumers, including information in requirement (3)(a) of Standard 3 that shows consumers in one service location received personal care in line with current preferences with consumers and representatives confirming staff know consumers current care and preference needs. I have also considered information in requirement (3)(b) of Standard 4 that confirms for one named consumer their goals of care in relation to the activity they wish to do is respected and delivered by staff.

Further, I have considered information in the Quality Assessor Workbook that includes care planning documentation for multiple consumers which shows goals of care included in line with the needs, goals and preferences confirmed by consumer feedback provided in other areas of the assessment team’s report.

In relation to end of life care, I acknowledge the provider’s assertion in relation to not always having preferences for this care recorded for every consumer due to cultural sensitivities and place weight on information in the Quality Assessor Workbook which included end of life care is discussed and for consumers who agree to discuss is recorded in their care documentation.

I acknowledge the information in the assessment team’s report in relation to care planning and assessment for some consumers having older dates including 2018 on them as where last recorded. However, I do not have evidence before me that shows this information is not still current, and consumers confirm satisfaction with services delivered.

For the reasons above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers, compliant.

Requirement (3)(c)

The assessment team was not satisfied assessment and planning was done in partnership with consumers or others they wished involved, or included other organisations and providers of care. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Care documentation available did not record communication or partnership with consumers, representatives or others involved in consumer care.
* Care documentation showed that for 2 named consumers no progress notes had been recorded since November 2023. For one of the named consumers progress notes detail input with Hearing Australia about replacing hearing aids, however no outcomes recorded.
* Progress notes and daily shift reports completed by staff are not consistently done. For one location daily shift reports and progress notes did not go back further than July 2024, for another location where consumers receive transport service this was not on daily shift reports consistently, a third location combined consumer activity on daily shift reports and was not individualised and weekly progress notes were not always dated.
* One named consumer’s care planning included dietitian recommendations dated 2018 which included supplements to add and specific foods for inclusion for the consumer. A special requirement meal form reviewed included the consumer’s meals are to be mince moist, however, there was no documentation post 2018 to confirm further assessment was undertaken to confirm the consumer is recommended a texture modified diet and supplements.
* Staff confirmed management document in consumer care planning documentation as they don’t have access or training in care documentation.
* The service’s continuous improvement plan did not include actions in relation to gaps identified in staff knowledge relating to care documentation.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider included additional commentary in their response in relation to the deficits identified. In relation to progress notes, daily shift reports and care planning documentation the provider included actions to address staff knowledge including all staff had undertaken review of care plan training immediately following the Quality Audit visit. I acknowledge the information in the assessment team’s report, however, have come to a different view and find assessment and planning is undertaken in partnership with consumers, those they wish involved and other providers of care.

In coming to my finding, I have relied on information in the Quality Assessor Workbook that shows care documentation including daily shift reports, progress notes and outcomes of assessment include consumer voice and evidence of discussion with staff, providers of care and consumers or their nominated representative. I have also considered information in other areas of the assessment team’s report that confirms consumers are satisfied with care and it is delivered in a way they wish that meets their needs, goals and preferences, which indicates consumers have input into their own care and services.

For the reasons above, I find Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers, compliant.

Requirement (3)(d)

The assessment team was not satisfied the outcomes of assessment, and planning were communicated to consumers, were documented in care plans or that care plans were accessible to consumers. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Four of 5 leadership staff confirmed they did not refer to or have access to care planning or intake assessment documentation for consumers. One staff confirmed they had access to information.
* One HCP consumer was unsure what a care plan was and had not seen or been provided one.
* Eight named consumers receiving either CHSP or HCP services across various service locations confirmed they had not received their care planning documentation.
* Eleven staff confirmed they were unsure when documentation for consumers is due; however, confirmed they are sent blank forms and send those to the organisations head office once completed. Staff confirmed verbal information from consumers is what they use to deliver care and services.
* Staff did not have access in 4 of the service locations to the electronic management system and were unable to access consumer documentation consistently.
* One consumer who requested their care plan recently had been provided this.
* Management acknowledged gaps in staff training in relation to consumer care planning documentation.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider included additional commentary in their response in relation to the deficits identified. The provider acknowledged the gap in available care planning documentation was identified prior to the Quality Audit and an action to work through all care plans was implemented and ongoing. The provider asserts after the Quality Audit, they implemented additional support to action improved connectivity and communication across all service locations to improve accessibility to care plans.

I acknowledge the additional information and commentary in the providers response; however, I find the service did not demonstrate the outcomes of assessment and planning are communicated and documented in a care plan available to consumers. In coming to my finding, I have considered that while information in the assessment team’s report shows outcomes of care and services planning is discussed with consumers, a significant number of consumers across all service locations and service delivery type confirmed they have not received or do not have access to their care plan. I have also considered the information provided by staff that indicated they do not always have access to care planning documentation.

I acknowledge the provider identified issues with care documentation prior to the Quality Audit and has implemented actions to address those gaps, and I encourage the provider to continue with those improvements and embed those within their assessment and planning systems and processes.

For the reasons above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning non-compliant.

Requirement (3)(e)

The assessment team was not satisfied the care and services were reviewed regularly or when changes in consumer condition or incidents occur. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* One named consumer who received transportation services did not have an updated transfer and mobility assessment completed and documentation confirmed they are unable to mobilise onto or sit in a safe manner on the bus when being transported. The previous assessment was completed 5 years prior with no information recorded about mobility or transfer issues and the consumer had not been referred for reassessment in relation to changing care needs.
* Two HCP consumers care documentation reflected care and services were not regularly reviewed for effectiveness and the last review was more than 3 years ago.
* One named consumer who had a choking incident did not have a review of their care and services following the incident to ensure their risk of harm was mitigated.
* Staff could not describe the processes in place to reassess consumer’s care and services or when this was required. Staff confirmed they had not received training on care documentation.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider asserts they have an action plan in place to address gaps identified in care documentation including assessment and planning. I acknowledge the information included in the provider’s response; however, I find the service did not demonstrate assessment and planning for consumers is reviewed at regular intervals, or when a change or incident occurs.

In coming to my finding, I have considered information in the assessment team’s report that shows for one named consumer where a choking incident occurred, no review of care and services to ensure their health and safety had taken place. While I acknowledge the consumer refused to go to a health clinic at the time of the incident, this does not negate the service’s responsibility to review the consumers care and services to mitigate future risks from occurring. I have also considered information in the assessment team’s report for multiple consumers which shows there has been no regular assessment of care and services over the past 3 to sometimes 5 years.

For the reasons above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

# 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 assessment team recommended requirements (3)(b), (3)(c), (3)(e), and (3)(f) in this Standard not met as they were not satisfied high impact and high prevalence risks are managed effectively, the needs, goals and preferences of consumers nearing end of life were recognised, referrals are made in a timely manner or information about consumers condition, needs and preferences are documented and communicated appropriately.

Requirement (3)(b)

The assessment team was not satisfied staff effectively managed high impact or high prevalence risks associated with consumer care specifically in relation to risks associated with modified diets and falls. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Staff could not describe risks for one named consumer who had a risk of choking and mobility impairment.
* One named consumer who requires texture modified diet was observed having staff not prepare as per requirements; however, staff did identify the issue prior to serving and cut the food appropriately before it was consumed.
* Staff said they have not had training in relation to texture modified diets.
* One named consumer confirmed they require a mobility aid to ambulate and a soft diet. Staff were able to describe the consumers needs, however risk assessments were not able to be located for the consumer.
* One named consumer who had a recent incident of choking had not been escalated or referred for further review of strategies.
* Consumers were observed on one lunch run not to be provided water with their meals.
* Staff were not always aware of risks associated with consumer care or the process of risk escalation.
* Management acknowledged gaps in staff training.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider included additional commentary in their response in relation to the deficits identified. The provider included actions including risk reviews to be undertaken by senior staff to address deficits identified with risk assessments and staff training.

I acknowledge the information in the assessment team’s report and providers response; however, I have come to a different view to that of the assessment team and find the service manages high impact and high risks associated with consumer care effectively. In coming to my finding, I have considered information in the assessment team’s report in relation to the named consumer with mobility impairment and requires soft diet, that shows there have been no incidents in relation to the consumers risks and I have no evidence before me that shows the risks have not been mitigated for this consumer. Staff feedback indicates they are aware of consumer conditions, and information included in requirement (3)(d) of this Standard shows staff recognise changes in condition and respond appropriately.

In relation to risk assessments, I have considered information included in the Quality Assessor Workbook that shows risk assessments in relation to risks, including falls and diet, have been completed. While I acknowledge some assessments are dated, there is no evidence before me that shows consumer condition has changed and the strategies in these are ineffective.

I acknowledge the actions the provider is taking to mitigate the deficits identified in reviewing risk assessments and encourage the provider to continue on this path to further embed those processes and achieve efficacy.

For the reasons above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

Requirement (3)(c)

The assessment team was not satisfied consumers end of life goals and preferences have been recognised or addressed to preserve dignity and comfort during this phase. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Sampled care documentation did not included advanced care plans, or personalised needs and preferences in relation to end of life care.
* Staff reported not having training in relation to end of life care or resources to guide them. Management confirmed there was no end of life care or palliative care policy.
* Not all staff were able to describe how they would maximise consumer comfort during end of life care. One staff member was able to describe how they would ensure personal preferences for consumers are maintained during end of life care.
* Some staff said they had not been shown how to complete patient choice forms and have worked it out for themselves.
* One staff member confirmed one named consumer was receiving palliative care; however, there is no palliative care plan and there was no information in the consumers care documentation to reflect this care. The consumer’s representative was not aware of the care or recall discussions in relation to palliative care.
* The service’s continuous improvement plan included an action in relation to staff training on how to support consumers nearing end of life with planned completion of end of November 2024.
* Management acknowledged feedback provided and said where palliative care was required staff will work with families to deliver care in line with consumer needs and preferences. Management said end of life discussions are sensitive and for some consumers is not discussed to respect their choice.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider asserted documentation for consumer care planning was in process of being updated to a new electronic system, but was in place, and end of life discussions are had with consumers only where they wish to do so.

I acknowledge the information in the assessment team’s report; however, I find the service demonstrates consumer’s needs, goals and preferences are recognised and addressed in relation to end of life care. In coming to my finding, I have considered information included in the Quality Assessor Workbook that includes assessment and planning for multiple consumers where end of life care is discussed and the preferences, goals and needs of consumers during this phase of their life is recorded for staff to follow.

I acknowledge the information in the assessment team report that includes staff knowledge of end of life care and the delivery of care is not consistent; however, I have placed weight in the information also included in the assessment team’s report and provider’s response that shows staff training is an action on the continuous improvement plan. I have also considered information the Quality Assessor Workbook that shows the provider has a policy in relation to end of life care and palliative care planning and delivery to guide staff and the providers response that shows end of life care was added to staff meetings occurring since the Quality Audit to discuss with staff. Further, I have no evidence before me that persuades me end of life care has been delivered to consumers in a way that is not in line with consumers preferences, needs or maximises their comfort and dignity, and acknowledge this topic is one that is not always appropriate to discuss with the service’s cohort of consumers.

For the reasons above, I find requirement (3)(c) in Standard 3 Personal care and clinical care compliant.

Requirement (3)(e)

The assessment team was not satisfied information about consumers condition, needs and preferences are documented or communicated effectively within the service or with other providers of care. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Two staff confirmed they verbally receive information to guide the delivery of care, and they don’t refer to documentation.
* Staff across all service locations confirmed they exchange information about consumer condition and preferences for care with health clinic managers, but it is not documented.
* One named consumer who was taken to the health clinic during September 2024 did not have progress notes completed in relation to their condition; however, an email was sent by the staff member to the service’s head office regarding the consumers condition and recorded in their care file.
* Staff said information is not shared within or outside the organisation and included one named consumer as an example, stating they had not seen recent physiotherapist recommendations for that consumer, or another named consumer’s dietitian assessment.
* Management said daily shift reports, whether in writing or pictorial form, and via toolbox sessions provide staff the information they need in relation to consumer care and service delivery needs and preferences.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider asserted documentation gaps were identified 6 months prior to the Quality Audit and the service has increased supervision to assist staff in this area. I acknowledge the information in the providers response, and the assessment team’s report; however, I have come to a different view to the assessment team and find the service does share information about consumer’s condition, needs and preferences within the organisation and with other providers of care.

In coming to my finding, I have considered information in various areas of the assessment team’s report including requirement (3)(a) in this Standard where consumers confirm staff know their needs and preferences for care and services well and they are confident staff manage their health and condition appropriately. While I acknowledge staff feedback includes, they do not document or have documentation to guide their practice, I have considered information in the Quality Assessor Workbook that includes daily shift reports for multiple consumers which indicates information is documented. Further, I place weight on information in the assessment team’s report that shows staff receive information about consumer care verbally and use that to guide practice which shows that at some point in care delivery is an exchange of information about consumer’s care needs.

For the reasons above, I find requirement (3)(e) in Standard 3 Personal care and clinical care compliant.

Requirement (3)(f)

The assessment team was not satisfied timely and appropriate referrals are undertaken where required. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Staff confirmed one named consumer had been refusing their lunch meal in recent months and they sometimes will blend the consumers food to make it softer and easier to consume. Documentation between staff and management shows this issue was raised with management advising a dietician consultation had occurred with modification to dietary needs actioned for the consumer. Management was unable to provide evidence of this occurring.
* Some staff were not aware of what a referral was and said they raise issues with consumer condition with management.
* One named consumer said they are immobile and can only walk a few steps. Documentation did not show a referral for the consumer to a physiotherapist for review.
* Staff advised one consumer is unable to mobilise onto the bus and is pulled onto the bus by staff and sits on the floor but there has been no referral for the consumer.
* One named CHSP consumer has a risk of falls and uses a walking aid to mobilise, staff confirmed the consumer sits at the front of the bus to support them. There was no documentation to show the consumer had been referred to a physiotherapist.
* Care documentation did not reflect referrals or communication with other organisations including the local health clinics for consumers.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider included information in their response including training around recording care documentation for consumers. I acknowledge the information in the assessment team’s report; however, I have come to a different view and find the service does have a system and process in place to ensure referrals to individuals, other organisations and providers of care are timely and appropriate. In coming to my finding, I have considered information in the assessment team’s report that shows for one consumer who was refusing meals and the food was modified for them by staff, feedback from staff and documentation reviewed showed this was escalated to management for a referral to the dietician. I have also for this consumer considered information in the Quality Assessor Workbook that shows the referral occurred in July 2024 with recommendations from the dietician acknowledged and actioned by the service.

In relation to the consumer who is pulled onto the bus due to mobility impairments. I do not have corroborated evidence this is ongoing and still occurs or that a referral for the mobility has or has not occurred. Further, I have considered information in other areas of the assessment team’s report that shows consumers are referred to and taken to local health clinics as per the service’s policy when they are identified with a change in condition.

For the reasons above, I find requirement (3)(f) in Standard 3 Personal care and clinical care compliant.

In relation to **requirements (3)(a)** and **(3)(g)** consumers and representatives confirmed they were satisfied with the care they received and confirmed it was delivered in line with their needs, goals and preferences. Consumers confirmed staff knew them and their care needs well and were confident staff took all necessary precautions to minimise any infections. Documentation reflected consumer care needs and information about ways to minimise infection was observed to be displayed. Staff were observed practicing proper infection control procedures and documentation showed the service has policies in relation to personal and clinical care and infection control.

For the reasons above, **requirements (3)(a)** and **(3)(g)** in Standard 3 Personal care and clinical care compliant.

As all requirements have been found compliant, the overall Standard is compliant.

# 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. | Not Compliant | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard is non-complaint as two of the six requirements have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(c), (3)(d), and (3)(e) in this Standard not met as they were not satisfied consumers are supported to remain independent, do the things of interest to them, information about consumer’s condition, needs and preferences is communicated or documented, or referrals to other organisations or providers of care is timely or appropriately actioned in relation to daily supports for living.

Requirement (3)(a)

The assessment team was not satisfied consumers receive services and supports of daily living which supported them to remain independent and do the things of interest to them. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* One named consumer, who does not receive personal care services, said they have been asking for equipment to help them have showers independently and this has not been actioned. Documentation reviewed showed personal care had not been delivered previously or an assessment undertaken.
* Five consumers expressed satisfaction with the services and supports they receive for daily living including mobility assistance where this had declined and received a washing machine to enable a consumer to remain independent in their tasks within their home.
* One named consumer reported dissatisfaction with not receiving domestic assistance they had requested previously to help them undertake cleaning which was unsafe for them to do so and did not optimise their independence.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions against this requirement around engagement with lifestyle services. I acknowledge the provider’s response and the information in the assessment team’s report; however, I have come to a different view and find the service does ensure services and supports for daily living are safe and effective, and optimise consumers health, wellbeing and independence. In coming to my finding, I have considered consumer feedback in the assessment team’s report that shows satisfaction with the services and supports provided and how this enables their independence to be maintained and optimised.

I acknowledge information in the assessment team’s report that shows one named consumer is not satisfied they are not receiving cleaning services and have considered this information in requirement (3)(e) of this Standard. I also acknowledge for one named consumer they do not have equipment they would like to remain independent with personal care, while this information is more aligned in another requirement in this Standard, I have no evidence before me the consumer receives personal care as part of their home care package, further, information in requirement (3)(a) in Standard 3 shows personal care is delivered to consumers in a way they are satisfied with, and is effective and safe.

For the reasons above, I find requirement (3)(a) in Standard 4 Services and supports for daily living compliant.

Requirement (3)(c)

While the assessment team was satisfied for four of the five service locations consumers were supported to do things of interest, participate in the community and maintain social connections, for one of the service locations they were not. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* For one service location three named consumers said they were not able to do the activities they wanted to do, were bored or that activities were not being run for them. One of the named consumers said the service was unable to provide the supplies needed to do their activity of interest.
* Two staff members said staff shortages was the reason activities are not being run as they used to be. Staff were able to describe the activities consumers wished to do but they were unable to run as they did not have time to do so, including fishing.
* Management confirmed they were aware of the reduction in activities within the service location community and acknowledged staff shortages made it challenging, and they were actively recruiting.
* In the other service locations consumers confirmed they are able to do things of interest to them and described the ways in which they are supported to engage in the community. Consumers confirmed they are involved in the planning of activities.
* Daily shift reports confirmed activities are run frequently with consumer participation. Care documentation confirmed consumers are supported to do activities of their choice and interest.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around the scheduling of activities for consumers. I acknowledge the information in the assessment team’s report; however, I find the service demonstrates it supports consumers to participate in their community, do the things of interest to them and have social and personal relationships. In coming to my finding, I have considered information in the assessment team’s report that shows for four of the five service locations consumers expressed satisfaction with the support they receive, confirming they are able to do the things of interest to them and participate within the community and with who they choose to socially. I have also considered documentation which confirms consumer participation in activities of their choice and activities were regularly run.

In relation to the one service location that does not have an activity program that supports consumers to do things of interest to them. I acknowledge the feedback provided by consumers around not being able to do things of interest to them, of which consumers said this was also due to lack of staff, and have balanced this with staff feedback which confirms they do not have support with enough staff to run activities for consumers. I have considered this information where I feel it is better aligned in requirement (3)(a) in Standard 7 as this is more a deficit in staffing than one in lifestyle care and services.

For the reasons above, I find requirement (3)(c) in Standard 4 Services and supports for daily living compliant.

Requirement (3)(d)

The assessment team was not satisfied information about consumer’s condition was communicated effectively within the organisation. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Two consumers said they had requested bus trips to community which had not occurred, and staff confirmed passing this onto management without action.
* Staff at two of the services providing meals did not consistently have consumer dietary information including likes, dislikes and allergies. Staff confirmed they relied on verbal handovers from other staff, or information directly from consumers to deliver appropriate meals. Information about one named consumer requiring soft diet was not documented, and their representative often did this.
* Staff said consumer information including contact details is not readily available and they contact family members if consumers are not at meal service.
* Information about consumer preferences during activities was not always documented. Staff confirmed they rely on their knowledge of consumers to ensure activities are delivered appropriately.
* One service location has a daily toolbox meeting and daily task list to communicate tasks to staff.
* Consumers were generally satisfied with staff and confirmed they don’t have to repeat themselves in relation to their needs and preferences for activities.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider asserted documentation for consumer care planning was in the process of being updated to a new electronic system, but care plans were accessible. I acknowledge the information in the assessment team’s report; however, I have come to a different view and find the service does communicate information about consumers condition, needs and preferences within the organisation. In coming to my finding, I have considered feedback from consumers that confirms they are satisfied with activities and don’t have to repeat themselves, and staff know them well including their preferences for activities. I have also considered information in this and other areas of the assessment team’s report that confirms staff receive information about consumer’s condition, their needs and preferences verbally in a variety of ways including from consumers, other staff, management or through documentation, including daily shift reports.

Further, I have considered information in the providers response which includes care documentation is available to staff to deliver care and services. I have also considered in relation to documentation, information in the Quality Assessor Workbook that shows daily shift reports, progress notes and care documentation in place, records consumer condition, needs, goals and preferences.

For the reasons above, I find requirement (3)(d) in Standard 4 Services and supports for daily living compliant.

Requirement (3)(e)

The assessment team was not satisfied referrals to individual, other organisations or providers of care were timely or appropriate. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Two consumers (one named) said they had requested domestic services through My Aged Care receiving providers, however, did not get assistance with referrals to those services and still have not been provided those services.
* One staff member said they were not aware they needed to assist consumers with referrals to other service providers. The staff member said they inform management if a consumer asks for a referral for another service.
* Staff were not familiar with the service’s referral process and said they relied on management to inform them when consumers required a referral.
* Management said staff are responsible for assisting consumers with referrals, but did not provide information as to whether staff had been trained on the process in place for referrals.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around the referral process. I acknowledge the information in the provider’s response; however, I find the service did not demonstrate referrals to individuals, other organisations or providers of care are actioned in a timely manner. In coming to my finding, I have considered information in the assessment team’s report that shows for two consumers referrals for domestic services was not actioned in a timely manner. While the consumers commenced the process of seeking the services from other providers, those were not supported by the service appropriately.

I have also considered staff were unaware of their role in supporting consumers to access other services and providers of care, and their feedback where they had escalated the request of the consumers to management, but this had not been actioned.

For the reasons above, I find requirement (3)(e) in Standard 4 Services and supports for daily living non-compliant.

In relation to **requirements (3)(b), (3)(f)** and **(3)(g)** consumers were satisfied with the quality and quantity of meals provided, for most consumers this was breakfast or lunch. Consumers said they felt safe using equipment provided to support and maintain their independence and confirmed it was cleaned and maintained if required. Consumers described ways in which their spiritual and emotional needs were supported by staff including assisting them access places and people within the community of importance to them. Staff described ways in which they supported consumers with their spiritual and emotional needs and provided examples. Observations confirmed where equipment is provided it is clean and well maintained.

For the reasons above, I find **requirements (3)(b), (3)(f)** and **(3)(g)** in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed in relation to three of the five service locations under this provider as two do not have service environments.

Consumers and representatives were satisfied with the cleanliness of the service environments and confirmed issues and items of maintenance are addressed when required and in a timely manner. The day centres were observed to be decorated with photographs of consumers and artwork created by consumers. Where respite is offered, rooms were observed to be equipped with all essentials for consumers to be comfortable during their stay.

The service environment was observed to be clean, furniture and fittings safe and well maintained and easy to navigate for consumers including those with cognitive or mobility impairments. Staff described the processes in place for cleaning and disinfecting equipment as it is used to ensure consumer safety from infection. Service environments were observed to include accessibility for consumers with mobility aids including ramps on external doors to enable consumers to access indoors and outdoors spaces freely.

Documentation confirmed the service has system and process in place for maintenance and ensuring equipment used is safe. Work, health and safety staff confirmed the service undertakes regular environmental inspections to ensure any identified risks or hazards are mitigated.

For the reasons above, I find all requirements in Standard 5 Organisations service environment compliant, therefor the overall rating for the Standard is compliant.

# 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. | Not Compliant | Not 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

This Quality Standard is non-compliant as two of the four requirements have been found non-compliant. The assessment team recommended requirements (3)(c) and (3)(d) not met as they were not satisfied the service actioned complaints appropriately or in line with the services policies or procedures or review feedback and complaints to improve care and services for consumers.

Requirement (3)(c)

The assessment team was not satisfied the service captured or recorded consumer complaints to action those appropriately. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* One named consumer who had issues with their mobility aid not working did not have a replacement provided after requesting a replacement. The feedback about the mobility aid was not recorded, but was actioned once management were made aware during the Quality Audit.
* One named consumer has raised multiple complaints about the issue of food security which staff have passed on but not recorded, with no resolution documented.
* Staff confirmed complaints and feedback is usually verbal, however they generally do not record those. Senior staff confirmed they escalate complaints to management but are often unanswered.
* Consumers sampled said complaints in relation to care and services are not always responded to within a timely manner.
* Most staff could not describe the open disclosure process or provide examples of when this had been practiced. Staff advised they had not received training in relation to open disclosure.
* Management acknowledged the feedback and complaints system is not always effective in relation to verbal feedback. Management confirmed they would be providing training to staff in relation to the feedback and complaints process.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. I acknowledge the provider’s response; however I find the service did not demonstrate it takes action in response to complaints or uses an open disclosure process when things go wrong. In coming to my finding, I have considered information in the assessment team’s report that includes consumer complaints are not actioned in a timely manner. I have also considered feedback from various staff which indicates they do not understand the organisations processes for raising complaints or using open disclosure.

I acknowledge staff take complaints from consumers verbally and on some occasions will refer those for actioning, however, information in the assessment team’s report also indicates action is not taken in a timely manner and the service does not maintain a register or capture complaints to ensure timely action of those. I have also considered information in relation to one named consumer who did not have their concerns about food raised with the organisation actioned or resolved in a timely manner.

For the reasons above, I find requirement (3)(c) in Standard 6 Feedback and complaints non-compliant.

Requirement (3)(d)

The assessment team was not satisfied the service reviewed complaints to improve the quality of care and services. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* One named consumer’s complaint about service delivery was not used to improve care and services for them. The complaint had not been recorded or escalated for further actioning.
* Staff confirmed consumers made complaints about food services, however these complaints had not been used to improve meal service as management were not aware of the complaints.
* Staff confirmed they have not been directed to record complaints when they receive those and due to workloads, they do not often escalate those. Staff confirmed they had not received training in relation to the complaints process.
* Management confirmed staff do not record complaints at service level and they are currently not using the information to make improvements to care and services. Management acknowledged the gaps in their processes, which would be addressed through their continuous improvement plan.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. I acknowledge the provider’s response; however, I find the service did not demonstrate it uses feedback and complaints to improve care and service delivery. In coming to my finding, I have considered information in the assessment team’s report that shows while consumers make complaints verbally to staff this information is not used to make improvements to care and services. I have also considered feedback from multiple staff that shows staff do not record verbal complaints or consistently escalate those they receive for improvements to be made. Further, I have considered information included in both this requirement and requirement (3)(c) in this Standard that shows the service does not maintain a register of feedback and complaints to enable improvement actions to be made.

I acknowledge information in the assessment team’s report that includes the provider has an improvement action added to their current continuous improvement plan to address deficits identified.

For the reasons above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

In relation to **requirements (3)(a)** and **(3)(b)** consumers confirmed they felt comfortable in providing feedback including making complaints and would do this verbally by telling staff. Documentation confirmed some care documentation included information about the service complaints process. Observations showed service locations had information about how to make complaints is displayed for consumers. Documentation confirmed there are policies and procedures in place to guide staff practice. Management confirmed they provide consumers opportunities to provide feedback and make complaints through various methods including surveys of care and services.

Based on the information above, I find **requirements (3)(a)** and **(3)(b)** in Standard 6 Feedback and complaints 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. | Not Compliant | Not 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

This Quality Standard is non-complaint as two of the five requirements have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(c), (3)(d), and (3)(e) in this Standard not met as they were not satisfied there was the right number and mix of staff to deliver safe and effective care and services, the workforce was not competent, adequately trained or their performance monitored.

Requirement (3)(a)

The assessment team was not satisfied the service demonstrated the number and mix of the workforce enabled the delivery of safe and quality care and services. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Four named consumers at one service location confirmed there were not enough staff to deliver care and services in a way they wished or needed, including activities. One of the consumers confirmed feeling bored and another said staff shortages prevents them from being able to undertake activities of interest to them.
* Staff confirmed they need additional support, and they did not have enough time to get their tasks done. One staff member confirmed they work solo and if they have unplanned leave there is no other staff to complete their duties.
* Consumers at three service locations were satisfied with the number and mix of staff.
* Management confirmed there is a process to fill shifts where unplanned leave occurred.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around the mix and number of staff and active recruitment process that is ongoing. I acknowledge the provider’s response and actions planned to address the deficits identified; however, I find the service has not demonstrated it has the number and mix of staff required to provide safe and quality care. In coming to my finding, I have considered feedback from named consumers who confirmed they do not receive services they wish due to a lack of staff in their service location. I have also considered staff feedback which confirmed they do not have enough support to deliver care and services and where there is unplanned leave there is not enough staff to support getting all tasks done.

Further, I have considered information in other areas of the assessment team’s report specifically requirements (3)(a) and (3)(c) in Standard 4 which includes feedback from consumers in one service location that shows they are dissatisfied with the level of staffing as they are not able to undertake activities of interest to them. I have also considered information in the same requirements from staff that confirms they do not have enough support to provide activity services for consumers.

For the reasons above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

Requirement (3)(c)

The assessment team was not satisfied the workforce is competent, or staff have the qualifications and knowledge to effectively perform their roles. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Staff did not demonstrate they had skills and knowledge in relation to identifying, assessing or escalating risk.
* Staff delivering meals requiring texture modification said they did not have training specific to that task.
* Staff expressed they had not had training in various areas of care and service delivery including documentation, assessment and planning, risk assessments, incident reporting, food safety, and aged care specific training.
* Documentation showed training was in line with National Disability Insurance Scheme (NDIS) and not specifically to aged care.
* One staff member confirmed they had not completed mandatory training.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around supporting staff development and building capability. I acknowledge the information in the provider’s response and assessment team’s report; however, I have come to a different view to the assessment team and find staff demonstrated competency and had the skills to undertake their roles effectively. In coming to my finding, I have considered information in multiple requirements within all Standards of the assessment team’s report that confirms consumers are satisfied with their care and services and it is delivered by staff that know them and their needs and preferences well. I have also considered information in other areas of the assessment team’s report that shows in relation to meal services, staff are ensuring consumers with modified diets are getting the food they need to limit harm to the consumer and consumers are satisfied with how this is completed. Further, information in requirement (3)(d) of this Standard indicates consumers are satisfied with the competency of staff.

I acknowledge the information in the assessment team’s report that includes deficits in training; however, I do not have corroborated evidence before me that shows staff competency is not demonstrated, and I have considered this information in requirement (3)(d) of this Standard where I feel it is better aligned.

For the reasons above, I find requirement (3)(c) in Standard 7 Human resources compliant.

Requirement (3)(d)

The assessment team was not satisfied the service demonstrated the workforce is trained, equipped and supported to deliver the outcomes required by the Quality Standards. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Various staff across all service locations said they had not had comprehensive aged care related training.
* Some staff said they had not had training in areas including risk assessment, assessment and planning, mandatory reporting, recognising and responding to elder abuse and recognising deterioration.
* Documentation showed most training and support material including policies and procedures, is designed for NDIS consumers, and not specifically aged care related.
* Management advised they support new staff through buddy shifts, and they are supervised until they are deemed competent.
* Documentation was not provided to show how the service evaluates the effectiveness of training delivered to staff.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around specific training to deliver to staff to enable skills development. I acknowledge the information included in the provider’s response; however, I find the service’s training system does not effectively support staff to deliver outcomes required by the Quality Standards. In coming to my finding, I have considered information in the assessment teams report, in this requirement and others across various Standards that includes feedback from staff about not receive training. Staff confirmed they have not received training in areas including assessment and planning, risk assessment, modified diets, food safety and mandatory training. I have also considered information in the assessment team’s report that shows systems and supports in place for staff guidance is not specifically designed for aged care.

While I acknowledge there are actions in place to address deficits in relation to staff skills and knowledge, this will need time to be fully embedded.

For the reasons above, I find requirement (3)(d) in Standard 7 Human resources non-compliant.

Requirement (3)(e)

The assessment team was not satisfied the service undertakes regular assessment, monitoring and review of the performance of their workforce. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Staff in various service locations confirmed they do not have regular performance reviews and could not recall being engaged in a performance development plan.
* Some staff in all but one of the five service locations said they had not had a performance appraisal within the previous 12 months.
* Staff were not aware of how frequent performance reviews were to occur or what was involved in the process.
* Management could not provide a register of staff performance appraisals to show how many were done or when others were due.
* Monitoring of staff was not occurring. Documentation including daily shift reports were not being completed to improve staff performance where required.
* Management acknowledged the gaps in the system in place for staff performance appraisal and the ongoing monitoring of staff.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included a continuous improvement plan with actions planned around reviews of staff performance including monitoring staff compliance and performance through performance improvement plans, supervision meetings and annual performance reviews. I acknowledge the information in the provider’s response; however, I find the service did not demonstrate it undertakes regular assessment, monitoring, or review of staff performance. In coming to my finding, I have considered feedback included the assessment team’s report that shows multiple staff across different designations have not had a performance appraisal undertaken within the last 12 months, and some staff not being able to recall being part of the performance development process and had no knowledge of the performance review process in place. I have also considered management was unable to provide documentation that recorded staff appraisals or review of performance, including a register of staff annual performance appraisals to show the completion or overdue rates.

I acknowledge the actions the provider is taking in relation to the review and monitoring of staff performance, however, find this will need further time to embed to achieve full efficacy.

For the reasons above, I find requirement (3)(e) in Standard 7 Human resources non-compliant.

In relation to **Requirement (3)(b)** consumers confirmed they are treated with respect by kind and caring staff. Staff were observed to be kind, caring and respectful of consumers and their cultural needs and preferences.

For the reasons above, I find **Requirement (3)(b)** in Standard 7 Human resources 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. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Applicable | Not Applicable |

Findings

This Quality Standard is non-complaint as one of the four requirements assessed have been found non-compliant. The assessment team recommended all requirements assessed (3)(a), (3)(b), (3)(c), and (3)(d) in this Standard not met as they were not satisfied the organisation had effective governance system in place including a risk management framework, or they actively engaged consumers in the development and delivery of care and services, or the governing body promoted safe, inclusive and quality care and services.

Requirement (3)(a)

The assessment team was not satisfied consumers were effectively engaged in the development, delivery or evaluation of care and services. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Consumers reported they were not involved or supported in the engagement of care and services specifically in relation to the development and provision of social activities. Consumers confirmed they had no response to concerns raised about the lack of services provided in the community.
* Most consumers said they were not provided with assessments and care planning and were not receiving their financial statements about services provided. Some consumers could not recall receiving the organisation’s newsletter.
* Consumers were unaware of the formal feedback processes in place and provided feedback including complaints verbally.
* Most staff could not recall having a consumer meeting, completing an audit or survey or assisting consumers complete a questionnaire.
* Management advised the organisation undertakes an annual survey with consumers but was unable to provide information that had been collected or trended as part of the survey process.
* Management confirmed there is no consumer representative on the board currently.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included various actions planned in relation to organisational governance. I acknowledge both the provider’s response and information in the assessment team’s report; however, I have come to a different view and find the service demonstrated it involves consumers in the development and delivery of quality care and services. In coming to my finding, I have considered information in various requirements and Standards in the assessment team’s report that shows consumers are engaged in care and services including input into the development of activity programs in several of the service locations. I have also considered information in the Quality Assessor Workbook that shows the organisation seeks input from consumers through satisfaction surveys including for meal services.

I acknowledge the information in the assessment team’s report in relation to feedback processes and consumers limited knowledge of the formal system and have considered this in requirement (3)(c) in this Standard.

Based on the information above, I find requirement (3)(a) in Standard 8 Organisational governance compliant.

Requirement (3)(b)

The assessment team was not satisfied the governing body effectively promoted a culture of safe, inclusive quality care and services or is accountable for their delivery. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Management confirmed they regularly meet with the board and provide period reports that are tabled at board meetings. However, said reports don’t always include information about consumer risk and deterioration.
* Board minutes for July 2024 did not include aged care related reports on risk management, incident reporting or corrective actions to improve care and services.
* Management said the organisation has a strategic plan and the board provides strategic direction. The board does not effectively monitor all information including risks, incidents and complaints.
* The service’s incident register is incomplete, and information collected is not consistent as the service is transitioning to a new electronic management system. Management said they do not record feedback and complaints in a register to trend.
* The service actively promotes cultural awareness through recruitment and ongoing support of a majority indigenous workforce.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included various actions planned, and already taken including governance training for board members and an induction for new board members. I acknowledge information in the assessment team’s report; however, I find the service demonstrated the governing body promotes a culture of safe and quality care and services. In coming to my finding, I have considered information in the assessment team’s report that shows the board meets regularly and the performance of the service is reported to the board as demonstrated through minutes.

I acknowledge information in the assessment team’s report that shows consumer risk and complaints are not consistently included in reports prepared by the service, however I have considered this information in other areas of this report including requirement (3)(c) of this Standard. Further, I acknowledge the information in the provider’s response that includes the organisational governance systems in place, and I have no evidence before me that shows care and services are not safe and balance this with consumer feedback throughout each Standard that shows consumers are satisfied with care and service delivery.

For the reasons above, I find requirement (3)(b) in Standard 8 Organisational governance compliant.

Requirement (3)(c)

The assessment team was not satisfied there was an effective organisation wide governance system in place, specifically in relation to information management, continuous improvement, workforce governance and feedback and complaints. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* Assessments and reassessments are not conducted for consumers and the service does not have care planning documentation including assessments available to guide staff practice.
* Risks to consumer care and services are not communicated to staff providing care, staff rely on verbal exchange of information from management or consumers to guide care delivery.
* Training and guidance material for some documentation is not specific to aged care.
* The service has a continuous improvement plan with actions added to improve care and services. The plan is not being used to identify, develop and track improvements, or being reported to the board.
* The system for monitoring an ensuring staff are adequately trained is not effective. Staff advised they had not received training in several areas.
* The service uses a spreadsheet to track and monitor staff training completions, however it is not effective in tracking when training expires.
* The service does not maintain a register to capture consumer feedback and complaints and does not track or monitor complaints.
* Staff confirmed they take complaints and feedback verbally and do not always record this in consumer care documentation for follow up.
* The organisation has an effective system to track and monitor police clearances, working with vulnerable individuals’ certification, first aid, and oversight to ensure these remain current.
* There is an established financial management plan, with documented board and management responsibilities and financial reports prepared for and reviewed monthly by the board.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included various actions planned and already taken including implementing a new electronic information management system and a learning platform for staff training. I acknowledge the provider’s response and information in the assessment team’s report in relation to regulatory compliance and financial governance; however, I find the service did not demonstrate it has effective organisation wide governance in relation to information management, workforce governance, and feedback and complaints.

In coming to my finding, I have considered information in various requirements in Standard’s 1, 4 and 6 of the assessment team’s report that shows information is not always effectively managed and consumer information does not always get communicated including requirements for referrals for other services and feedback and complaints. In relation to feedback and complaints, I have considered information in Standard 6 that shows feedback and complaints are not captured or maintained by the service and that staff do not always escalate complaints or feedback that is made to them by consumers verbally. In relation to workforce governance, I have considered information in Standard 7 of the assessment team’s report that shows the service does not have an effective system in place for ensuring the right mix and number of staff to deliver care, staff training or monitoring of staff performance.

I acknowledge information in the provider’s response that shows the organisation has a continuous improvement plan in place and the additional commentary included to show actions and initiatives planned and already taken to improve deficits in organisational governance including but not limited to additional layers of oversight and governance through additional reporting from the service to the organisation. However, I find these will need more time to be fully embedded and achieve efficacy.

For the reasons above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

Requirement (3)(d)

The assessment team was not satisfied there was an effective risk management system in place in relation to the management of high impact or high prevalence risks with consumer care, recognising and responding to elder abuse or an effective incident management system. The assessment team’s report included the following information and evidence gathered through interview, observation, and documentation review relevant to my finding:

* The service does not have an effective assessment or reassessment process in place and staff do not have access always to information to deliver care and services safely or to identify and manage risks to consumer health and safety.
* The organisation’s risk register does not contain risk related to consumers.
* The organisation’s audit and risk management meeting minutes from April 2024 did not show discussion or review of consumer risks.
* Training is not provided to staff in relation to recognising or responding to the abuse and neglect of aged care consumers.
* Staff said they had not received training in relation to identifying or responding to elder abuse or neglect. Staff who had undertaken training felt it was directed in a NDIS context.
* The service does not have an effective incident system of capturing, documenting or monitoring incidents. Staff are not trained or supported to respond to consumer incidents. The current incident policy is not inclusive of aged care and does not contain information about the Serious Incident Response Scheme (SIRS) and how information is reported to the Commission.
* Staff said they had not received training in relation to reporting incidents and were not able to describe the process in place to do that.
* The service did not identify any consumers wishing to take risks to live the best life they can, however, they did not undertake risk assessments for consumers.

It is unclear if the provider agrees or disagrees with the findings in the assessment team’s report. The provider’s response included various actions planned and already taken including policies and procedures in relation to risk management and supporting consumers to take risks, and staff training in relation to incidents, risk management, and recognising and responding to elder abuse and neglect.

I acknowledge the information in the assessment team’s report; however, I have come to a different view and find the organisation has an effective risk management system in place. In coming to my finding, I have considered information in the Quality Assessor Workbook that shows risk assessments and information about consumer risks are considered, assessed, discussed and communicated within the service and with consumers and their representatives. I have also considered information in the provider’s response that shows the risk management process and includes further improvement actions to embed this further across the organisation.

In relation to the deficits identified with staff training I have considered this further in requirement (3)(d) of Standard 7. I acknowledge the information in the assessment team’s report in relation to the service’s incident management system, including the one incident that occurred where a consumer had a choking incident on the bus; however, I do not find this shows there are systemic issues in relation to incident or risk management. Further, in relation to incident management, I have considered information in the Quality Assessors Workbook and provider’s response shows daily shift reports include information about consumer care including incidents or risks are discussed and recorded within these documents.

For the reasons above, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

**Requirement (3)(e)** was not assessed and therefore there is no rating applicable.

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)