**Performance**

**Report**

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| Name: | Victorian Aboriginal Health Service Co Operative Ltd |
| Commission ID: | 300711 |
| Address: | 186 Nicholson St, FITZROY, Victoria, 3065 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8793 Victorian Aboriginal Health Service Co-operative Limited  
Service: 26023 Victorian Aboriginal Health Service Co-operative Limited - Community and Home Support

**This performance report**

This performance report for Victorian Aboriginal Health Service Co Operative Ltd (**the service**) has been prepared by A.Cachia, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 16 May 2024.
* the Quality Standards Guidance Resource, September 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **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 6, Requirement (3)(a)
  + Ensure consumers and their representatives are encouraged and feel comfortable to raise complaints and feedback.
  + Ensure consistent records of feedback and complaints, informal and formal, are maintained.
* Standard 8, Requirement (3)(d)
  + Ensure effective risk management systems and practices are embedded into the CHSP program, addressing high-impact and high-prevalence risks and identifying and responding to abuse and neglect of consumers.
  + Implement monitoring processes to ensure compliance with the organisation’s clinical incident data management, identifying trends and adequately reporting and escalating.
* Standard 8, Requirement (3)(e)
  + Ensure a clinical governance framework is implemented to inform the CHSP program practices directly.
  + Staff to complete training in antimicrobial stewardship and restrictive practices.

# Other relevant matters:

The provider recently received approval to provide Home Care Packages (HCP) to consumers under service ID, however this program has not yet commenced and therefore was not assessed at the time of the quality audit.

# Standard 1

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

Findings

Consumers said staff treat them with dignity and respect, with one representative sharing how staff ensured gender specific workers attend their mother. Staff explained how they treat consumers with dignity and respect, sharing how they ensure they are aware of individual and cultural needs along with providing them with the opportunity to make choices. Management described how the service organised a two-day trip tailored to consumers cultural and spiritual needs, including accessing community, and activities to foster and share cultural knowledge. Staff demonstrated they were knowledgeable of each consumer’s needs and preferences and described how this influenced the delivery of consumers individual services.

Consumers collectively shared that their cultural needs and background informed the services they received and explained how they felt safe, supported, and respected. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff sharing how they have received formal and informal training on delivering culturally safe services. A clinician supporting a consumer described how staff ensure culturally safe practice and valuing the consumer through a clinical ‘yarn’, where consumers are provided the space and time to share their story before any clinical services occur or are delivered. Sampled care plans included consumer specific information, including a request for a female carer with the same culture and life experiences.

Consumers said they are supported to actively make decisions about their care and delivery of services, and felt their independence was maintained. Staff said, and provided examples of how, they support consumers to make decisions and maintain relationships. Management said consumers are encouraged to be independent and ensure this by informing consumers and representatives of the social and cultural activities available that they wish to participate in. Documentation included information outlining consumer relationships, support persons and representatives involved in supporting individual care needs.

Consumers and representatives advised consumers are supported to live the best life they can. Two consumers shared how staff assist to mitigate risks while also being able to maintain their independence. While the service did not have a dignity of risk framework in place, including guidance for the workforce to support consumers to make informed decisions as part of the service’s risk management, staff and management were able to describe how they support consumers to make their own decisions about their services and advised that supporting consumers to take risks may depend on the services the consumer receives. Where consumer risk is identified, staff and management said they consult with the consumer regarding risk management strategies.

Most consumers said they are frequently provided with service information in various ways, which is easy to understand. One representative described how the provider encouraged them to attend dementia courses available to assist in understanding information provided. Staff described methods used to communicate information to consumers with reduced cognitive capacity. Management said consumers receive an information pack containing information to enable consumers to exercise choice, including information relating to privacy and additional supporting information.

Most consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. One consumer said they needed to remind staff regarding professionalism and the need to maintain confidentiality. Staff said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. Management said, and the Assessment Team observed, effective systems in place to protect consumer privacy and personal information, including an electronic system, with all electronic information digitally secure through password protected mechanisms. The service has policies and procedures in relation to privacy principles, which staff said they understood and provided examples of practices used to maintain confidentiality of information.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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 |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives are satisfied with how services support consumer mobility, pain management and community access, which was captured through the services assessment and planning process. Staff were knowledgeable of consumers’ information and were satisfied that they are guided in delivering services safely through the effectiveness of the assessment and planning processes, and risk was considered and assessed. Management said the service promotes a qualified multidisciplinary team of clinicians with current registrations to ensure safe and effective service delivery. Sampled care plans showed sufficient detail to guide the delivery of services, including the use of validated assessments, risks are identified and mitigation strategies are documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable clinicians to provide effective service. Consumers and representatives said care and services meet consumers’ needs and goals. One consumer described how the service considered their respiratory condition by monitoring through weekly visits, which was evidenced by supporting documentation. Staff said they access information about consumer’s needs, goals and preferences by consulting the consumer, reviewing the assessment, care plan and progress notes. Management said the service’s multidisciplinary team provide advance care planning and end of life information to consumers, and described how the consumer leads the assessment process to ensure consumers feel autonomous in their decision making. Although advance care planning discussions were not consistent in practice, I have placed weight on feedback from consumers and representatives that consumers’ needs, goals and preferences are known. Furthermore, management acknowledged the cultural sensitivities considered in the care delivery that has been planned around what is important to them.

Consumers and representatives said they are actively involved in developing a care management plan that meets consumers’ needs, including multiple consumers and representatives who said they feel like a partner in consumers’ care planning. Staff said they work in partnership with consumers by checking in with them to ensure services are aligned with consumer wishes and preferences. Management said the service takes a holistic approach, coordinating care and services with external services and health professionals involved in consumers care by conducting case conferencing and regular informal discussions. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including allied health practitioners and their representatives.

Most consumers confirmed they are provided with a copy of their care plan and said staff explain information about their care and services. Staff described how they provide services and support in alignment with the consumers care plan, with staff and management emphasising importance around how consumers have control, including if they choose to change services on the day, in which staff make arrangements to adjust to consumers preferences. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said the service reviews care and services, including in response to change in circumstances and deterioration. Staff said consumers’ care and services are reassessed regularly or when a change in circumstances occurs. Management said care plan reviews are led by consumer needs identified and engagement with consumer’s health professionals when undertaking reassessments. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers and representatives said they are satisfied with the personal and/or clinical care provided, with consumers sharing how they felt staff regularly monitor their health and well-being. One consumer said their services are tailored and individualised, making them feel like a person and not a number. Staff demonstrated familiarity with the clinical care needs of consumers, including high impact or high prevalence risks associated with their care. Staff said they are aware of and utilise best practice methods by tailoring care to the needs of consumers, and clinicians advised they do not generally implement restrictive practices, with no current restrictive practices in place. Management acknowledged that although the service has no consumers receiving restrictive practices, they did not have effective oversight or management. On balance, I consider managements proactive response in implementing a register to allow oversight of restrictive practices as well as the clinical directors involvement, ensuring reviews to assess any future restrictive practices is maintained. The services physiotherapist demonstrated how they are supporting one consumer with reduced mobility following a knee replacement by regularly reviewing the consumer, monitoring and documenting updates, including reviewing exercise programming and hydrotherapy recommendations.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Nursing staff provided examples of how the service supports consumers nearing end of life including, providing advance care planning information, discussing what nearing end of life looks like for the consumer, exploring supports and equipment is needed and engaging palliative care services. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life, and sampled documentation demonstrated an increase in nursing services to support consumers nearing end of life.

Consumers and representatives said staff would identify and respond to consumer deterioration and change. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change. Staff are trained to report change and nursing staff provided examples of significant changes in clinical needs of consumers receiving services. Documentation showed, and management said deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional clinical care congruent to changed needs. The service has a provision of care policy that guides staff to document and report change or deterioration to the consumers risk profile.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. One consumer said they wouldn’t know what to do without staff delivering services, as they understand their condition staff know what to do.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Staff said they share consumer information with external services to support the consumer’s needs, and clinical staff ensure all relevant parties including general practitioners and specialists are involved in consumers’ care. Management said the service primarily refers internally due to the service’s multidisciplinary specialist services available and described the services referral process. Care planning documents showed timely and appropriate referrals internally within the service and to other services and organisations. The service has policies and procedures to guide staff in the referral process.

Consumers and representatives said staff are always fully masked, wash and sterilise their hands. Staff said they are vigilant in their adherence to hygiene practices to reduce infection-based risk and undertake a consumer screening prior to entering consumer’s homes. The service has an infection control policy and training documentation demonstrated staff participate in annual mandatory infection control training.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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

Findings

Consumers said and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received, including companionship. Staff said they support consumers independence, health and well-being through providing support to access the community and access to mobility aids and equipment to increase independence. Management said the service ensures care and services optimise independence and consumers quality of life through informed consumer choice, stating “they decide their quality of life, not us”. Care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers confirmed their emotional and psychological well-being is supported and provided examples of how staff would recognise if they were feeling low, including supporting consumers to access mental health services and providing emotional support during times of grief and loss. Staff said they sensitively support consumers by taking time to ‘yarn’, check in on the consumer and work with consumers to support in addressing contributing factors including stress related to housing or financial hardship. Management said the service centre was designed to promote spiritual well-being through connection to their community and culture, with Aboriginal artworks displayed and native trees outside of the centre.

Consumers and representatives described how they have access to a range of services to enable them to stay connected to their community and do things of interest to them. One consumer said when they attend the service centre and see the fireplace and Aboriginal artwork at the centre, they feel at home in the bush. Staff described consumers connection to their community, their local mob and family and how staff support what is important to consumers through consultation. The Assessment Team observed consumers greeting, embracing and conversing with other consumers and group attendees at the service.

The services activity groups accommodate outings allowing consumers to stay connected and participate in their community. Management said staff discuss with consumers what their interests are and plan activities and community access accordingly.

Consumers and representatives said they are comfortable talking to staff about their care and services, advising that staff are aware of consumer conditions, needs and preferences. Staff said they are aware of changes in care through consumer assessments and recommendations provided by health professionals. Staff said they also ensure hospital discharge summaries are sought following hospitalisation to obtain updated information documented on the consumers file to support staff delivering services. Management explained the organisation’s holistic multidisciplinary team approach to support the health and well-being of consumers receiving services; maintaining open communication with all services involved in consumer care needs to ensure continuity of care is maintained.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely and support the needs of the consumer. The service has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers and representatives said they are satisfied with equipment provided to consumers, that is safe, suitable, and maintained to assist consumers in their daily lives. Staff said issues with equipment are rare, however, processes are in place in the event the service needs to organise repairs or replacement equipment. Management said the service ensures equipment is sought through appropriate suppliers to ensure all equipment is tested and trialled with the consumer, following allied health recommendations.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements, excluding 4(3)(f) as this was not applicable to the Quality Audit, in Standard 4 Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they always feel welcome and safe, sharing how they find it easy to navigate and understand the centre-based service environments. Staff said, and the Assessment Team observed how they ensure the service environment is always welcoming and encourages consumer independence and function. Service environment signage and functions were observed to be well maintained, with an array of culturally significant items on display.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely. Staff said they maintain the cleanliness of the environment, utilising site-specific cleaning schedules and were knowledgeable in how to report maintenance requests.

The service has a transport car which appeared clean and well-maintained, with consumers sharing how they are happy with the transport car as they feel safe and comfortable. Consumers said they are satisfied with the treatment chairs and equipment provided by the service. Staff said personal equipment is new and not loaned.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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

Findings

Requirement 6(3)(a)

The Assessment Team reported the service did not demonstrate that consumers are supported to provide feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives said they understood how to provide feedback and complaints, however said they felt reluctant to do so due to concerns about repercussions if there was an issue.
* Management said consumers would discuss issues informally with staff within the organisation and staff would resolve issues by involving a team of staff. However, the service did not provide evidence to demonstrate consistent record of feedback and complaints.
* Management explained how all formal complaints are documented in a feedback register, investigated, actioned and resolved in accordance with policy, however upon review of the complaints register, no evidence of complaints was documented within the last 12 months, only compliments.
* The Assessment Team sighted the organisation’s welcome pack, which included information on making a complaint with external feedback contact details. Management acknowledged the information available to consumers may not be accessible to all consumers, advising that pictorial or verbal information may be beneficial.
* Management acknowledged the gap that currently exists and advised a review of current processes is required to ensure consumers feel comfortable in providing feedback and complaints.

In response to the Assessment Team’s report, the provider submitted a comprehensive response outlining the actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised that very few consumers make formal complaints, however Aboriginal staff in Community Programs receive informal feedback. The provider acknowledged that consumers are often reluctant to provide feedback to non-Aboriginal staff and concerns raised are discussed within the community with the expectation that the service will resolve matters promptly.
* The service is currently developing a user-friendly complaints and feedback flyer to be included in the information kit. The service has added in numerous resources including, the Commission’s complaints brochure, elder rights advocacy support brochure, My Aged Care brochure and “A Little Yarn Goes A Long Way” brochure.
* The provider advised they have contacted the Aged Care Quality and Safety Commission requesting a feedback brochure that features Aboriginal consumers.
* A proposal is to be raised at the Senior Manager’s meeting for the services communication team to develop a campaign through the services Facebook website to encourage consumers to provide feedback to improve services.
* All Community Programs staff have been reminded to record informal feedback and complaints on the services complaints management system, with assurance that this will be monitored by the services clinical director.

In coming to my finding, I have considered the Assessment Teams report and the provider’s response. This Requirement expects the organisation is able to demonstrate that they encourage and support consumers and their representatives to provide feedback or complain about the care and services they receive. This is based on consumers’ trust and confidence that there won’t be negative consequences if they raise concerns or complain. I find this did not occur, as there were no mechanisms in place to record, monitor, manage consumer feedback and complaints. I acknowledge improvements to address these deficits have commenced implementation, however, there is no evidence that at the time of my decision, they have been fully implemented and embedded, and are effective.

Based on the information summarised above, on this occasion, I find the provider, in relation to the service, non-compliant with Requirement 6(3)(a) in Standard 6 Complaints and feedback.

Requirements 6(3)(b), 6(3)(c) and 6(3)(d)

Consumers and representatives said they were provided with information about how to access advocacy services. Two consumers said they are supported by staff who advocate for them in receiving support relating to their care needs to ensure they feel supported. Staff and management said they support consumers and representatives by providing advocacy service information and advocating for consumers who do not have alternate support available. Management acknowledged the organisation did not have Elder Rights Advocacy services and Older Persons Advocacy Networks as part of the services information pack, however assured the Assessment Team this improvement would be attended to.

In response to the Assessment Team Report the provider submitted a response outlining actions undertaken to address deficiencies and confirmed the service now has advocacy brochures available in consumer information packs.

Consumers said they are informed about the service’s commitment to respond to their complaints in a timely manner and open disclosure principles. One consumer raised a complaint relating to the booked taxi service that did not arrive to take the consumer to their clinic appointment, however, management demonstrated immediate action identifying this was a recurring issue and located alternate transport services to address the complaint. Staff said open disclosure is discussed during the induction process, however, not discussed on an ongoing basis. Management described how open disclosure processes support consumer, and evidence of sampled consumer complaints demonstrated open disclosure processes were followed and resolved issues identified in the complaint.

Improvements to care and service delivery are identified and implemented following suggestions raised by consumers or their representatives. Management said improvements are actioned as a result of feedback and complaints and provided examples of service improvements made to transport arrangements to mitigate issues, ensuring consumers are not disadvantaged. Evidence sighted by the Assessment Team demonstrated information the has captured is monitored, and issues identified are reviewed to improve services. Management further advised that any trends identified are discussed with other business areas within the organisation to seek consultation and resolve issues effectively.

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

# Standard 7

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

Findings

Consumers and representatives were satisfied with the number of staff available. Management discussed workforce planning and analysis of workforce needs, sharing how the service monitors referrals from My Aged Care, to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services. Management acknowledged the service currently has a vacancy for a physiotherapist and podiatrist, outlining recruitment processes to fill the vacant position to ensure continuity of care is maintained.

Consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs, including that staff know their background and preferences, and are committed to their roles. Management said consumers would comfortably speak to staff who identify as Aboriginal, informing them if they believed to be mistreated. Management described how workforce interactions are monitored through discussions with consumer, and the service is currently conducting a survey across the service. Policies and procedures are in place that govern all aspects of dignity and respect.

Consumers and representatives provided positive feedback that staff understood consumers’ culture and cultural needs. Staff and management said they are qualified nursing or allied health clinicians, with current registrations which are updated annually. Staff explained how they have also completed relevant training to effectively perform their roles. The service demonstrated how it supports staff to gain a cultural understanding and consideration for consumers receiving care and services, including providing cultural specific training during the induction process.

Consumers and representatives said they are satisfied with staff skills and knowledge, advising that consumers felt safe and cared for when receiving services. Staff said they complete external training to maintain their registration, however expressed a need for additional training to support staff within the aged care sector. Mandatory training and an induction program were evidenced for staff when commencing employment, along with access to position descriptions and completion of police checks. The training register evidenced some but not all training completed by staff to support clinicians in the provision of care. Management acknowledged feedback from the Assessment Team, outlining training opportunities and resources available to the service. Furthermore, management advised the service would review and provide additional training to staff.

Staff are required to undertake performance appraisals annually with new staff completing three and six-month probation periods. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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

Findings

Requirement 8(3)(d)

The Assessment Team reported the service did not demonstrate that the organisation has effective risk management systems to support consumers receiving care under the CHSP program. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team sighted a risk management framework, matrix and register; however, the risk register considers the corporation as a whole and does not evidence any issues relating to CHSP program.
* Management said clinical risks, issues and incidents are recorded in a risk management system and reported to the clinical director, however the services finance and risk team advised the service monitors organisational risks; with clinical risks are not documented or monitored.
* The Assessment Team identified that the service has not reported any incidents in the last 12 months for the CHSP program. Therefore, the Assessment Team did not evidence clinical risks documented, reported, or review if incidents were managed appropriately.
* Management said incidents are discussed with the services clinical director who would provide advice and recommendations to resolve the issue. As issues and incidents are resolved, the services CHSP team were not recording incident information.
* The service has a vulnerable persons register, however had not been updated for four years. Management acknowledged that high impact and high prevalence risks were not managed through the vulnerable persons register and utilised to contact consumers to conduct welfare checks.
* Staff and management acknowledged the gap identified and advised the service would implement improvements to ensure monitoring and oversight of the clinical risks for CHSP allied health and nursing program.

In response to the Assessment Team Report the provider submitted a comprehensive response outlining the actions undertaken to address the deficiencies. The response included the following evidence is relevant to my finding:

* The provider said to strengthen risk management systems and practice, including clinical governance, risk management and clinical incidents as well as formalised processes; the service has arranged monthly meetings with clinicians and leadership to monitor and record high-impact high-prevalence risks. Management confirmed this improvement has been recorded in the service management system as part of the continuous improvement register.
* Staff have been instructed to record all incidents including near misses in the management system. Clinical director will oversee and monitor clinical incidents, identify trends and escalate to the executive management team.
* A vulnerable client risk register was developed to monitor high-risk consumers. The service has confirmed it’s operational implementation by end of June 2024 once consumers have been identified, details recorded and processes developed in managing high-risk consumers.
* The service said they intend to organise training on elder abuse and trauma informed practices.

In coming to my finding, I have considered the Assessment Teams report and the provider’s response. This Requirement expects the organisation to have systems and processes that help identify and assess risks to the health, safety and well-being of consumers. It is expected that the service’s risk management system identifies and evaluates incidents and ‘near misses’. This is based on effective risk management systems and practices required, including high-impact or high-prevalence risks, identifying and responding to abuse and supporting consumers to live the best life they can. I find this did not occur, as there was no formalised process to monitor and manage incidents and risks. I acknowledge the provider has commenced implementation of improvements to address deficits identified by the Assessment Team, however, there is no evidence indicating that they have been fully implemented or embedded at the time of my decision.

Based on the information summarised above, on this occasion, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(d) in Standard 8 Organisational governance.

Requirement 8(3)(e)

The Assessment Team reported the service did not demonstrate that the organisation has a CHSP program specific clinical governance framework, including but not limited to antimicrobial stewardship, minimising use of restraint and open disclosure. The Assessment Team provided the following evidence relevant to my finding:

* The organisation has a clinical governance framework in place only for medical services provided external to the CHSP program. The service is not documenting or reporting clinical incidents, investigation, or review of incidents and consumer risks within the CHSP program.
* Management said, and sampled documentation showed clinical incidents are identified, discussed and actioned to mitigate ongoing risks; however, CHSP incidents are not recorded, and the governing body does not have adequate oversight.
* Antimicrobial Stewardship
  + The clinical director said staff do not monitor if consumers are using antibiotics and would refer to the general practitioner for information. Furthermore, staff have not had training in antimicrobial stewardship, however, have received training in infection control.
* Restrictive Practices
  + Staff have not received training in relation to restrictive practices, and advised they were unsure if consumers are subject to restrictive practices such as the use of bedrails, bed poles or other practices, which is not monitored by service clinicians.
* Open Disclosure
  + The Assessment Team could not review if open disclosure had taken place within the service, as the service did not report clinical incidents at the time of the Quality Audit.

In response to the Assessment Team Report the provider submitted a response outlining the actions undertaken to address the deficiencies. The response included the following evidence is relevant to my finding:

* To strengthen risk management systems and practice, including clinical governance, risk management and clinical incidents as well as formalised processes; the service has arranged monthly meetings with clinicians and leadership to monitor and record clinical incidents, antimicrobial stewardship and restrictive practices. Management confirmed this improvement has been recorded in the service management system as part of the continuous improvement register.
* The service said they have registered with the Aged Care Quality and Safety Commission’s ALIS learning and development program.
* The service intends to organise training for staff for antimicrobial stewardship, and minimising use of restraints, and has added this to the service’s clinical governance agenda.
* A vulnerable client risk register was developed to monitor high-risk consumers. The service has confirmed its operational implementation by end of June 2024 once consumers have been identified, details recorded, and processes developed in managing high-risk consumers, will include information relating to restrictive practices and wound management for monitoring purposes.

In coming to my finding, I have considered the Assessment Teams report and the provider’s response. This Requirement expects the organisation to have clinical governance and safety and quality systems that are required to maintain and improve clinical care, to improve outcomes for consumers. It is expected that the service’s clinical care addresses antimicrobial stewardship, minimising use of restraint and practicing open disclosure. I find this did not occur, as no mechanisms were in place to monitor and manage consumers that are subject to restraint, have had a clinical incident or have been prescribed antibiotics. Furthermore, staff have not received training in these areas. I acknowledge improvements to address these deficits have commenced implementation, however, there is no evidence that at the time of my decision, they have been fully implemented and embedded, and are effective.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirement 8(3)(e) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b) and 8(3)(c)

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through client satisfaction surveys and community engagement monthly meetings. Management explained how consumer concerns and feedback is discussed, however, minutes are not documented during these meetings as this is not a common cultural practice, and therefore could not be sighted as evidence by the Assessment Team. Management acknowledged that a summary of discussion points could be collated and utilised in improving care and services. Management said the service works in partnership with community, consumer advocates and representatives so consumers are empowered and connected with one another.

The organisation’s governing body is comprised of a Board of Directors who are required to identify as Aboriginal. Board members rotate responsibilities every two years, and regularly review finance, program delivery, clinical, risk, people and culture. Consumers and staff said they are satisfied the service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness. The Board meets regularly to ensure oversight of quality care and services is maintained, including reporting on incidents, complaint data, clinical care, along with any areas of concern.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by the organisation’s policy and procedure action group to address in regular meeting mechanisms. Management said they receive regular updates from government bodies on regulatory information, which is monitored by the CHSP manager.

Based on the above evidence, I find the provider, in relation to the service, compliant with Requirements 8(3)(a), 8(3)(b) and 8(3)(c) in Standard 8 Organisational governance.

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