**Performance**

**Report**

**1800 951 822**

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| Name of service: | Warrigal Community Care - Queanbeyan |
| Service address: | 111 Campbell Street QUEANBEYAN NSW 2620 |
| Commission ID: | 200191 |
| Home Service Provider: | Warrigal Care |
| Activity type: | Quality Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 17 March 2023 |

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

**This performance report**

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

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

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

# Services included in this assessment

**Home Care:**

* Warrigal Community Care - Queanbeyan, 17860, 111 Campbell Street, QUEANBEYAN NSW 2620
* Warrigal Community Care - Goulburn, 17856, 111 Campbell Street, QUEANBEYAN NSW 2620
* Warrigal Community Care - Goulburn EACH, 17857, 111 Campbell Street, QUEANBEYAN NSW 2620
* Warrigal Community Care - Goulburn EACH Dementia, 17858, 111 Campbell Street, QUEANBEYAN NSW 2620
* Warrigal Community Care - Illawarra, 17859, 111 Campbell Street, QUEANBEYAN NSW 2620

**CHSP:**

* Care Relationships and Carer Support, 25080, 111 Campbell Street, QUEANBEYAN NSW 2620
* Community and Home Support, 25081, 111 Campbell Street, QUEANBEYAN NSW 2620

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 2023

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

* Requirement 1(3)(b) HCP and CHSP
* Requirement 2(3)(e) HCP
* Requirement 7(3)(e) HCP and CHSP
* Requirement 8(3)(c) HCP

# Standard 1

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

Findings

The Assessment Team reports that the Approved Provider is meeting consumers’ needs and delivering care with dignity and respect. Whilst respecting their privacy and supporting them to take risks. The Provider is also supplying accurate and timely information to support consumer choice and independence. However, the Provider is not ensuring cultural safety or delivering services considering the diversity needs of individual consumers

Requirement 1(3)(b)

Whilst initial consumer assessment or re-assessment does include questions on language spoken and the need for interpreters and has a section on social, spiritual and cultural needs, this information is not currently being incorporated into the care planning for individual consumers. Management have highlighted this as a gap in their service and are currently addressing this with the formation of a new culture and diversity policy. Minutes from the working group were sighted as evidence of the service continuing to work on this policy.

Management advised that they have recently met with a local multicultural society to assist with their understanding of differing cultural needs and are looking to partner with them in the provision of services to consumers. They also advised that home services consumers are now also being invited to multicultural celebrations/events held in the service’s residential space. There is currently no mandatory staff training in culture and diversity and staff interviewed stated that whilst they are aware of consumers cultural backgrounds when providing services, they believe that specific training in these matters would be beneficial. No consumers interviewed raised any specific concerns about their cultural safety. The service has indicated that it is taking steps to meet this requirement in the future,

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates that the intent of requirement 1(3)(b) is Delivery culturally safe care and services is about recognising, respecting and supporting the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights. The intent of the requirement also states ‘What is culturally safe for one consumer can be different to what is culturally safe for another consumer. This can be true even among people who identify as being from the same group

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the six specific requirements have been assessed as non- compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as non-compliant as one of the six specific requirements have been assessed as non-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. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is communicating formally with other organisations who are involved in the care of the consumer and is reviewing care plans to identify and address current needs, goals and preferences. The Approved Provider is assessing and planning in line with consumers goals and preferences. Interviews with consumers confirmed they were involved in the assessment and planning process and, where applicable, this was done in partnership with others when they wished them to be involved. The Provider is also involving consumers and nominated representatives in the assessment and planning processes and details are communicated in person and through emails and phone calls with the consumer and representatives. However, the Provider is not undertaking assessment reviews on a regular basis.

Requirement 2(3)(e)

Coordinators advised the process for reviewing HCP care plans and undertaking reassessment are as follows:

* HCP level 1 and 2 reviewed annually at a minimum and when there is significant change to the client’s needs.
* HCP level 3 and 4 are reviewed every 6 months and in partnership with the service’s registered nurse.

The service’s policy and procedure manual sighted by the Assessment Team confirmed the above process for HCP consumers and stated CHSP assessment/re-assessments and service plans will be reviewed annually at a minimum, when there is significant change to the client’s needs or circumstances. The outcomes of these reviews will be recorded in the consumers care plan documentation and then each consumer is provided a copy in their home folders.

A sampling of all CHSP care plan documentation evidenced the service annual reviews and reassessments are undertaken annually.

Sampling of HCP consumers assessment/re-assessment and service plans showed evidence of 2 consumers assessment and re-assessment had not been undertaken. For example, one HCP 4 consumer who speaks limited English and received transport services from the organisation from November 2022. A review of this consumer’s care documentation showed the assessment and re-assessment had not been completed by the registered nurse and the service plan was not completed. This information would show support workers and transport drivers if the consumer had any communication barriers or mobility Issues. In response to the Assessment Teams feedback, management and coordinators interviewed advised they were waiting on the registered nurse to complete their part of the assessment and re-assessment. Management said they have recently filled a vacancy and another registered nurse is starting which will assist the service completing their assessments, re-assessments and risk assessments.

The care plan of another HCP 3 consumer who receives meals on wheels which is invoiced, and payment is managed by the service. Review of the care planning assessment and re-assessment document was incomplete and limited information about Mr’s Bradly’s health conditions where noted.

The service has identified that their assessment/re-assessment and service plan documentation is not being completed consistently or being reviewed annually. The Assessment Team noted that this was in the service’s continuous improvement plan as an ongoing project.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates the purpose and scope of Standard 2 states in part This Standard describes what organisations need to do to plane care and services with consumers’…. ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up’.

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as compliant as five of the five specific requirements have been assessed as 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 reports that the Approved Provider is demonstrating that relevant information is being shared within the organisation and is using validated assessment tools to guide them in the delivery of safe and effective care.

Further to this the Provider is effectively managing high-impact or high-prevalent risks associated with the care of each consumer and providing timely and appropriate referrals in response to changes in consumers condition. The Provider is also minimising infection related risks.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as compliant as seven of the seven specific requirements have been assessed as 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. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is supporting Consumers to take part in community and social activities and are encouraged to follow their interests. The Provider is demonstrating a good understanding of the consumers they care for and what was important to them. Support workers told the Assessment Team the care planning documents include details of how to support a consumer with their lifestyle and social interactions. Further to this the Provider is supporting staff to deliver the services according to the consumer’s preferences and in a way that ensures consumers feel socially connected and can have control over their lives. A review of documentation and interviews with the coordinator and staff and management, confirmed there are appropriate processes in place.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as compliant as seven of the seven specific requirements have been assessed as 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. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This standard is assessed as not applicable as services are not provided to consumers in a communal environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing opportunity and supporting consumers to provide feedback and complaints. The Provider is maintaining a complaints register, detailing the complaint, follow up action taken and resolution outcomes. The Provider is also Practising Open Disclosure.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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

Findings

The Assessment Team reports that the Approved Provider is planning its workforce to enable the delivery and management of safe and quality care and services. The Provider is also treating consumers in a kind, caring and respectful manner. The Provider has systems in place to ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. The workforce is recruited, trained, equipped and support to deliver the outcomes required by the Quality Standards. However, the Provider is not conducting regular performance reviews of each member of the workforce

Requirement 7(3)(e)

All consumers and/or representatives said they feel comfortable contacting the service and are encouraged to provide feedback. For example, one consumer said he speaks with his coordinator regularly and the new coordinator visited him recently. The support workers interviewed said they have had performance discussions with their manager and said they usually happen yearly. The Assessment Team sighted the Managing Performance and Behaviour policy which included clear roles and responsibilities and the standards of expected behaviour of staff. The policy provided guidance on conducting formal performance management interviews and listed serious misconducts that result in instant dismissal. The Performance Review and Planning policy and procedure stated a requirement for yearly reviews of all staff and the objectives of the performance review system. Management said approximately 50% of the workforce performance reviews are currently overdue. The service has recently employed a senior coordinator who is completing the overdue reviews and said the will be completed in the coming weeks. The service has identified the performance review issue in their plan for continuous improvement.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates the Purpose and scope of Standard 7 ‘This Standard requires an organisation to have and use a skilled and qualified workforce, sufficient to deliver and managed safe, respectful and quality care and services which meet the Quality Standards.

The Guidance states that the intent of requirement 7(3)(e) is ‘All members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need. This requirement looks at how organisations need to regularly assess the performance and the capabilities of the workforce as a whole. Performance reviews can also support continuous improvement and development of the members of the workforce’

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the five specific requirements have been assessed as compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as non-compliant as one of the five specific requirements have been assessed as compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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. | Non-compliant | 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. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Provider is promoting a culture of safe, inclusive and quality care and services and the governing body is accountable for their delivery. The Provider is also ensuring effective organisation wide governance systems are in place and managing risks through their risk management systems and practices in addition to ensuring that there is a clinical governance framework in place. However, the Approved Provider is not keeping subcontract agreements are up to date.

Requirement 8(3)(c) HCP

Information Management

The Assessment Team sighted the services Privacy and Disclosure of Information policy and procedure which described how the service stores, secures, maintains and disposes of information. Staff interviewed said they can readily access the information they need including policies and procedures, training, care documentation and resources which guides them in best practice for care and service delivery. All consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed by the relevant staff. Staff undertake yearly mandatory training in data breach response, privacy legislation and privacy and disclosure of information.

Continuous Improvement

The Assessment Team sighted the services Continuous Improvement policy and procedure which outlined key roles and responsibilities with the Board of Directors listed as ensuring oversight of meeting legislative requirement in relation to the Aged Care Quality Standards.

The service has a Plan for Continuous Improvement (PCI) in place which has been captured using consumer and staff feedback. The PCI includes improvements to the referral process, continence assessments to be incorporated into reviews, updating the medication management policy, the development of an oxygen register, updating the behaviour assessment process. Continuous improvement is a standard agenda item on sub-committees and the regular board meetings.

Financial Governance

The service demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of complying with their obligations as an approved provider. The organisation has a Business and Risk Audit sub-committee which is one of four sub-committees that report directly to the board. The Business and Risk Audit sub-committee provides monthly reports to the board to give board members oversight of the organisational financial status, the number of packages and unspent funds. The board requests regular internal audits as part of their governance duties.

All HCP consumers receive a monthly statement which provides a breakdown of the services received in the previous month, the amount of spent funds and a balance of their package.

Workforce Governance

The Assessment Team sighted the services organisational chart, job descriptions, staff code of conduct and the staff handbook, which is supplied to new staff. The onboarding process to recruit staff is sound and copies of qualifications, vaccination status, driver’s licence and police checks were captured and maintained by Human Resources.

A regular training regime is in place and staff are required to carry out annual mandatory training such as Bullying, Harassment and Discrimination, Infection Control (including hand hygiene, donning and doffing), COVID training, Employee Equal Opportunity, Elder Projection, Fire Awareness, Manual Handling, Privacy and Disclosure of Information, WHS.

The service subcontracts nursing services through one brokered service provider. The brokered service agreement was sighted by the Assessment Team and had expired almost two years ago. The service identified the issue in their PCI, however at the time of the assessment, a new agreement was not in place.

Regulatory Compliance

Management reported there has been no adverse findings by another regulatory agency or oversight body in the last 12 months. The service has an Operational Quality and Compliance team who are responsible for coordinating key stakeholder impact on legislative changes. The team meets monthly with the General Manager to discuss changes and strategies on communicating legislative changes to the workforce. Management said changes are communicated in various forums. For example, SIRS reporting, and the Code of Conduct reforms were communicated to support workers and staff through local face-to-face toolbox talks. The Assessment Team sighted evidence of staff attendance at these training sessions.

Feedback and Complaints

The review of the feedback and complaints process revealed that consumers and/or representatives were given several opportunities and methods to provide feedback or raise concerns. Information on the supports available to do so are made accessible to consumers and/or representatives at the time they commence services and in regular communications from the service. Data gathered through the various means of providing feedback were also collected, trended, analysed, and actioned as a continuous improvement opportunity in the service’s PCI. Trends and complaints made to the Commission data is provided to the Board for oversight.

Although communication between brokered services is evident in care documentation (see Standard 7(3)(c)), the governing body has not had oversight of service agreements with brokered services and ensuring they are up to date.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates the organisational statement for Standard 8 states, in part, the intention of this Quality Standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards.

The Guidance states that the intent of requirement 8(3)(c) as ‘Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers

Having regard to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements

The Quality Standard for the Home Care Packages service is assessed as non- compliant as one of the five specific requirements have been assessed as non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

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)