**Performance**

**Report**

**1800 951 822**

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| Name: | WeCare Disability and Social Work Services |
| Commission ID: | 701118 |
| Address: | 1-3 Patrick Street, AITKENVALE, Queensland, 4814 |
| Activity type: | Quality Audit |
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| Performance report date: | 3 November 2023 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9563 WeCare Disability and Social Work Services Pty Ltd  
Service: 27680 We2Care

**This performance report**

This performance report for WeCare Disability and Social Work Services (**the service**) has been prepared by E Blance, 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 18 October 2023.
* other information known by the Commission.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* **Requirement 1(3)(c) –** The service is to ensure each consumer is supported to exercise choice and independence specifically that consumers are consulted and provided a choice in relation to how care and services are delivered.
* **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, specifically that the Home Care Agreements is accurate and budgets and monthly statements are presented clearly for a consumer to exercise choice.
* **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, specifically that outcomes for assessments of care are documented within electronic care plans and discussed with consumers.
* **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.
* **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.
* **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.
* **Requirement 6(3)(d) -** Feedback and complaints are reviewed and used to improve the quality of care and services, specifically that complaints are analysed, trended and used to make improvements.
* **Requirement 7(3)(d) -** The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards, specifically staff undertaken induction and have position descriptions to guide staff practice.
* **Requirement 7(3)(e) -** Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* **Requirement 8(3)(a) -** Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* **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.
* **Requirement 8(3)(c) -** Effective organisation wide governance systems relating to the following: Information provided to consumers is accurate and information regarding their care is documented. Continuous improvement is monitored to improve the quality of care and services. Staff are trained in delivery of the outcomes required by the Quality Standards and their performance is reviewed. Feedback and complaints are monitored to improve care and services. Effective systems meet regulatory requirements.
* **Requirement 8(3)(d) -** Effective risk management systems and practices, specifically that incident management processes are effective. Consumers are supported to make informed decisions around how their care and services are delivered to support them to live their best life.
* **Requirement 8(3)(e) –** an effective clinical governance framework is established and understood by staff and management.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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. | Not 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement 1(3)(c) and 1(3)(e)

The Assessment Team provided information that consumers and representatives said the service did not consult with consumers or provide a choice, in relation to how care and services were delivered. The Assessment Team provided information that the service was delivering care to consumers in 2 hour packages without consultation about how care and services were delivered, and prior to changing the Home Care Agreement.

The provider’s response advises it has reviewed the package fees dated 01 July 2023, which has been, distributed to all consumers, updated on My Aged Care, and a consultation process will occur with consumers regarding their care needs. The provider plans to monitor consumer satisfaction through a feedback survey. The provider has committed to ensuring all consumers are reviewed by the end of 2023 in relation to their assessed needs.

The Assessment Team identified information provided to consumers in relation to their Home Care Agreements was inaccurate and budgets and monthly statements were not presented clearly for a consumer to exercise choice. Consumers were informed that services are delivered in 2 hour blocks of time and consumers did not have a choice in how their care and services were delivered.

The provider’s response acknowledged monthly statements can be confusing and hard to understand for consumers. The provider is committed to the review of the budget template system and provided evidence they have adjusted the relevant Home Care Agreement clause. The provider advised a number of action items to rectify deficiencies and improve services have been included within the Continuous improvement plan including but not limited to, the supply of a new handbook for consumers, changes to processes for onboarding consumers, providing advocacy information to consumers, updating of budgeting tools, training for staff and amending the home care package clause within the Home Care Agreement.

In coming to a decision of compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. I have placed weight on the information provided by the consumers in relation to their experience with the service as well as information which supports concerns raised by consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the Continuous improvement plan, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 1(3)(c) and 1(3)(e) are non-compliant.

Requirements 1(3)(a) 1(3)(b) 1(3)(d), and 1(3)(f)

Consumers and representatives said staff treat consumers with dignity and respect and support their cultural diversity by ensuring their care needs are met and by interacting with consumers in a respectful manner. Staff could describe how the care and services delivered were adapted so individual consumers feel safe and valued. Consumers’ individual backgrounds and preferences were captured in care plans to guide staff and inform care and service delivery.

The service has a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks, where required. Vulnerability assessments were conducted as well as risk assessments of consumers’ homes to identify any potential risks. Consumers said their privacy was respected and confidentiality of their personal information was maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 1(3)(a), 1(3)(b), 1(3)(d), and 1(3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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. | 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 |

Findings

Requirement 2(3)(d) and 2(3)(e)

The Assessment Team provided information that outcomes for assessments of care were not documented within electronic care plans and discussed with consumers. Documentation identified 4 consumers’ care plans whose assessment and planning was not documented, and staff said they do not have access to consumers’ full care plans and were unfamiliar with how consumers could access their care plan information. The service’s management acknowledged outcomes of assessment and planning were not documented within consumers’ care plans and some information was withheld by staff in paper format, preventing oversight and monitoring of electronic care plans.

The Assessment Team provided information that the service were not conducting reviews of care plans for consumers’ who have recently experienced deterioration to determine any changes to their care and service needs, including for consumers who have returned from hospital. The Assessment Team identified where the consumer’s care needs had changed, this had not triggered a review of their care plans to assess their current needs.

In response to the information raised within the Assessment Team Report the provider has communicated to all staff that documentation is to be electronically recorded, or where information is in written format it is to be uploaded to the electronic care management system. The provider’s response included updated care plans for named consumers with outcomes actioned or in the process of being actioned. Further instructions have been issued to staff to remind staff of how to access consumer’s electronic care plans, staff are to acknowledge they have read the consumers’ care plan and handover information and additional information pertaining to consumer’s health has been added to the consumer’s care plan. The provider advises home care package care plans are being updated to reflect best practice and staff will receive training.

In coming to a decision of compliance I acknowledge the providers commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept that the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the Continuous improvement plan, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 2(3)(d) and 2(3)(e) are non-compliant.

Requirements 2(3)(a), 2(3)(b), and 2(3)(c)

Consumers and representatives said assessment and care planning delivered safe and effective care and services. Documentation considered potential risks to consumers’ health and wellbeing. Staff could describe the assessment, care planning and review process. Policies and procedures guide staff practice in the assessment and care planning process. Individual consumers’ current needs, goals and preferences were addressed, and this included advance care planning. Planning was completed in partnership with consumers and others they wished to be involved. Where it was assessed as necessary, other health care providers and organisations were included in assessment and planning for consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 2(3)(a), 2(3)(b), and 2(3)(c), in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Not 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. | Not 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

Requirements 3(3)(d) and 3(3)(e)

The Assessment Team provided information that deterioration of a consumer’s condition was not responded to in a timely manner. The Assessment Team identified a named consumer whose deteriorating condition was recognised and documented by the staff on 4 occasions, however despite the consumer’s hospitalisation, subsequent reports by staff of deterioration, and an increased falls risk, no escalation or assessment of the consumer’s changing condition or needs occurred. While management provided paper based copies of assessments undertaken for the named consumer, the service were unable to demonstrate that care was completed on these dates for this consumer.

Information about the condition, needs and preferences of consumers was not documented and communicated within the organisation. Documentation for a named consumer did not reflect changes to the consumer’s condition and care needs despite multiple hospital admissions. While hospital discharge summaries had been provided to the service, this information was not reflected within the consumers care plan, and the service were unable to demonstrate the consumer’s changing needs had been communicated to others placing the consumer at risk of not receiving appropriate care and services.

The provider’s response included information that care plans for consumers have been reviewed and updated, and outcomes have been or are in the process of being, actioned for consumers. Further training is planned for staff around incident management, processes for review and actioning identified deterioration, as well as acknowledgement by staff of any concerns to be raised with managers.

In coming to a decision of compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improved outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept that the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the Continuous improvement plan, however the actions are yet to be completed and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 3(3)(d) and 3(3)(e) are non-compliant.

Requirements (3)(a), (3)(b), (3)(c), (3)(f), and (3)(g)

Consumers and representatives provided positive feedback in relation to the delivery of personal and clinical care. Consumers say support workers and clinical staff are competent in providing cares. Consumers described the cares provided by staff and their satisfaction in the way care was delivered.

The service demonstrates high impact, high prevalence risks to consumers was managed effectively in consultation with other health professionals when required. Risk mitigation strategies were in place and consumers and representatives were satisfied with consumers’ care. Staff could describe minimisation strategies for identified risks to consumers when they provide care and services. This included equipment used, supports and best practice management, following an experienced risk.

The needs, goals, and preferences of consumers nearing end of life were recognised and addressed. The service works in partnership with palliative care teams to meet consumers’ needs and end of life preferences.

Referrals to other providers of care were made in a timely manner and consumers and representatives provided examples of referrals including to Occupational therapists for assessment and equipment needs, and clinical nurse consultants where a need for referral was identified. Staff have personal protective equipment kits available to them where a consumer is displaying symptoms of an acute respiratory infection or other communicable infection.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(f) and 3(3)(g) in Standard 3 Personal Care and Clinical Care.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives say supports provided optimise consumers’ independence, health, well-being and quality of life. Feedback included that staff support consumers with opportunities to interact with others which has had a positive impact on consumers’ quality of life.

Representatives say that support workers are ‘like family’ and said staff can recognise when consumers are feeling low. Staff provide consumers support including spending time with a consumer when they feel low and engage in activities they enjoy, such as crafts.

Consumers and representatives say the service assists consumers to access the community, maintain personal relationships and do things of interest to them including visits to cafes and assisting with grocery shopping. Brokered services assist in providing opportunities for consumers to access the community.

Consumers and representatives say staff know them well and support their needs and preferences. Where the staff recognise a need, other supports are referred to consumers including brokered services such as lawn mowing, and podiatry services. Consumers and representatives say they are satisfied with the services and supports delivered by brokered services.

Meals were provided by the service’s staff and through brokered services. Consumers expressed satisfaction with the quality, quantity and variety of meals which supplements their own cooking.

Where equipment was provided, it was risk assessed to ensure it is safe and meets the assessed needs of the consumer. Reporting process for issues or concerns regarding equipment were in place. The service evidenced supporting consumers with the hiring or purchasing of specialised equipment such as shower chairs and clinical beds where needed. Assessment processes for equipment were undertaken by brokered services such as an occupational therapist to ensure the equipment was fit for purpose.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4 Services and Supports for daily living.

# Standard 6

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

Findings

Requirement 6(3)(d)

While feedback and complaints were tracked on a register, the Assessment Team provided information that management could not demonstrate how complaints are analysed, trended, or used to make improvements.

The provider’s response included that further training will be provided to staff and the service intend to update the Continuous improvement plan to reflect the resources provided by the Commission.

In coming to a decision of compliance I acknowledge the provider’s commitment to implement training and update their systems to ensure compliance and improve outcomes for consumers. The provider’s response did not challenge the assessment Team’s findings. I accept that the provider has proactively responded to the deficiencies raised in the Quality Audit Report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 6(3)(d) is non-compliant.

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

Consumers and representatives said they are encouraged and supported to make complaints and provide feedback. Although consumers were unfamiliar with specific advocacy services available, staff were aware of complaints mechanisms available to consumers along with advocacy and language services and say they would assist consumers. The Commission’s complaints details as well as advocacy and language services were available in the consumer handbook provided at commencement of service.

The service was able to demonstrate it takes appropriate and timely action and consistently applies an open disclosure process with feedback and complaints received from consumers and representatives. Staff were aware of the process to report complaints to management. Management could describe the complaints/feedback and resolution process which included consultation with the complainant where an open disclosure process is used.

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

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

Requirements 7(3)(d) and 7(3)(e)

The Assessment Team provided information that while the service has processes for the recruitment and induction of staff, the service was unable to demonstrate staff had undertaken induction. Staff said they were required to assist consumers with little information provided by the service, and some staff said they did not receive induction training. There is no available position description for aged care staff to guide staff practice.

The Assessment Team provided information that the service was unable to demonstrate all staff were trained to deliver the outcomes required by the Quality Standards. Staff were unable to demonstrate knowledge of the Quality Standards including but not limited to, an understanding of the Serious Incident Response Scheme (SIRS). The service’s monitoring processes to ensure staff were enrolled and had completed training was ineffective.

In response to the Assessment Teams findings, the provider advises the organisation is initiating a review of training protocols and developing annual training plans. The provider advises all staff were provided an onboarding session in person and are required to complete online learning modules. The provider’s response included recent examples of checklists for recently onboarded staff members and of the online learning completed. The provider advises the online learning will be reviewed to ensure its currency. The provider advises information provided in the induction is current with exception to the organisational chart. The provider’s response included training records recently completed by management staff. Review of the training records included but was not limited to, complaints, assessment and planning, personal and clinical cares and dignity and choice. The provider has committed to new processes for the onboarding of staff to be implemented. Review of the training and development calendar demonstrates the service has planned training including induction and the provider advises further review and improvements will be conducted.

The Assessment Team provided information that the service said that they do not have a process to regularly assess, monitor, and review the performance of staff and could not provide evidence that the regular performance reviews of each staff member had occurred.

The provider advises new processes for the monitoring of staff performance will be implemented and staff files will be reviewed to ensure currency of any compliance requirements as well as conduct an audit which will be escalated to the governing body.

In coming to a decision of compliance I acknowledge the provider’s commitment to review their systems to ensure compliance and improve outcomes for consumers. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept that the provider has proactively responded to the deficiencies raised in the Quality Audit report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 7(3)(d) and 7(3)(e) are non-compliant.

Requirements 7(3)(a), 7(3)(b) and 7(3)(c)

The workforce was planned to enable the delivery of safe and quality care and services. Consumers said staffing was consistent and processes were in place for the management of any staff shortages. Rosters were reviewed on a regular basis to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers and representatives say staff are kind, caring and respectful to consumers. Staff were able to describe consumers’ backgrounds, culture, and identity and those who are important to the consumer.

The workforce was competent, and members of the workforce have the qualifications to perform their roles effectively. Staff say they have the necessary skills to perform their role and feel supported. Consumers and representatives said staff meet the needs of consumers in a friendly and helpful manner. Processes to ensure staff are qualified are undertaken by management when staff commence with the organisation.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 7(3)(a), 7(3)(b), and 7(3)(c), in Standard 7 Human Resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not 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. | Not 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 |
| 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

Requirements 8(3)(a)

The Assessment Team provided information the service did not demonstrate consumers are actively engaged in the development, delivery and evaluation of care and services. Management were unable to evidence engagement with consumers through feedback mechanisms had been conducted to evaluate care and services. Consumers who were invited to partake in a consumer advisory board have not been engaged by the service to provide input for the development, delivery or evaluation of care and services. The organisation has no framework to support the engagement of consumers in the delivery and evaluation of care and services.

The provider’s response included that the governing body recognises that governance systems in place are lacking in accountability and that the provider is committed to improving compliance and document control systems. In coming to a decision, I have reviewed supporting information including a sample of consumer surveys conducted in 2022, and a plan to conduct a review of policies. While the provider has conducted surveys and sought feedback from consumers, there is no clear evidence which demonstrates the feedback received was analysed or that improvements were implemented and evaluated to ensure their effectiveness. I also note the service did not demonstrate in Standard 6 that feedback and complaints are analysed and used to improve care and services. I acknowledge the provider’s commitment to improving compliance systems and document control management. It is my decision requirement 8(3)(a) is non-compliant.

Requirement 8(3)(b)

The Assessment Team provided information that the organisation’s board consists of a Chief Executive Officer and a Medical Officer for oversight of the service, however found insufficient evidence the governing body provides oversight of service delivery, ensures a culture of safe and inclusive care or information that supports the Quality Standards are being met. Staff have not received training in relation to supporting the outcomes of the Quality Standards. The service does not report, trend or analyse indicators of performance against the Aged Care Quality Standards.

The provider’s response included that the governing body recognises that governance systems in place are lacking in accountability and that the provider is committed to improving compliance and document control systems. In coming to a decision, I have reviewed supporting information including a plan for scheduled governance meetings, the establishment of a Quality Advisory Board and training of staff in the Quality Standards. I acknowledge the provider’s commitment to improving compliance systems and document control management. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report. I accept that the provider has proactively responded to the deficiencies raised in the Quality Audit report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(b) is non-compliant.

Requirement 8(3)(c)

The Assessment Team provided information that the service did not demonstrate it has effective organisation wide governance systems for managing and governing aspects of care and services in relation to information management, continuous improvement, workforce governance, and regulatory compliance. Information provided to consumers is inaccurate and information regarding their care was not documented. Continuous improvement was not monitored to improve the quality of care and services. The workforce were not trained in delivery of the outcomes required by the Quality Standards or reviewed for performance. Feedback and complaints were not analysed to improve care and services and Regulatory compliance systems are ineffective.

The provider’s response included that the governing body recognises that governance systems in place are lacking in accountability and that the provider is committed to improving compliance and document control systems. In coming to a decision, I have reviewed supporting information provided and acknowledge the provider’s commitment to improving compliance systems and document control management. Management did not challenge deficiencies raised during the Quality Audit, nor did the provider’s response to the Quality Audit Report I accept the provider has proactively responded to the deficiencies raised in the Quality Audit report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(c) is non-compliant.

Requirement 8(3)(d)

The Assessment Team provided information the organisation did not have effective risk management systems. Staff did not have a shared understanding of the service’s incident management processes and were unfamiliar with how to identify or respond to incidents of abuse and neglect. Consumers were not supported to make informed decisions around how their care and services were delivered to support them to live their best life. The service could not demonstrate Board meetings discuss clinical oversight. Policies and procedures for the management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers, or managing and preventing incidents were not evidenced.

The provider’s response included that the governing body recognises that governance systems in place are lacking in accountability and that the provider is committed to improving compliance and document control systems. In coming to a decision, I have reviewed supporting information provided including a list of policies and an implemented clinical governance framework. It is noted that the clinical governance framework does not appear to be tailored to the organisation. The provider is committed to providing education to staff and implementing clinical meetings to provide oversight of risk. I acknowledge the provider’s commitment to improving compliance systems and document control management. Information in the provider’s response did not challenge the Assessment Team’s findings. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(d) is non-compliant.

Requirement 8(3)(e)

The Assessment Team provided information the organisation does not have an effective clinical governance framework including policies to support clinical governance. Staff did not demonstrate knowledge of the organisation’s policies.

The provider’s response included that the governing body recognises that governance systems in place are lacking in accountability and that the provider is committed to improving compliance and document control systems. In coming to a decision, I have reviewed supporting information provided including a list of training delivered in October 2023 for Clinical Governance and implementation of a clinical governance framework. It is noted that the clinical governance framework does not appear to be tailored to the organisation. I also observed a list of policies related to the clinical governance framework. I note these policies were unable to be identified by management during the Quality Audit. The provider is committed to providing education to staff and implementing clinical meetings to provide oversight and adding policy review to the agenda items. Information in the provider’s response did not challenge the Assessment Team’s findings. I accept the provider has proactively responded to the deficiencies raised in the Quality Audit report through the creation of action items within the Continuous improvement plan, however the actions are yet to be fully implemented and have not had sufficient time to be embedded at the service to ensure their effectiveness in improving outcomes for consumers. It is my decision Requirement 8(3)(e) is non-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)