**Performance**

**Report**

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| Name: | Yarrabah Community Aged Care Packages |
| Commission ID: | 700128 |
| Address: | 87 Back Beach Road, YARRABAH, Queensland, 4871 |
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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

Home Care Packages (**HCP**) included:  
Provider: 5706 Mutkin Residential and Community Care Indigenous Corporation  
Service: 18449 Yarrabah Community Aged Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7433 Mutkin Residential and Community Aged Care Indigenous Corporation  
Service: 23776 Mutkin Residential and Community Aged Care Indigenous Corporation - Care Relationships and Carer Su  
Service: 23777 Mutkin Residential and Community Aged Care Indigenous Corporation - Community and Home Support

**This performance report**

This performance report for Yarrabah Community Aged Care Packages (**the service**) has been prepared by A. Kasyan 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 did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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 2 requirements (3)(a) and (3)(b) – HCP and CHSP**

* Ensure staff complete required risks assessments and use validated assessment tools.
* Ensure outcomes of advance care and end of life care planning discussions are documented.

**Standard 3 requirement (3)(b) – HCP and CHSP**

* Ensure all consumers’ high impact or high prevalence risks are effectively identified and responded to.

**Standard 4 requirement (3)(f) – HCP and CHSP**

* Ensure meals are varied and of suitable quality and quantity and meet consumers’ needs and preferences.

**Standard 6 requirements (3)(c) and (3)(d) – HCP and CHSP**

* Ensure appropriate action is taken in response to complaints.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.

**Standard 8 requirements (3)(c) and (3)(d) – HCP and CHSP**

* Ensure effective organisation wide governance systems relating feedback and complaints, including systems and processes for documenting and actioning feedback and complaints and reviewing and analysing complaints data to inform continuous improvement.
* Ensure effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care.

# Other relevant matters:

* Standard 5 Organisation’s service environment was not assessed as the service does not provide social support, group activities or care within a service environment. Therefore, Standard 5 is not applicable.

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

Findings

Standard 1 is compliant as all requirements in Standard 1 have been found compliant.

Consumers consistently reported feeling treated with dignity and respect by both staff and management, noting their individual identity and culture were valued. A board member emphasised the service’s commitment to diversity and respect for cultural sensitivities, which is embedded in the organisation’s vision. The assessment team observed staff and management discussed consumers and their needs in a respectful manner and provided specific examples showing how consumer rights and dignity are upheld in the care approach.

Staff described how indigenous culture is integrated into the service delivery, acknowledging that living locally fosters a deep respect and understanding within the community. Documentation reviewed confirmed a consumer-centred approach to service delivery, promoting inclusive care with policies and procedures that emphasise dignity, choice, diversity, and inclusion. Training records showed a strong commitment to staff education in areas, such as equality, diversity, and inclusion, particularly in understanding and caring for Indigenous Australians.

Consumers said staff understand their needs and preferences, ensuring culturally safe service delivery. Management and staff provided examples of tailored services to meet cultural needs, employing local staff knowledgeable about cultural norms, such as women’s and men’s business and family connections. They demonstrated a thorough understanding of individual consumers’ needs and preferences, explaining how living arrangements influence these and outlining strategies to ensure ongoing service provision.

Consumers also reported being supported in making their own decisions about the services they receive. Management described communication strategies to help consumers and their families understand the services offered, enabling informed decision-making. Staff demonstrated a clear understanding of consumer choices and preferences, with documentation showing consumer involvement in decision-making about their care and services.

Management described how they and staff encourage consumers to take risks to live their best lives, supporting them with appropriate referral pathways to other services that help them remain in their homes longer. Identified risks are discussed with consumers and their representatives, with strategies implemented to mitigate risks while optimising life choices.

The service was found to provide current, accurate, and timely information tailored to consumers’ preferred communication methods. Consumers confirmed they have regular discussions about their care, with staff encouraging questions. Staff explained consumers prefer face-to-face and verbal communication, with written communications and feedback surveys delivered personally.

The service respects consumer privacy and maintains the confidentiality of personal information. Consumers confirmed staff are respectful of their personal space and privacy. Information is securely stored electronically and in locked cabinets, with access controlled based on role authority. Staff demonstrated a strong understanding of their confidentiality responsibilities, with policies and procedures in place to protect consumer information and privacy.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

I assessed this Quality Standard as non-compliant as I am satisfied requirements (3)(a) and (3)(b) are non-compliant.

**Requirement (3)(a)**

For both HCP and CHSP, the assessment team found through care files review, while key risks had been identified, strategies to manage those risks have not been documented. Care plans reviewed did not include sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services.

Whilst the service completes a workplace health and safety home assessment checklist for each consumer, the assessment team identified a lack of validated assessment tools used in the assessment process. Management described how the assessment process is often completed in conjunction with the Regional Assessment Service (RAS) check and that each consumer is encouraged to be assessed by the medical officer at the local health service.

Management provided an updated care planning template which identified consumer risks, strategies, and vulnerabilities. Management advised the intention is to complete reassessment and care planning for the consumers receiving HCP first with a plan to have this completed by the end of March 2024. The team will then commence updating the care planning information for consumers receiving services through the CHSP.

Based on the assessment team’s report, I find assessment and planning, including consideration of risks to the consumer’s health and well-being does not inform the delivery of safe and effective care and services. Risks assessments are incomplete and do not have sufficient detail to ensure staff are aware of risks to consumers’ health and well-being and how to manage them. The assessment tools are not validated to ensure reliability and accuracy. Effective care planning requires the use of validated tools to ensure consistent and accurate evaluation of consumer risks which the provider is aiming to implement. However, it will require time to imbed in practice.

Based on the reasons summarised above, I find requirement (3)(a) non-compliant for both HCP and CHSP.

**Requirement (3)(b)**

The assessment team found assessment and planning does not identify consumers’ current needs, goals and preferences, including advance care planning and end of life planning. A file of a consumer receiving CHSP services, such as meal delivery, showed no consideration of consumer diagnosis and health condition, food preferences or meal requirements.

Interviews with management and staff showed there is a process of discussing advance care planning and end of life planning with consumers and their representative, and staff provided examples of how they identified and supported consumers in their end of life process in line with their needs and preferences. However, no documented evidence was provided to the assessment team to evidence these discussions.

Based on the assessment team’s report, I find assessment and planning does not identify and address consumers’ current needs, goals and preferences in relation to advance care planning and end of life planning if the consumer wishes. Although staff verbally described processes for assessment and planning to identify and address consumer needs, including advance care and end of life planning, there was no documented evidence to confirm these discussions in any of consumer files reviewed.

Whilst the assessment team found needs, goals and preferences around meal service were not identified and documented, the evidence in the assessment team’s report is limited to one consumer file which does not demonstrate systemic issues in how the service identified and addressed consumers’ needs, goals and preferences of consumers receiving HCP and CHSP services. I have also considered information and evidence across Standards 2, 3 and 4 relevant to this requirement which shows staff and care staff demonstrated a good understanding of what is important to each consumer, and the service demonstrated consumers receive services and supports for daily living that meet their needs, goals, and preferences.

Based on the reasons summarised above, I find requirement (3)(b) non-compliant for both HCP and CHSP.

**Requirements (3)(c), (3)(d) and (3)(e)**

Consumers reported active involvement in planning their services, with management and staff working in partnership with consumers, their representatives, and families. This collaborative approach includes input from other organisations, such as the local health service, where fortnightly meetings with clinical staff inform care planning. Each consumer's assessment summary is saved in their physical file, ensuring comprehensive and coordinated care.

Assessment and planning outcomes are effectively communicated and documented in accessible care and service plans. Consumers know when and who will provide their services. Both physical and electronic care plans are maintained and accessible to care staff. Changes to care planning and service needs are discussed in daily 'toolbox talks,' ensuring staff are informed before beginning their day.

The service regularly reviews care and services for effectiveness, adjusting as circumstances change or incidents occur. Although a formalised care planning review process is not yet integrated, management and staff ensure regular reviews through electronic reminders for annual assessments by RAS assessors and registered nurses (RNs). Each consumer's needs are documented and reviewed annually. Consumers are also under the care of the local health service’s medical officer and chronic disease management team, with fortnightly clinician meetings to share information and inform care planning.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d) and (3)(e) 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. | Not Compliant | Not 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

I assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(b) is non-compliant.

**Requirement (3)(b)**

The assessment team found staff were unable to identify all consumers’ high impact high prevalence risks, and strategies to mitigate these risks were not consistently documented in consumer care plans, therefore, providing limited guidance for staff who delivering care and services. Risks associated with consumers’ diagnoses, such as diabetes and memory impairment were not assessed, documented in care plan and no strategies were recorded to guide staff in how to mitigate these risks.

Based on the assessment team’s report I find the service does not have effective systems and processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer. Documented care plans on how to manage consumers’ risks ensures effective risk management, including that appropriate measures are taken to manage these risks and care delivery is consistent. For consumers receiving HCP and CHSP services, key risks have not been identified and strategies for managing these risks have not been documented.

Based on the assessment team’s report and reasons summarised above, I find requirement (3)(b) non-compliant for both HCP and CHSP.

**Requirements (3)(a), (3)(c), (3)(d) and (3)(e), (3)(f) and (3)(g)**

Consumers receive safe and effective personal and clinical care tailored to their needs, optimising their health and well-being. Clinical care is mainly provided by the local health service, with support from a RN when available. Staff feel supported and are well-trained. Challenges in recruiting clinicians were acknowledged by management. However, communication strategies with the local health service and allied health staff ensure timely and effective care.

The service recognises and addresses the needs, goals, and preferences of consumers nearing the end of life, maximising their comfort and preserving dignity. Processes are in place for supporting consumers at the end of life, including options to move to a residential aged care service with palliative care facilities. The service has an end of life care policy.

The service responds promptly to deterioration or changes in consumers’ mental, cognitive, or physical conditions. Consumers feel safe, and staff are knowledgeable about identifying and reporting changes. Examples include timely notifications to nurses and emergency services. Staff communicate changes during daily 'toolbox talks' and maintain regular contact with clinical staff at the local health service.

Information about consumers’ conditions, needs, and preferences is well-documented and communicated within the organisation and with external care providers. Care plans are accessible to staff. Verbal handovers and care planning documents ensure continuity of care, especially for respite services.

The service makes timely and appropriate referrals to other care providers. While consumers did not speak directly about referrals, staff and management demonstrated knowledge of services and provided evidence of initiated referrals, including reassessments and coordination with allied health professionals.

The service minimises infection-related risks through standard and transmission-based precautions. Strategies include staff self-isolation when unwell, mandatory hand hygiene training and adequate supplies of personal protective equipment (PPE) and rapid antigen tests. Policies for infection prevention, pandemic management, and antimicrobial stewardship are accessible to all staff, with some adapted from residential care but applicable to home care services.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) compliant for both HCP and CHSP.

# Standard 4

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

Findings

I assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(f) is non-compliant.

**Requirement (3)(f)**

The assessment team found whilst the service demonstrated meals delivered through the meal delivery program are of suitable quantity, the service did not demonstrate that the meals are varied and of suitable quality. Four of five consumers who receive meals through the meal delivery program advised they raised concerns about quality of the food with the service. However, their feedback has not been actioned. Examples of feedback provided included receiving food not to their liking, lack of variety and meals not meeting the consumer’s dietary requirements.

Whilst the service’s plan for continuous improvement (PCI) demonstrated at the time of the quality audit the service was in the process of reviewing consumers’ needs and preferences relating to meals, the service did not provide evidence of completed actions and evaluation of their effectiveness. As such, I find the service does not ensure meals are varied and of suitable quality and meeting consumers’ needs and preferences.

For the reasons detailed above, I find requirement (3)(f) non-compliant for both HCP and CHSP.

**Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g)**

Consumers receive services and supports tailored to their needs, goals, and preferences, promoting their independence, health, well-being, and quality of life. Examples include transportation services aiding consumers in maintaining independence. Despite some care plans lacking detailed documentation, staff demonstrated a good understanding of consumer needs and preferences.

Services promote consumers' emotional and psychological well-being through personal connections and community involvement. Consumers expressed feeling cared for by staff. The service supports emotional and psychological well-being by connecting consumers with faith organisations, local Elders, and community events. Staff understand the importance of emotional support and report any concerns to management.

The service assists consumers in participating in their community and maintaining social relationships. Consumers provided examples of engaging in activities they enjoy, such as fishing outings and attending local events. Staff learn about consumer preferences and facilitate outings or connect them with social groups, enhancing their social and personal lives.

Information about consumers' conditions, needs, and preferences is communicated effectively within the organisation and with external care providers. Staff demonstrate good communication strategies through daily 'toolbox talks'. Information is shared with residential aged care services for respite care, ensuring continuity of care.

The service makes timely and appropriate referrals to other care providers. Although consumers did not discuss referrals, management and staff evidenced effective referral processes, including consultation with consumers. Examples include respite care referrals and communication with other service providers for additional support.

Equipment provided to consumers is safe, suitable, clean, and well-maintained. While the local health service and council assess equipment needs, the service has a process to purchase equipment from package funds when necessary. Management understands the importance of obtaining professional assessments and budgeting for equipment and maintenance costs.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(f) and (3)(g) compliant for both HCP and CHSP.

# Standard 6

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements (3)(c) and (3)(d) are non-compliant.

**Requirements (3)(c) and (3)(d)**

The assessment team found whilst consumers reported they felt comfortable with providing feedback, when they do so, they do not feel heard and have not seen, nor been informed of any change as a result of feedback provided. They said they were not informed about the outcomes of their complaints or actions taken and advised they have not noticed any changes or improvements after providing feedback. Documentation review, including consumer files and the complaints register showed incomplete or missing entries following consumer complaints.

The service provided the assessment team with a collated feedback register, however management did not provide documented evidence of how feedback is reviewed, analysed and trended to improve the quality of care and services. Staff were aware of the feedback and complaints raised by the consumers, however, could not explain any improvements made in response to these.

Based on the evidence in the assessment team’s report summarised above, I find requirements (3)(c) and (3)(d) are non-compliant for both HCP and CHSP.

**Requirements (3)(a) and (3)(b)**

The service actively encourages feedback and complaints from consumers and their support networks. Consumers confirmed they feel comfortable in providing feedback, supported by various methods, such as verbal feedback during service delivery, an annual survey, and written communications. The 2023 annual survey indicated most consumers are aware of the complaint process. Documentation, including the consumer handbook and service agreement, details multiple feedback channels. The service currently uses a feedback and complaints policy from residential care, with plans to tailor it specifically for home care consumers.

Consumers are informed about and have access to advocacy and language services. They receive a handbook and service agreement with contact details for advocacy services. The service maintains direct communication with Aged and Disability Advocates (ADA), who provide regular community information sessions.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) compliant for both HCP and CHSP.

# 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. | Compliant | Compliant |

Findings

Standard 7 is compliant as all requirements in Standard 7 have been found compliant for both HCP and CHSP.

Consumers report positive relationships with consistent staff who are punctual and kind. Staff confirm having enough time during shifts for meaningful interaction and feedback collection. The service has a dedicated team for CHSP and HCP consumers, with a specific staff member handling rostering. Rosters include time for team meetings, case notes and training. Staff are required to have a Certificate III in individual support or disability, with support available for those needing to complete this qualification. Management addresses staffing challenges by engaging local job networks, applying for government assistance programs, and adjusting rosters to maintain service continuity.

Consumers describe staff and management as kind, respectful, and caring, with services delivered in a manner that respects their identity and makes them feel safe. Positive feedback about staff attitudes is evident in consumer surveys. Staff demonstrate familiarity with individual consumer needs and preferences, and they understand and practice respectful behaviour. Any concerns about disrespectful behaviour are reported to management. Documentation, including policies, procedures and training schedules, supports the service’s commitment to respecting consumer individuality.

The service ensures that staff are competent and possess the necessary qualifications and knowledge. Consumers express confidence in staff capabilities. Staff understand their roles and responsibilities, working within their scope of practice. Staff position descriptions clearly outline role objectives, key accountabilities, and performance measures. Documentation includes driver’s licenses, police checks, and yellow cards. The service is transitioning to a new information management system for better tracking of staff qualifications and certifications.

Staff report they are trained and supported to undertake their roles. The service assists candidates in obtaining necessary certifications. Training is provided at induction and ongoing, covering a range of topics, including in relation to the Quality Standards. The 2023 training calendar and records show extensive training across multiple subjects. An online learning management system offers additional training modules, although some staff have yet to complete all assigned training.

The service has effective processes for assessing, monitoring, and reviewing staff performance, including supervision, informal feedback, and formal appraisals. Staff feel supported and are comfortable seeking help and additional training. Performance appraisals occur at the end of the probation period and annually. Consumers express satisfaction and confidence in the workforce's ability to deliver care and services.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements (3)(c) and (3)(d) are non-compliant.

The service demonstrated appropriate and effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. However, the service’s systems for feedback and complaints were ineffective. Feedback and complaints were not always actioned or resolved to consumer satisfaction and the service did not demonstrate a system for reviewing and analysing complaints to inform continuous improvement.

The service demonstrated it has appropriate systems in place to identify and respond to signs of abuse and neglect of consumers, supporting consumers to live their best lives and an effective incident management system. However, the service did not demonstrate effective risk management systems and practices in relation to management of high-impact or high prevalence risks associated with the care of consumers. These risks are not identified, documented, monitored and reviewed to identify opportunities for improvement. Management advised the development of the service’s risk register was underway.

Based on the evidence in the assessment team’s report summarised above, I find requirements (3)(c) and (3)(d) are non-compliant for both HCP and CHSP.

**Requirements (3)(a), (3)(b) and (3)(e)**

The service has established systems for engaging consumers in the development, delivery, and evaluation of care and services. Consumers reported feeling comfortable providing feedback and highlighted their active involvement through regular reviews, surveys, and ongoing conversations. The annual consumer feedback survey for 2023 indicated high satisfaction with questions addressing clarity of communication, advocacy support, information provision, well-being improvement, and social connection. The service's documentation shows a commitment to continuous improvement through these feedback mechanisms.

The governing body promotes a culture of safe, inclusive, and quality care, ensuring accountability for service delivery. Board members receive comprehensive updates before bi-monthly meetings, including financial reports, incident and complaint reviews, and regulatory updates. Meeting minutes reflect consistent reporting on key issues, such as incidents, complaints, policy changes, and quality improvements.

The service maintains a robust clinical governance framework, emphasising accountability, consumer partnership, transparency, and safety. An on-site RN, primarily for residential care, provides clinical oversight, consulting with community staff as needed.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(e) compliant for both HCP and CHSP.

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