**Performance**

**Report**

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| Name of service: | Auspire Care - VIC |
| Service address: | Shop 2, 398 Sydney Road COBURG VIC 3058 |
| Commission ID: | 301029 |
| Home Service Provider: | Hoori Group Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 10 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 Auspire Care - VIC (**the service**) has been prepared by M Murray, 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:**

* Auspire Care, 26179, Shop 2, 398 Sydney Road, COBURG VIC 3058

# 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
* the provider’s response to the assessment team’s report received 27 February 2023.

# Assessment summary for Home Care Packages (HCP)

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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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. | Correct any mis-information provided to consumers about minimum service hours. Ensure updated information allows for informed choices and makes clear consumers have options if they do not agree to suggested changes. Provide consumers with information on how to access advocates and support the consumer to engage with an advocate if they wish to do so. |
| 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. | Ensure governance systems demonstrate how decisions are made on available evidence and how these decisions are documented and communicated to staff within the organisation. Demonstrate information flow up to the governing body informs decisions.  Review rosters to ensure shift durations are reasonable and justifiable for the consumer’s assessed needs.  Ensure each consumer has a Home Care Agreement that reflects the package level they are being provided by the service. Provide updates to Home Care Agreements where changes to services or costs are agreed with the informed consent of the consumer. |

# 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. | 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

In relation to Non-Compliance for Requirement 1(3)(e)

The Assessment Team found the approved provider, in correspondence and discussions with consumers had stated that consumers, as a result of changes to an industrial pay award for staff, would need to have adjustments to their services. Correspondence noted visits previously scheduled for one hour or one and a half hours would now need to be a minimum of two hours per visit. Management told the Assessment Team less than a two hour service does not work for the support workers and it is too difficult to rework the roster to meet consumer preferences.

The approved provider’s response submits that it provides consumers with a range of information such as a consumer handbook, code of conduct, feedback forms etc. and provided evidence of many of these documents including a fee schedule. The Fee Schedule dated 1 January 2023 states Auspire Care has a minimum of two hours per visit, that can incorporate support for Personal and Support Services.

The approved provider submits that it has been transparent, accurate and clear to all its consumers on the reason behind its decision in changing to a minimum of two hours per service consists of a number of factors. These include constraints of the Social, Community, Home Care and Disability Services (SCHADS) award and a shortage of staff in the sector. The approved provider notes that this these reasons have not been reflected in the Assessment Team’s report.

The approved provider also notes that the letter that the auditors reviewed is the final administrative process following a range of efforts undertaken by the provider in terms of providing information that is clear, accurate and easy to understand.

The approved provider asserts that the Assessment Team could have reviewed file notes to obtain a more holistic view of the relevant communications, however, the approved provider did not submit any file notes in its response to demonstrate this would have led the Assessment Team to form a different view.

In reviewing the relevant evidence, I am satisfied that consumers were not made aware that they did not have to agree to any changes to their care and services. The provider has not submitted evidence that consumers were made aware the SCHADS award did not require employees to spend the entire minimum shift of two hours with one care recipient. I am satisfied it was not clear to consumers that all employees can continue to see more than one care recipient, at more than one location, within their minimum two hour payment time. This is evidenced through consumer feedback that included they did not have a choice, did not need the extra time and had to discontinue other needed services as a result of the increased cost.

The approved provider does not comply with the requirement as outlined in the table above as it has not provided information which fully informed consumers about their choices.

In relation to Compliant Requirements

The Assessment Team’s report evidenced examples from consumers about how staff treat them with dignity and respect, noting staff are attentive, communicate respectfully and deliver care and services in a professional manner.

The Assessment Team noted the service’s website hosts translated information in several languages and interpreter services are also offered. Brochures on cultural and linguistic diversity are also displayed. The organisation’s strategic documentation shows a commitment to inclusive services and management and staff speak a variety of languages. Staff interviewed were knowledgeable about consumers’ cultural backgrounds and consumers and representatives said cultural needs are understood and met.

Care documentation lists consumers’ choices and decisions about care and identifies representatives responsible for decision making as appropriate. Consumers described their choices being known to staff and being respected by staff. Consumers also described how staff support their independence and balance any risks with their overall well-being.

# 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. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

Initial assessments are conducted in the consumer’s home, utilising information from the service level assessment from My Aged Care, discussion with consumers and representatives to develop a care plan. An updated home safety checklist was demonstrated which includes assessment of the consumer’s environment, falls risks, equipment needs and mobility support requirements. Where risk is identified, nursing staff use assessment tools to inform care strategies. Support staff confirmed they received the information required to deliver safe and effective care and management of any risks associated with the care of the consumer.

While some gaps were noted by the Assessment Team, files confirmed assessment and care planning processes are occurring. Consumers and representatives interviewed are generally satisfied that care has been planned around what is important to them. Staff interviewed demonstrated an awareness of what is important to each consumer, and said they consistently communicate about consumer needs and preferences for care.

The Assessment Team viewed the service’s assessment and planning procedure which includes guidance for staff to discuss advance care and end of life plans if the consumer wishes and noted these discussions were not always evident. Management said these discussions form part of the process when supporting consumers nearing end of life, however acknowledged inconsistencies with applying this approach during assessment and planning.

The approved provider’s response included copies of advance care plans held on file. I also note management’s acknowledgement that the policy is applied somewhat inconsistently. I am satisfied that the service will in future apply a consistent approach to advance care discussions and document if the consumer does wish or does not wish to be supported to develop an advance care or end of life care plan during the assessment and planning stage.

Consumers and representatives spoke of their involvement in shaping their care and services. Care documentation demonstrated assessment and planning involves the consumer, and others with consumer consent, including organisations, individuals, and other providers. The involvement of medical practitioners, nursing services, allied health practitioners and lifestyle services such as meal assistance are evident.

A care plan is readily available to the consumer and to staff at the point of care.

All consumers and representatives interviewed said in various ways that consumers’ care and services are reviewed at regular intervals or when there is a change in a consumer’s situation. Evidence included reviews of consumers returning home from hospital and those receiving palliative care.

# 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

Consumers and representatives interviewed generally expressed satisfaction with the personal and clinical care provided, commenting variously that staff know what care is to be delivered. Support workers sampled said in different ways that management advice and support on best practice care provision is always available when needed.

The Assessment Team reviewed the clinical care of a number of consumers, including those with complex needs such as oxygen therapy, wound management, cancer management, diabetes, those at risk of falls and consumers living with dementia. The Assessment Team found the clinical care to be guided by best practice.

In instances where consumers were identified as deteriorating, staff took appropriate actions, including increasing services and seeking input from specialist service providers including palliative care specialists.

Nursing staff were confident in discussing complex health care needs and palliative care needs outlining they maintain close contact with the consumer and family to provide appropriate support, including emotional support, pain management and medication management to maximise comfort for consumers nearing end of life.

Exchange of information between consumers, staff and external treating organisations or service providers was evident to the Assessment Team throughout their file reviews. Appropriate and timely referrals were noted for physiotherapy, occupational therapy, speech pathology and podiatry services.

Consumers are satisfied with the infection control practices undertaken by staff, training records are evident and staff described how they apply infection control practices day to day when delivering care and services.

# 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

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

Consumers and representatives expressed satisfaction with services and supports for daily living. Case managers and support workers described the ways they provide effective services and supports for daily living. Care documentation noted consumer goals and provided corresponding strategies to achieve goals, independence and quality of life. Strategies included transport services, shopping, gardening services and mobility aids to support safety and independence.

Staff described how they recognise and support consumers when they are feeling low including, being familiar with them and their needs, encouraging them to talk or go for a walk and providing emotional support where needed. Care documentation provided examples of how emotional and psychological support was provided to consumers.

Consumers outlined how they are assisted to participate in the community, go out for coffee, shopping or do activities that they like. Support workers described examples of how they support consumers such as talking to consumers about shared interests and asking what they would like to do. Care documentation did not detail consumer interests to guide service delivery such as specific activities or hobbies, however the records generally documented plan goals reflective of people and things important to the consumer.

Information about each consumer is shared through verbal updates, emails, telephone calls and mobile telephone applications, and how they notify the services when changes occur. Care documentation overall showed that with consumer consent the service communicates with others, internally and externally, to ensure services are coordinated.

Staff described processes for making referrals for consumers for a range of services and supports for daily living, including My Aged Care, carers support networks and equipment providers to support safety in the home. Care documentation showed examples of referrals being actioned as required such as for allied health services, carer support networks and personal safety alarms.

For consumers receiving delivered meals or meal preparation services, those interviewed expressed satisfaction with choice, quality, and quantity of meals. Consumer file documentation showed food allergies and dietary requirements, however, did not reflect that food preferences or dislikes are consistently documented. While it could not be demonstrated that food allergies, preferences and dietary requirements is documented at social support groups where meals are provided, sampled consumers said their dietary requirements were considered and staff demonstrated knowledge of this information.

The service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Support workers generally took responsibility for cleaning equipment and notifying the service if maintenance was required. Equipment includes shower rails, wheeled mobility frames, mobility aids and pressure relieving equipment.

# Standard 5

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

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

The service demonstrated a welcoming environment consumers attending social support groups gave positive feedback about their sense of belonging and interactions with others. Staff who work at the social support groups described ways they ensure the environment is welcoming and functional.

The service demonstrated that the service environment is safe, clean and well maintained. Staff interviewed were satisfied equipment is suitable and sufficient and said the venue has a range of suitable equipment to meet the individual needs of consumers.

Staff described processes to ensure furniture meets consumer needs, including liaising with the venue about maintenance and cleaning schedules.

# 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. | Compliant |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

The service demonstrated that consumers are actively encouraged and supported to make complaints and provide feedback. Consumers and representatives interviewed said they understood how to give feedback or make complaints. Staff interviewed described how they would support a consumer to complain.

Management and staff gave examples of encouragement and supports for consumers and others to provide feedback and make complaints including talking to staff, ‘Feedback and complaints’ forms, email, a letter to management, website contact, phone calls, and face to face contact. The service provides a consumer handbook with information about ways to comment and complain. Related policy and processes document that feedback and input from consumers and others is sought and used to inform individual and organisation-wide continuous improvements.

The service demonstrated that information about advocacy and interpreter services is provided to consumers and representatives. Consumers and representatives interviewed generally said they know how to access others to help them raise complaints. Staff interviewed said they can help consumers with feedback and complaints if required. Written documentation about the right to advocacy and external complaint handling options is provided to consumers and representatives. The service has documented advocacy and interpreter information and policies to improve consumer opportunities to raise and resolve complaints.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. While consumers and representatives interviewed generally said they have not had to complain, two of two consumers and representatives who had made complaints were satisfied that appropriate action and open disclosure occur. Relevant management and staff explained the principles of applying open disclosure. The service has a feedback and complaint policy and process that refers to open disclosure to guide management and staff response.

The service demonstrated that feedback and complaints are reviewed used to improve the quality of care and services. Management is aware of complaint trends and described how the findings from feedback and complaints are reviewed, discussed, and used to improve services.

# 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

The service demonstrated that the workforce is planned to ensure delivery of supports and services provide safe and quality care and services to the consumer. Eleven of eleven consumers and representatives interviewed said in different ways that staff safely deliver quality care and services to consumers. Staff interviewed said they have time to complete required tasks. Management has been focussing on the recruitment and retention of support workers and showed evidence of ongoing recruitment measures to maintain adequate staffing levels for continuity of care and services. Management described how personal care services for consumers are prioritised when unplanned workforce leave occurs. The service has workforce planning policies and procedures.

The service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles. Consumers and representatives said in various ways that staff are competent and skilled to effectively perform their roles.

Staff interviewed said they were satisfied with the support the service provides to equip them to carry out their roles, they have to show evidence of required training and some training opportunities are provided through the service. However, not all staff interviewed were familiar with the Quality Standards.

Relevant staff and management described the service staff orientation process, including a one to one or small group introductory training session and buddy shifts as required. Staff are required to provide evidence of required regular training and limited other training or education resources are provided. Training needs are identified through performance appraisals, feedback and complaints and regulatory changes. Registered nurses have role specific additional training requirements. Mandatory training is generally overseen by management and responsible staff.

While staff training in abuse and neglect is scheduled for July 2023, staff have been provided with an information resource on recognising physical, sexual, emotional, financial and systemic abuse including behavioural signs, indicators and a procedure to act. Staff interviewed said while they had not received training in identifying and responding to abuse and neglect through the service, they had related training as part of their qualifications and would immediately report suspected abuse and neglect.

# 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. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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 |
| 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 |

Findings

I have relied on the Assessment Team’s report and the response to that report submitted by the approved provider in making my decision on compliance as outlined in the table above. A summary of the evidence considered is outlined below.

In relation to non-compliance for Requirement 8(3)(c)

In considering all of the available evidence I am satisfied governance systems are in place for financial governance, continuous improvement and feedback and complaints. This is because the service has oversight of consumers’ spending, pursues continuous improvement activities and has a feedback system that informs remedial actions and/or improvements to be undertaken.

I have decided the service has failed to demonstrate adequate governance in the following areas:

(i) information management

The Assessment Team’s report provides evidence that the service did not provided consumers with accurate information to inform their care and service choices. At the time of the audit management said, while they understood the SCHADS award related to a need to pay staff and did not relate to consumers, it had made a business decision to introduce a two hour minimum shift. This was not made clear to consumers.

The approved provider argues that the information failure is not sufficient to justify a non-compliance. While the information failure in communicating with consumers about SCHADS is narrow in terms of the breath of information provided, in my view it is significant. This is because consumer choices have been impacted, they have not been able to make informed decisions and they were not made aware they could refuse to agree to any proposed change to their services. I also note in Standard 8 the Assessment Team’s finding that while the Chief Executive Officer described frequent management meetings occurring, no minutes of these meetings or meetings between the CEO and Managing Director are maintained.

(iv) workforce governance

While the Assessment Team broadly found workforce governance system in place, I have considered the entirety of the evidence throughout the Assessment Team’s report and in the approved provider’s response and I am satisfied that the approved provider does not comply with this sub-requirement.

The reason I have decided this is because the approved provider has set a minimum service time of two hours without demonstrating this is reasonable and justified on the assessed needs of each individual consumer.

The approved provider stated to the Assessment Team that roster changes were not pursued as a first line of managing workforce challenges prior to the consumer being exposed to increased costs through increased service provision. I consider this a failure of workforce governance.

(v) regulatory compliance

The Assessment Team’s report notes that the organisation did not demonstrate effective systems and processes to support the service to meet regulatory requirements.

Consumers who changed from one package level to an alternative package level did not receive an updated agreement. Management told the auditors this was not their practice.

The service did not demonstrate consumers who have had their services or fees since their initial home care agreement have agreed to these changes and changes have not been documented in the consumer’s Home Care Agreement.

The approved provider’s response asserts that the agreement in place is continuous and changes to a package level, service or cost is managed outside of the initial agreement. A new agreement is therefore not required. I do not accept this viewpoint. A Home Care Agreement is commonly understood to be a legal agreement between the consumer and the provider and sets out how the approved provider will organise services, who will provide them and how much they will cost. Therefore, in my view, it needs to be updated and re-issued to ensure an accurate legal agreement is always in place.

While the approved provider’s response states that it has changed its practices and will issue new Home Care Agreements as required, evidence of consumers having received new Home Care Agreements is not yet available, indeed with clear information, consumers may not agree to changes to care and services occurring in the first instance.

As a result of these failures, I am satisfied the service has failed to comply with Standard 8

In relation to compliant Requirements

The service demonstrated they seek and support the involvement of consumers and representatives in the development, delivery and evaluation of care and services. Six of six consumers and representatives interviewed said they have discussions with their case managers about matters affecting them, including their views on the delivery and evaluation of their care and services.

The organisation has documented its commitment to the provision of safe and quality care and services through its Business Plan 2018-2023. The Business Plan describes a commitment to the provision of high quality care, tailored to consumer needs. The Assessment Team found the service is inclusive with consumers and has staff from a wide range of culturally and linguistically diverse backgrounds.

There are systems in place to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers and to support consumers to live their best life. There are developing systems to manage and prevent incidents, however an incident management system is in place and incidents are being recorded.

There is a basic clinical governance framework that outlines the service’s role in and commitment to safe and effective, evidence based clinical care and clinical practices. A registered nurse supervises and monitors the delivery of clinical care and is supported by an enrolled nurse. Critical clinical care issues are reported at staff and management meetings and informally to the Managing Director as needed. The clinical governance framework includes a brief restraint minimisation policy that states restraint is not used in home care. Antimicrobial stewardship and open disclosure policy are documented.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)