**Performance**

**Report**

**1800 951 822**

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| Name of service: | Australian Unity Home Care - Southern Highlands |
| Service address: | 101-103 Bega Street BEGA NSW 2550 |
| Commission ID: | 201169 |
| Home Service Provider: | AUSTRALIAN UNITY HOME CARE SERVICE PTY LTD |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 22 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 Australian Unity Home Care - Southern Highlands (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Calare CACP, 17391, 101-103 Bega Street, BEGA NSW 2550
* Daramulen CACP Service, 17486, 101-103 Bega Street, BEGA NSW 2550
* Central West CACP (Lachlan), 17460, 101-103 Bega Street, BEGA NSW 2550
* Far West CACP Project, 17499, 101-103 Bega Street, BEGA NSW 2550
* Illawarra South CACPs, 17567, 101-103 Bega Street, BEGA NSW 2550

**CHSP:**

* Community and Home Support, 25136, 101-103 Bega Street, BEGA NSW 2550
* Care Relationships and Carer Support, 24811, 101-103 Bega Street, BEGA NSW 2550

# 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 17 March 2023 consisting of an update Plan for Continuous Improvement to address the non-compliances raised in the Assessment Team’s report.
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 2023

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | 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 | **Non-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.

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

# Standard 1

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| --- | --- | --- | --- |
| 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

The Assessment Team reports that the Approved Provider is ensuring that consumers are treated with dignity and respect and valued as an individual. The Provider demonstrated that consumers’ identity and culture is recorded, respected and valued whilst providing care and services that is culturally safe. Further to this the Provider is assisting consumers to make informed choices and maintain independence. The Provider is supporting consumers to take risks to live the best life they can. The information it is providing is current, accurate and timely and communicated in a way that consumers understand. The Provider is ensuring consumer privacy is respected and confidentiality is maintained

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

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

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The Assessment Reports that the Approved Provider is ensuring consumers and representatives are involved in ongoing assessment and planning of their care. Risks to consumer’s well-being is considered and informs the safe and effective delivery of care and services. Assessment and planning of consumer needs, goals and change of preferences, including end of life planning is regularly undertaken. The Provider is working in partnership with consumers and representatives to ensure care planning processes are inclusive of consumers wishes and others when they wished them to be involved, including working with external services to provide holistic care. Staff are being guided through a range of organisational policies and procedures in relation to assessment and care planning processes. The Provider is using an electronic information management system ensure care staff work in collaboration with consumers, to deliver services in accordance with their identified care needs, goals and preferences. The Provider ensures that consumers receive the services they need through assessment and care planning processes that include initial assessments and ongoing reviews and by monitoring provided by care staff. However, the Provider needs to consistently provide consumers with copies of their care planning documentation, this includes when there are changes to their needs, goals and preferences.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

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

# Standard 3

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is ensuring safe and effective clinical care that is best practice, tailored to consumers’ needs and optimising health and well-being. It is also managing high-impact and high-prevalence risks associated with the care of consumers and recognising and responding to the needs, goals and preferences of consumers nearing the end of life. The Provider has systems in place to recognise and responding to consumer deterioration. It is documenting and communicating consumers’ needs, goals and preferences within a multidisciplinary team whilst conducting timely and appropriate referrals to individuals or other organisations and providers of other care and services. The Provider is effectively minimising infection-related risks.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

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

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing safe and effective services and supports for daily living that meet the consumers’ needs, goals and preferences and optimises their independence. The Provider is promoting consumers’ emotional, spiritual and psychological well-being through services and supports whilst ensuring consumers maintain social and personal relationships and do the things that interest them. The Service is communicating consumers’ conditions, needs and preferences within the organisation. It is also demonstrating timely and appropriate referrals to individuals and other organisations. Meal that are provided are suitable quality and quantity. It is also providing safe, suitable, clean, and well-maintained equipment.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The Assessment Team reports that the Approved Provider does not have a service environment as such Standard 5 is not applicable.

# Standard 6

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

Findings

The Assessment Team reports that the Approved Provider demonstrated that it provides many avenues for consumers and their representatives to provide feedback and make complaints. The services is taking appropriate action when feedback and complaints are made. It also demonstrates that all staff understand the complaints and feedback process, and open disclosure. The Assessment Team noted that the Approved Provider was undertaking a trend analyses of the complaints however, this information was not being recorded in the Plan for Continuous Improvement (PCI).

Requirement 6(3)(d)

The Assessment Team reports that the service has a feedback and complaints register which is updated and describes actions taken by the service for each complaint, the name of the staff member who received the complaint and the final outcome. Management said a report of complaints and feedback is provided to the board through the Clinical and Care Committee. The Clinical and Care Committee meets monthly and analyse trends and opportunities for improvement which is provided in a report to the board for their review.

Management verbally identified rostering, work force shortages and lack of communication to consumers regarding staff shortages as trends from their complaints data. The Assessment Team reviewed the services current Continuous Improvement Register and workforce shortages or rostering improvements were not included in the register. Although complaints are being addressed, and complaints are being analysed for trends, the trends of consumer feedback are not currently being included in service improvements. I note that the Assessment Team expressed a view that the Provider had not complied with this requirement as the complaint data information was not recorded in the PCI.

In its response to the Assessment Team report the Provider supplied a copy of its PCI which now includes a five-point plan to address the issues that the Service had already identified as being problematic.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. The Guidance states that the intent of this requirement is ‘The organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services. As well as encouraging complaints and asking for feedback, the organisation should provide timely feedback to the organisation’s governing body, its workforce and consumers on complaints and the actions the organisation took. It’s expected that the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints.’

It is clear that the Provider had identified a number of issues involving rostering, work force shortages and a lack of communications. The fact that the Provider had identified these issues due to an analysis of trends indicates that it is proactively giving consideration as to how to address the issues.

In considering this requirement I note that the difficulties encountered by this Provider in relation to securing staff and maintaining an effective staff roster have been experienced by other Providers as a result of the impact of COVID19. I also considered the commentary in relation to requirement 8(3)(b) where it is noted that the Provider’s Board reviews the contents of the Home Health Quality Report each month and that this report details complaints, incidents and compliments.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit. The Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider is now complying with requirement 6(3)(d)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

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

# Standard 7

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

Findings

The Assessment Team reports that the Approved Provider is planning its workforce to deliver safe and quality care and services. The Provider is employing staff who are kind and caring and respectful of consumers identity, culture and diversity. The staff are also competent and have the qualifications and knowledge to effectively perform their roles. The Provider is training, equipping and supporting their workforce to deliver quality outcomes. However, the provider is not regularly assessing the performance of their workforce and providing formal feedback

Requirement 7(3)(e)

All consumers and/or representatives stated feedback is sometimes sought on support workers' performance during reviews, however if they had a concern with the performance of a support worker, they will call the service and action is taken. All support workers interviewed said they have not received formal feedback on their performance and do not have a copy of their performance plan. They said they receive informal feedback when their supervisor wants to pass on positive consumer feedback or if there are any concerns.

Management said coordinators have 6 monthly support and supervision meetings with their staff where goals and expectations are set and performance agreements are signed. The Assessment Team sighted one performance plan for a staff member dated 21 December 2022. The plan included goals and expectations. The service has an improving performance procedure document which outlines the formal process and roles and responsibilities of each staff member. As all support workers interviewed did not have a performance plan in place and did not have a copy of their plan.

In response to the Assessment Team report the Service has provided an updated copy of its PCI. Through its PCI the Provider has committed to reviewing performance policy and procedure at Group level to ensure alignment with business unit, including updating if needed where performance records are stored and how the employee access their performance records.

Service Coordinators have also been tasked with conducting individual support and supervision meetings with each Care Workers to provide then with a copy of the completed documentation and ensuring subsequent meetings are scheduled in accordance with policy. Finally, the Provider has set clear expectations in its ‘We Are Accountable Policy’ for Fair Performance Outcomes Standard and Improving Performance Procedure is presented at Care Worker meetings to ensure consistency, expectations of roles, responsibilities, and compliance.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that the Purpose and Scope of the Standard as ‘this Standard requires an organisation to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful and quality care and services which meet the Quality Standards’. The Guidance states that the intent of requirement 7(3)(e) is that ‘All members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for a support any training and development they need. This requirement looks at how organisations need to regularly assess the performance and the capabilities of the workforce as a whole. Performance reviews can also support continuous improvement and development of the members of the workforce. I acknowledge that the Provider has amended its PCI in order to ensure compliance with the Standard, however, I am of the view that it will take some time for the Provider to evaluate all of its staff and develop performance reviews for each of them.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 7(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

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

# 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. | Non-compliant | 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 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is engaging consumers in the development and evaluation of the delivery of care and services. The Services is promoting a culture of safe, inclusive and quality care and services and the governing body is accountable for its delivery. In addition to this the Provider is demonstrating effective organisation-wide governance systems concerning information management, financial governance, regulatory compliance, and feedback and complaints. The services has effective risk management systems and practices regarding managing high impact and high prevalent risks, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. It also has an effective clinical governance system with antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. However, the service is not demonstrating effective organisation-wide governance systems concerning continuous improvement and workforce governance.

Requirement 8(3)(a)

Most consumers interviewed stated they provide verbal feedback to the service during reviews and when the need arises. Some consumers mentioned that a recent online survey was conducted by the service. Management said they look at complaints and feedback and analyse trends which are used to improve the delivery of care and services. The feedback data is discussed by leadership committees and recommendations for improvements are fed up to the board for further discussion/approval.

The service is currently looking at engaging consumers at the local level and forming several consumer committees to provide formal input to the service. This initiative is currently in the planning stage and was not included in the services PCI. The service conducts annual surveys which the data is used for service improvements. Consumers are encouraged to be engaged in the service and are provided multiple avenues to provide feedback.

Requirement 8(3)(b)

The Assessment Team sighted minutes of the Home Health Clinical and Care Forum and the reports that are provided to the board once per month. The Home Health Quality Report includes reporting data on incidents, complaints and compliments, continuous improvement, internal quality assurance audits, upcoming regulatory interactions and customer file reviews. The incident data included a breakdown of abuse and neglect, behaviours of concern, deterioration, injuries, falls, medication incidents and non-response to scheduled visit. The report also included the top five risks for the month.

The Assessment Team sighted several communications that is sent from the service to consumers which provided current and relevant information to keep consumers informed of changes in the service. For example, the latest service magazine, sent quarterly to consumers, provided a CEO update, changes to funding which referenced the Commission’s reforms, update on new staff, a consumer highlight article. A letter sent from the Executive to all HCP consumers was sighted which provided an update on changes to HCP package provider fees. Management said vulnerable consumers are identified during assessments and reviews through a vulnerability and complexity rating.

The rating helps identify vulnerable consumers during emergencies, infection outbreaks, heatwaves, etc. Each consumer gets a ‘score’ for vulnerabilities, for example, lives in a bushfire/flood area, lives on their own, has mobility and/or sensory equipment, life support equipment, animals, rural and remote, difficult property access, communication and cognition issues and requires an interpreter. The Assessment Team sighted the vulnerable consumer report that is extracted from the electronic care planning system. The services Wellbeing and Goals and Outcomes guideline includes information on reviewing the vulnerability and complexity rating.

Requirement 8(3)(c)

Information Management

The service has an Information Security Management Framework in place which outlines roles and responsibilities of staff, security standards, and acknowledges the Board has ultimate responsibility regarding information management. The service has a privacy policy which provides details on the importance of password protecting electronic information, physical controls such as locks and security systems, access management controls, firewalls and intrusion detection software. Support workers could describe how they keep information safe, including password protected mobile devices. All staff complete training in cyber security and privacy at induction and each year as part of mandatory training.

Continuous Improvement

The Assessment Team sighted the service's PCI. The Southern Highlands plan identified areas of improvement opportunities, actions to be taken, persons responsible, and planned completion dates. Each branch of the service has a PCI and they are discussed at the Clinical Governance Forum each month and then taken to the board for review/approval. As noted by the Assessment Team in requirement, the service has a PCI, however, it was not evident to the Assessment Team that consumer feedback is considered and fed into the plan. In taking a holistic view of all the Provider’s comments and actions as at the time that this report was drafted I had reasonable grounds to form the view that the Provider had complied with requirement 6(3)(d)

Financial Governance

The service provided verbal confirmation and documentary evidence of financial reporting to the governing body to ensure adequate financial oversight. Each branch is responsible for providing a financial report to the executive each month which includes a report of unspent funds for HCP consumers. The CEO was aware of the five consumers who currently have unspent funds of over $100,000.00. She could describe why the funds were excessive and what the service is doing to manage this. This included consumers who have recently transferred to the service from another provider and consumers who were reluctant to use the funds. The Assessment Team spoke to the representative for one consumer and she said her husband has been reluctant to use the funds for more services, however they have recently had an occupational therapist (OT) do a review of their home and several improvements have been approved. The Assessment Team saw evidence in the consumer’s care documentation of the OT visit and approvals for the purchase of a recliner chair, a mobility device (wheelie walker) and ramps over their door ways for ease of access.

Workforce Governance

The Assessment Team sighted the services organisational chart, position descriptions, staff code of conduct and the staff handbook, which is supplied to new staff. The onboarding process to recruit staff is sound and evidence of qualifications, vaccination status, driver’s licence and police checks were provided to the Assessment Team. Support workers undertake 3 weeks of training at induction and evidence of completion of annual mandatory training was provided. All support workers interviewed said they had not had any formal performance appraisal (see Standard 7(3)(e) for more details).

Regulatory Compliance

Management reported there had been no adverse findings by another regulatory agency or oversight body in the last 12 months. Regulatory compliance is coordinated by the Risk and Compliance team within the service. The CEO said the team manages the services obligations regarding changes to legislation and reforms. The team consults with the leadership and coordinates communication of changes to the service and consults on relevant training to ensure the right staff are informed of changes that are relevant to their role. The Assessment Team sighted evidence of training the service has provided to staff in regard to SIRS and the new Code of Conduct.

Feedback and Complaints

Consumers and/or their representatives were made aware of various methods employed by the service to provide feedback and make complaints and support available to do so. The Assessment Team sighted the service's complaints register. Although consumer complaints are being addressed by the service, and complaints are being analysed for trends, the trends are not currently being included in service improvement plan. (see Standard 6(3)(d) for more information).

Requirement 8(3)(d)

The service demonstrated it has a risk management framework and high-impact and/or high prevalent risks associated with the care of consumers are considered during the assessment and review of consumers. Risk mitigation strategies are applied to any risks identified and communicated to support workers through the care plan and relevant documentation. For example, one consumer’s (HCP2) care plan documentation included risks such as living rurally, bushfire risk area, and a falls risk. The care plan stated that he needs to be careful on uneven surfaces and uses a stick for steep surfaces or stairs and that he is currently using a 4-wheel walker for mobility. All staff receive training in dementia awareness and tool box talks have been given regarding abuse and neglect of consumers.

All support workers are instructed to phone their coordinator in the first instance if they have any concerns regarding abuse or neglect and follow up with an incident report. Management demonstrated to the Assessment Team how incidents are reported by support workers and how SIRS incidents are captured in the incident management system and reported to the Commission. All reportable incidents are compiled into a separate report and provided to the leadership team weekly. The service’s Incident Management policy describes incident types, such as clinical, food and safety, equipment related, property, regulatory breaches, data breaches, and relevant roles and responsibilities for all staff.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that the intention of this Quality Standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards. The governing body sets the strategic priorities for the organisation. It’s expected to promote a culture of safety and quality, and to include this in the organisation’s governance systems. The governing body is expected to drive and monitor improvements to make sure the organisation is committed to quality care and services and the best interests of consumers, including, a clear understanding of the risks at the service.

The Guidance also states that the intention of requirement 8(3)(c)(iv) is Workforce governance – including assigning clear responsibilities and accountabilities Workforce governance systems and process make sure workforce arrangements are consistent with regulatory requirements. They also need to make sure the organisation has enough skilled and qualified members of the workforce, including a designated member of the nursing staff who has completed an identified IPC course. The organisation must support and develop its workforce to deliver safe and quality care and services. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority to do this.

In its response to the Assessment Team report the Approved Provider supplied a copy of its PCI. As mentioned in my consideration of its compliance with Standard 6 the Provider was substantially compliant with this requirement and the inclusion of this issue in the PCI gave me reasonable grounds to form the view that the Provider was now compliant with that Standard.

However, in reviewing the Provider’s response in relation to the non-compliance with Standard 7(3)(e) I had reasonable grounds to form the view that the Provider was not in compliance with this requirement, albeit, the Provider has proactively implemented processes, as set out in the PCI. At this point in time, I am of the view that for all staff to be interviewed, their performance assessed and a performance plan to be developed and agreed upon will take time and therefore the Provider has not complied with requirement 8(3)(c)(iv) in relation to workforce governance.

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(c) (iv)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

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

1. The preparation of the performance report is in accordance with section s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)