**Performance**

**Report**

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| Name: | Bacchus Marsh Community Health Centre |
| Commission ID: | 300828 |
| Address: | 35 Grant street, BACCHUS MARCH, Victoria, 3340 |
| Activity type: | Quality Audit |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 10214 Western Health  
Service: 28132 Western Health - Community and Home Support

**This performance report**

This performance report for Bacchus Marsh Community Health Centre (**the service**) has been prepared by P.Frangiosa, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 February 2024, including their Aged Care Plan for Continuous Improvement (PCI), and supporting information, including Response to Quality Audit Report ACT-24-0000171.

# 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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Requirement 1(3)(e)

The Assessment Team recommended Requirement (3)(e) as not met as they were not satisfied the service demonstrated 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. The Assessment Team provided the following evidence to support their assessment:

* Management and staff stated that they don’t provide an information pack, and advised some consumers signed a Charter of Aged Care Rights, but this process is not consistently. followed by allied health clinicians.
* Information in relation to consumers’ health care rights and privacy and feedback do not include specific contact information on who to contact to provide feedback.
* The service does not provide information relating to advance care planning, nor does it provide any information about consumer advocacy.
* A review of the plan for continuous improvement provided by the service identified that the community nursing team was developing a welcome pack, and a training program on advanced care planning, including how consumers can access support, was also documented.

The provider did not agree with the Assessment Team’s assessment and provided the following information and/or evidence to refute the not met recommendation:

* Consumers do not receive an information pack
  + The Assessment Team were advised that the practice of distributing hard copy documentation had ceased during COVID to reduce infection control risks. Information relating to consumer rights is published on the internet site for Western Health.
  + Hard copy information is gradually being re-introduced as appropriate and where safe to do so.
  + The Volunteer Program has already recommenced distribution of hard copy information to consumers in the form of a welcome pack. The contents of this pack include Australian Charter of Health Care Rights, Charter of Aged Care Rights, Aged Care Quality and Safety Commission brochure Do you have a concern or complaint, Consumer transport brochure, Consumer transport costing and Advanced Care Directive for Adults form.
* Consumers and representatives did not know how to access advocacy services
  + Staff discuss the right to an advocate with consumers as part of the conversation about the Charter of Aged Care Rights at the initial assessment by the care provider. Advice is provided about the availability of the advocacy support through Elder Rights Advocacy or internal referral to the Integrated Community Health Service’s social worker.
  + A review of the system for use of advocates is documented in the current Aged Care Continuous Improvement Plan as a continuous quality improvement activity.
* consumers and representatives were unaware of external complaint handling options
  + Information about external complaint handling options and escalation points is currently provided on the feedback page of Western Health’s Bacchus Marsh and Melton website.
  + The new improvement strategy to develop a standardised printed information pack for CHSP consumers will include provision of hard copy information about external complaint handling options.
* the process of signing a Charter of Aged Care Rights was not consistently followed
  + Management and staff delivering CHSP services understand the requirement to explain the Charter of Aged Care Rights to the consumers, and to offer consumers the opportunity to sign the Charter. This is done at service commencement. The practice declined during COVID when printed materials were not shared with consumers and many services were delivered remotely, but recommenced at the start of 2022 and is monitored through a regular audit that is reported to the Integrated Community Health Service’s Quality and Performance Meeting (refer to Terms of Reference). The most recent Aged Care Charter of Rights Audit in December 2023 showed overall compliance with the Charter on file at 74% with a trend of continuing improvement over the series of audits.
* no details are provided about who to contact to provide feedback
  + In addition to the information made available on the internet, information is made available on how to provide feedback through posters in the waiting area including information about Western Health’s feedback system and the Charter of Aged Care rights, visible and clearly identifiable feedback box in the waiting area, printed and available feedback forms, verbal communication from staff when explaining the Charter of Aged Care Rights.

In acknowledging actions taken by the provider to address deficits identified by the Assessment Team, evidence within the provider’s response to Quality Audit Report demonstrates that the service has responded comprehensively to all deficiencies identified in 1(3)(e). After consideration to the Assessment Team’s report and the approved provider’s response, I find the provider, in relation to the service, compliant with Requirement 1(3)(e).

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

All consumers said they are treated with dignity and respect, and the service recognises and values their identity and culture. Management said, and documentation showed, staff receive training in cultural diversity, dignity and respect. Staff and management were observed interacting with consumers in a kind and respectful manner.

Consumers stated staff are respectful to them and of their cultural needs and deliver care and services with this in mind. Staff were knowledgeable of consumers’ cultural backgrounds and described how they tailor services to ensure they culturally safe.

Consumers said they are involved in making decisions about their services, including when others should be involved. Staff said review all information provided to them by specialists and discuss options with consumers in order to support them. Management said intake processes are consumer centred, with a focus on consumers’ wants and needs.

Consumers said they can decide to undertake tasks that involve an element of risk and are supported to understand potential consequences and benefits. Staff described how they take reasonable care to minimise risks associated with activities of consumer choice. Documentation supported statements by consumers and staff.

All consumers advised the service provides timely and accurate information to enable choice about care and services, including in relation to monthly statements.

Consumers said staff were respectful of their personal information respected their privacy. Staff and management described processes to keep consumer information safe and protect their privacy and referred to supporting mechanisms such as organisational training and policies.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

Consumers described the various ways that 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. Management described how they assess consumers’ needs and risks at commencement, in consultation with them, and utilising information from their My Aged Care (MAC) support plan to shape and refer to allied health services.

Evidence showed the service demonstrated current 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 and are reviewed regularly for effectiveness, including when circumstances changed or following incidents. This included assessment and review checklist, a home safety assessment including a non-response to a scheduled visit, and an emergency response plan.

Management stated how conversations with consumers about what is important to them informs delivery of care and services, with cultural appropriateness applied. Evidence showed care planning documents illustrated needs, goals and preferences had been discussed with consumers and documented as an ongoing partnership in their care delivery. Management and staff advised that during the assessment process options are discussed and documented in the consumers care plan with cultural sensitivities considered such as discussions regarding end of life.

Consumers said outcomes of assessment and planning are effectively communicated to them. Management and staff said consumer care plans support the delivery of effective and current care and services and is documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Consumers said they are involved in assessment processes and can make decisions about their care and services. Sampled care plans show consumers can nominate who is included in making decisions regarding their care and services.

Consumers said care and services are reviewed regularly for effectiveness, and care and services are reflective of a change of circumstances or when incidents impact on the needs, goals or preferences. Management said, and documentation support the review of care plans that reflect changes to the consumers’ needs, goals and preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2.

# Standard 3

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| Personal care and clinical care | | 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 |
| 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

Evidence demonstrated consumers get safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being, including effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers confirmed that the service and staff ensure they receive safe personal and clinical care.

Care planning documents showed that personal and clinical care was documented based on consumers’ assessments and provided detailed instructions to staff to support consumers, with specific acknowledgement of high impact or high prevalence risks associated with the care of each consumer.

Consumers said their needs, goals and preferences nearing the end of life are recognised and addressed, including advanced care directives. Documentation showed care plans are updated to reflect advanced care directives where appropriate. Management said, and documentation showed deterioration or changes of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Consumers stated that they felt confident the service would recognise deterioration or changes of their mental health, cognitive or physical function, capacity or condition and responded in a timely manner. Staff said they review care plans, and discuss any changes in consumers with them, to prompt appropriate reviews. Documentation supported statements by consumers and staff.

Documentation showed consumers’ condition, needs, goals and preferences were known to those involved in their care, and communication systems used to transfer information included accurate information. For sampled consumers, care documentation showed timely communication of changes in care and service delivery, including in relation to changed dietary needs, commencement of palliative care and change in mobility/physical function.

Consumers said the service responded in a timely manner to appropriately refer them to individuals, other organisations and providers of other care and services where necessary. Documentation showed consumer changes resulted in referrals to appropriate services or specialist health services.

Management stated, and documentation viewed, supported precautions to prevent and control infection, and promote practices supporting appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

Consumers reported services support their independence, wellbeing, and quality of life. Management described, and documentation showed, the service identifies consumers’ capability, needs, goals and preferences to inform services and supports.

Consumers and representatives described in various ways how staff and the services provided promote consumers’ psychological wellbeing and support them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing through understanding personal circumstances and emotional support needs.

Consumers and representatives described in various ways their satisfaction with how the service enables consumers to maintain relationships, meet new people and do things of interest to them. Management described and documentation confirmed the process of completing a social assessment to capture consumers’ social preferences, including of cultural importance. Information received informs the continuous improvement of the social services to include activities of interest and promote consumer participation.

Consumers and representatives reported staff understand consumers’ needs and were satisfied that information about their services is shared within the organisation and with others who are involved in their care. Staff advised and documentation confirmed that they received detailed, up to date information in the electronic care system.

Management, staff and documentation demonstrate the service’s internal and external referrals process facilitates consumers access to additional services to supplement supports and services for daily living.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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

Consumers and representatives described how consumers feel safe. Management advised, and documentation confirmed the service environments undergo regular cleaning. Maintenance records demonstrated how unplanned maintenance is documented and resolved within a timely manner to ensure the service environment remains safe and well maintained. Observations showed the service environment was clean, well maintained and consumers have access to move freely.

In relation to the service environment, staff and management described processes to ensure the service equipment is safe, clean, and well maintained. Consumers and representatives were satisfied with the safety and maintenance of equipment. Staff were observed cleaning equipment and vehicles. Documentation included regular maintenance schedules of the services vehicles, and cleaning rosters.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 5.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Consumers and representatives were able to describe how the service seeks their feedback regarding care and services consumers receive. Consumers and representatives said they were aware of internal feedback and complaints processes during the initial entry to the service and on an on-going basis. The service provides a hard copy and website link option for complaint and feedback form in the consumer information pack, in some instances available in local languages. In addition, the service has an on-line feedback and complaint function located in their web site. Management and Staff described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team demonstrated that consumers and representatives can provide feedback and complaints on their services.

Consumers and representatives said they were aware of external agencies to support them in raising feedback or complaints. The consumer information pack contains information on advocacy and language services and alternative methods to raise and resolve complaints.

Consumers and representatives said changes have been made in response to their individual feedback and complaints. Documentation confirmed the complaints and feedback register is routinely populated and regularly reviewed to ensure the service has oversight of improvement matters.

Consumers stated should they have issues with the services, they would ring the service or speak to their case manager to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction. The service has a Continuous Improvement policy which guides staff practice.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6.

# Standard 7

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| Human resources | | 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 |
| 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

Consumers stated they receive quality care and services. While management acknowledged they had a few cancellations, they described the processes in place to plan and manage the workforce, acknowledging difficulties to recruiting in their region. Documentation showed evidence of staffing metrics and data to drive planning and workforce delivery.

Consumers and representatives confirmed staff are kind, caring and respectful. Staff described how they provide care and services for consumers in a kind and respectful manner including how they respect the consumer’s diversity, privacy and decisions. Staff spoke about consumers in a kind and respectful way. Position descriptions reflect the organisational values of striving to display kindness and concern for others, with an emphasis on recognising cultural differences.

Consumers and representatives felt staff are competent in their roles. Staff and management described assessment processes to ensure staff are competent to provide services as required. Management and staff described mandatory qualifications and training to support them in their roles. Documentation evidenced service staff are required to abide by the employment conditions and qualifications required including competencies and qualifications are updated.

Management described processes and ongoing oversight to ensure staff are recruited, trained, equipped and supported to deliver outcomes required by these standards. Staff described the relevant training requirements required to deliver their duties. Management has oversight of monthly recruitment, training and shift data to ensure visibility and continuous improvement opportunities where appropriate, including a specified allied health and research education team. The service has a recruitment and retention policy as well as an induction program which includes a comprehensive program of mentoring and observation in the field.

Staff and management described the service’s performance review process for staff. Staff are required to undertake performance appraisals, however, acknowledged that not all have taken place at the time of the audit. Documentation viewed showed evidence of monitoring staff performance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7.

# Standard 8

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| Organisational governance | | 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 |
| 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. | 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

Consumers confirmed they have input about services provided, including annual surveys. Management and staff described how consumers have input about their experience and services through formal and informal feedback processes. Documentation showed evidence of consumer engagement in the development, delivery and evaluation of care and services, and reporting to the governing body.

There is a range of reporting mechanisms to ensure the governing body is aware and accountable for the delivery of care and services. Management discussed the governance structure and reporting process to drive continuous improvement and accountability. Documentation demonstrated regular reporting to the governing body for discussion of key metrics to ensure accountability and appropriate response.

There are effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There is a documented governance framework, with relevant policies and procedures in place.

There is a documented risk management framework including policies and procedures relating to organisation risk management and consumer risks. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

There is a clinical governance framework which guides staff on antimicrobial stewardship, minimising the use of restraint and open disclosure. There are relevant policies and procedures in place. Management has oversight of clinical governance through regular governing body meetings. Documentation viewed confirmed this oversight.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8.

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)