**Performance**

**Report**

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| Name of service: | Bairnsdale Community Health Services |
| Service address: | 125 McKean Street BAIRNSDALE VIC 3875 |
| Commission ID: | 300805 |
| Home Service Provider: | Bairnsdale Regional Health Service |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 15 February 2023 |
| Performance report date: | 28 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 Bairnsdale Community Health Services (**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

**CHSP:**

* Community and Home Support, 25557, 125 McKean Street, BAIRNSDALE VIC 3875

# 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.

# 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.

# Areas for improvement

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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

Six consumers spoke with the Assessment Team about the Requirements of Standard 1. Consumers and their representatives told the Assessment Team staff are respectful.

The service operates within the Bairnsdale Regional Health Service which includes an Aboriginal Health unit. Staff working from the Aboriginal health unit work throughout the organisation including for CHSP services to ensure service provision is culturally safe, respectful and appropriate for Aboriginal and Torres Strait Islander people engaging with the service.

A variety of information used to inform consumers and support them to make choices was sighted by the Assessment Team. Consumers said their decisions are informed and respected.

A number of services were discussed by consumers when asked about maintaining their independence, including attending planned activity groups, getting support with their balance and mobility and being socially connected with friends through shopping and other outings.

Consumers described the various services they attend and how they understand and navigate risks that may be involved in doing what they want to do to get the best out of life. Staff are alert to supporting consumer choices while mitigating risk.

The Assessment Team’s report outlines examples of good practice when dealing with private information and delivering personal care services to ensure respectful interactions occur and information remains confidential at all times.

# 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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

Consumers said they felt involved in their care planning and that services and supports are meeting their health needs and supporting their wellbeing. Staff displayed the relevant knowledge and described a consultative approach to developing consumer centred care plans.

Care plans reviewed by the Assessment Team evidenced validated risk assessment tools in use and when requested by the consumer, representatives and others were involved in developing the care plan. The Assessment Team spoke to a number of consumers who confirmed a copy of any finalised care plan is offered to them for their records.

The Assessment Team reviewed the assessment process, starting with a consumer joining the service through to updating care plans when life events require an update to the service type, or frequency and when a newly assessed need required different and/or additional services to be instigated.

The Assessment Team noted changes to care strategies being actioned following a consumer’s weight loss being identified and following a consumer experiencing an acute clinical event requiring hospitalisation.

Care plans reviewed reflected the consumer’s current needs and preferences and services as described by the consumer. Evidence of advance care planning was noted in some consumer files and consumers confirmed these discussions had taken place.

# 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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

The Assessment Team reviewed the clinical care being delivered to consumers and spoke to consumers about their satisfaction with their care. Consumers described clinical services being of a good standard and staff being supportive.

The scope of clinical services reviewed by the Assessment Team and found to be safe and effective included wound care, diabetes care, physiotherapy services, podiatry and palliative care.

Nursing staff and allied health clinicians demonstrated a good knowledge of the needs of consumers receiving these services and provided examples of tailored care solutions.

Social support staff, nurses and allied health clinicians are guided by the organisation’s recognition and response to clinical deterioration policy. A consumer spoke about a deterioration in their health being quickly recognised and was satisfied with the actions that were taken by staff. File reviews evidenced an integrated care approach to supporting consumers link in with their general practitioner and specialised services following a deterioration or change in the consumer’s health and wellbeing.

The assessment team noted a range of strategies used throughout the service to identify and/or monitor a consumer who may be at risk including a vulnerable consumer register and a daily handover occurring between relevant staff.

A palliative care service is available and progress notes evidenced comfort measures for consumers at end of life and bereavement support for family members being provided.

The organisation has infection minimisation processes in place and consumers spoke about nurses wearing masks, washing hands and wearing gloves appropriately. Consumers also said staff remind them about practicing good hand hygiene. Clinical governance meeting minutes evidenced a focus on infection control and antimicrobial stewardship.

# 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. | 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 in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

Consumers and representatives said in various ways the social support groups improve their independence and quality of life and keep them connected to their community. Staff described how they develop programs that reflect consumers’ interests, needs and goals. The Assessment Team reviewed a sample of care plans and found them goal orientated and reflective of the consumer’s feedback of their current needs.

Staff demonstrated relevant referrals occur, including referrals to My Aged Care when further services or supports are needed. Consumers are confident staff would support them to connect to other services when needed.

Volunteers discussed how they report anything out of the ordinary to the volunteer coordinator and provide emotional support when needed.

Consumers described the supports provided through allied health, home based nursing and social support groups as well coordinated and said they have sufficient information to inform their choice on what supports will suit their needs and which social activities to take up.

Management acknowledged an opportunity to ensure volunteers are provided with relevant information gathered during the assessment and care planning phase to better inform them of the support a consumer may need when using transport and shopping services.

Consumers enjoy the meals, which are prepared on site. Management described processes to capture dietary preferences and food allergies and how these inform the menu.

# 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. | 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 in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

The Assessment Team visited the social support group site and found that the environmental aspect of the centre’s appearance to be welcoming and easy to navigate both indoors and outdoors. The hallways, dining area and activities rooms had adequate space, lighting and appropriate accessibility for wheelchairs and walkers.

Consumers said they feel safe and welcome when they visit the service.

Management demonstrated processes for cleaning and maintenance, including for vehicles, to the satisfaction of the Assessment Team.

# 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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

The Assessment Team’s report outlines various mechanisms for consumers and others to provide feedback on how the service is performing. Consumers can provide anonymous feedback and said they know how to provide feedback and make complaints.

Staff were alert to how to direct consumers to connect with advocates or language services and information brochures were sighted in the foyer for consumers and others to pick up if needed.

Consumers and representatives said the service is responsive to feedback and queries. Staff and management described how the principle of open disclosure is used in complaint management.

The Assessment Team reviewed the complaints management system and their report notes escalation pathways and evidence of feedback informing continuous improvement priorities.

# 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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

Consumers/representatives did not voice any concerns about staffing or accessing services.

Management advised they are actively recruiting into a range of roles. If any services need to be cancelled due to staff unavailability, consumers are prioritised based on care needs and are rebooked into another allied health appointment. Workforce strategies ensure social support activity groups are continuously delivered.

Consumers said interactions with staff and volunteers are kind, supportive and respectful.

Consumers and representatives interviewed advised that staff know what they are doing. Staff provided feedback that they receive support and training to do their roles. Staff complete mandatory training when they commence at the service that covers a range of topics relevant to their roles and responsibilities.

Training needs are identified through annual reviews, meetings, appraisals and staff feedback. Participation in training is monitored and followed up by management. Staff confirmed they receive training that is a combination of online training and face to face training and training varies depending on the staff member’s role.

There is an annual performance management cycle where staff and management periodically discuss development opportunities and performance goals and underperformance if necessary.

# 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

I have relied on the Assessment Team’s report in forming my view of compliance as outlined in the table above. A summary of the relevant evidence the Assessment Team reported is outlined below.

The service has a Consumer Advisory Committee that includes a range of stakeholders including members of the local community who are experts by experience.

The reporting structure of various committees ensures the Board has the relevant information at the right time to have informed discussions and make informed decisions on how they lead the organisation and promote safe, inclusive and quality care.

Business streams report via a committee structure up to the Board. The Assessment Team’s report notes various mechanisms to support good governance, such as reporting against the strategic plan and independent third party audits.

A dedicated position oversees consumer wellbeing and partnership. Risks impacting consumer wellbeing are appropriately managed at an individual level and trended to ensure any broader risk which may impact other consumers is understood. The incident management system is used to report and manage any allegations of abuse or neglect of a consumer.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff and management described various processes and systems in place that support a best practice approach to each of these three elements.

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