**Performance**

**Report**

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| Name of service: | Baldwin Care Group Services |
| Service address: | 1 Seabeach Avenue, Baldwin Retirement Village MONA VALE NSW 2103 |
| Commission ID: | 201323 |
| Home Service Provider: | Baldwin Care Group Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 26 April 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 Baldwin Care Group Services (**the service**) has been prepared by G. McNamara, 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:**

* Baldwin Living HomeServe, 26854, 1 Seabeach Avenue, Baldwin Retirement Village, MONA VALE NSW 2103

# 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 31 March 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 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.

**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.

**Requirement 8(3)(e)** - Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

# Standard 1

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

Findings

Six of the six specific requirements were assessed and I have found all six to be Compliant.

The service is:

* consulting and collaborating with consumers and representatives to ensure consumers are supported to exercise choice and decisions about their services. Consumers interviewed said that the staff encourage them to make decisions about their services. They were aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice. Staff interviewed demonstrated that they support consumers to exercise choice and maintain connections with other people. Management explained how they support consumers to make decisions about their care and services. Assessment and care planning policies and procedures viewed include the involvement of nominated representatives and consumers in making decisions regarding their services and individual support needs of each consumer.
* supporting consumers to live the life they choose through the provision of social interaction and services to maintain consumers independence and wellbeing. Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their home safety audit tool. Care worker staff described the importance of supporting consumers in their choices and described how consumers have the right to take risks in a safe way and explained support and assistance measures to ensure consumers are supported. Management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of the consumers’ right to take a risk, while providing the consumer alternative ways. They also provided a dignity of risk service form they also utilise. They added that a client home environment risk assessment is also initially completed to help inform risk. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, use of a mobility aid. The service has policies and procedures describing risk and meeting the consumers individual needs.
* providing information that is clear and easy to understand for consumers and representatives. Management advised that consumers receive a range of information that enables them to make choices. The service’s Home services agreement folder consumers receive was seen to contain a substantial amount of relevant information. Management explained how they ensure assist consumers to understand their budget and monthly statements. Consumers confirmed they receive monthly statements from the service detailing how their budget is spent and were satisfied with their statements. The Assessment Team reviewed a sample of HCP monthly consumer statements which appeared easy to read and understand, with services and costs itemised, being in date order and detailed clearly the available, funding allocation, fees (package and management), budget closing balance, unspent funds including the amounts held by the service and Services Australia.
* ensuring consumers’ personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality. Consumers interviewed by the Assessment Team said that they feel staff respect their personal privacy while delivering care and services to them. A care worker was able to describe how they maintain consumer’s privacy when providing care and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality. Management interviewed by the Assessment Team, stated that during the process of signing a Home Care Agreement, the “consent to share information” form is completed. This enables the sharing of client information between those directly involved in their care. The service has relevant policies in place.
* ensuring consumers are treated with dignity and respect and are provided culturally safe care and services. Consumers and representatives confirmed staff understand the consumer’s background, preferences and what is important to them, which makes them feel valued and culturally safe.

Staff interviewed demonstrated that they are aware of their individual and cultural needs and provided examples that demonstrated they tailor services to the individual consumer. Management advised staff do an annual mandatory module on cultural diversity in work place. They also indicated they are looking at adding more training on other diverse groups, for example the LGBTQI group. Training records in their learning platform detailed that a care worker (randomly selected) had completed a module for cultural diversity in the work place. Organisational documents reviewed included relevant policies and procedures in relation to the provision of an inclusive and culturally appropriate services.

# Standard 2

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

Findings

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* utilising assessment and planning, including consideration of risks to consumers’ health and well-being, to deliver safe and effective services. Consumers/representatives interviewed said they are satisfied with the care and services they receive, and that case managers (CM) and their carers know them well and what is required to meet their care needs. The service undertakes a comprehensive assessment of consumers’ needs. Information from assessment tools such as ACAT, Home Service Assessment and Care plan and MAC referral is used to inform the development of the care plan and accompanying service schedule. Assessment information sighted in the sampled consumer files included information on the consumer’s physical, cultural, spiritual, medical history, clinical and psychosocial needs. Information in relation to risks was also evidenced and included allergies, clinical and mobility risks, functional difficulties such as any memory and cognitive issues, communication difficulties, chronic disease, social isolation, dementia, carer stress/fatigue, medication, sleeping and waking, swallowing and chewing and a home safety risk assessment. Assessments designed to identify and manage potential risks were sighted. Care plans viewed included alerts and details instructions for care staff to manage potential risks. All carers, including brokered staff, case managers and clinical staff could verbally describe consumer risks, and how they use strategies to mitigate the risks. Consumers who have been identified as a falls risk for example, receive external medical and allied health supports. Information regarding the implementation of mobility aids, home modifications, and tailored supports and services to reduce the risks; are undertaken and communicated to all parties involved in the care and services. All information relating to care and services was documented in the care.
* addressing the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Consumers/representatives interviewed confirmed their needs, goals and preferences have been recognised by the service. Consumers spoke about domestic and gardening assistance in place and how the care workers knew exactly what to do and how they relied on them to remain living independently in the community, to help them with their everyday life and provide them with social support and transport to appointments, which they requested as needed. While the majority of consumers confirmed that staff have discussed advance care planning with them or provided the option to assist with advance care planning, some consumers indicated that they preferred not to discuss this which was noted in the care plan. Assessment documentation reviewed identified consumers’ current needs, goals and preferences and care plans reviewed outlined services to be delivered to meet the consumer’s goals. Care plans provided detailed information, individualised to each consumer, outlining against a range of care domains, in detail how the services are to be delivered. For the consumers sampled assessment and care planning documents includes consumers’ individual goals and preferences.
* ensuring consumers and/or their representatives are involved in the assessment and planning process. All consumers/representatives interviewed spoke about accessing external providers for the provision of services; and that other individuals or organisations are involved in their care plan assessment and planning process. Consumer documentation reflected consumers and other relevant parties are involved in planning care and services. Care plans are signed by the consumer and confirming involvement in the initial assessment. Where other services are involved in the delivery of care, evidence was sighted of involvement in progress notes, email correspondence, service request form (completed for brokered services) reports and recommendations provided to coordination staff. Consent to share information form is completed at the time of signing the Home Care Agreement to share client information between those directly involved in their care. Budget tool is used to tailor an individualised care plan suit consumer needs and preferences focussing on the care need. Where the services are provided to a client by a brokered service, the updated care plan and service requirements is communicated electronically to the brokered service to ensure accuracy and timeliness of the changes to needs and service requirements.
* effectively communicating outcomes to consumers and documenting in a care plan that is readily available to the consumer where care and services are provided. Consumers expressed satisfaction with how the service communicated with them. All consumers/representatives interviewed in relation to this requirement confirmed they are provided and explained information about their services. All HCP consumers interviewed in relation to this requirement advised their plan has been explained by the case manager, they received a copy of their plan, they were aware of the care workers providing services to them and were involved in choosing their care workers and could request a change if required. All consumers interviewed were aware of the monthly activities provided by the village, were involved in deciding on the activities. They confirmed they are provided with a copy of the activities calendar for the month and were updated of activities on offer that they can participate in. Staff explained care plans are offered to consumers, as part of their process and confirmed they work with their chosen representatives when available. A hardcopy of any initial or updated care plan and service changes is provided to the consumer or their representative and is available in their homes. Updated care and service plans and any new alerts are added to the consumer file in Procura, which then becomes available to care-workers via the Procura App. All assessments are saved electronically to consumers’ file in Procura. Where services are provided to a consumer by a brokered or other external service provider, the updated care plan and service requirements are electronically communicated to the Broker through a Service Request form to ensure accuracy and timeliness of the changes to needs and service requirements. Any issues or concerns are communicated to the service when they are identified.
* reviewing services for consumers regularly, and when there is a change in consumers’ needs or condition. Consumers/representatives said the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet their current needs, goals, and preferences. HCP consumers and representatives confirmed case managers regularly phone them to check satisfaction with their care and services and that they are meeting the consumer’s need. HCP consumer files showed evidence of ongoing monitoring and regular review of care plans. Evidence was sighted of actions taken following care reviews, such as an increase in services, referral to My Aged Care and sourcing of additional equipment and supports based on discussion with consumers/representatives at reviews. Evidence of regular review for HCP consumer’s circumstances resulted in updated to care plans, and instructions to care workers. Management coordination staff advised HCP care plans are reviewed regularly and when there is a change in consumers’ needs and preferences and consumers’ needs are reviewed if changes are identified, including on return from hospital or rehab, when a consumer receives a higher HCP, following an accident or incident, dated notes in Procura indicating the need for a review of care or service and following feedback from consumers and representatives. Care planning policies describe processes and triggers for reassessment and provide timeframes for reviews.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-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

Seven of the seven specific requirements were assessed and I have found six of those requirements to be Compliant and one (1) to be Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance for the Standard.

As to Compliant requirements

The service is:

* providing safe and effective clinical care. Consumers confirmed they are satisfied with the care and services they are currently receiving. They said case managers, RN and allied health professionals are in frequent contact with them about their care. Those receiving brokered clinical services were also satisfied with all those services. Consumers receiving clinical care from brokered services had all care directive information documented in their care plans and on Procura. The Assessment Team sighted communication and monitoring of clinical care and services provided to consumers by some brokered and external allied health services. The service maintains an oversight of brokered service through service request form and brokerage feedback form that provides detailed progress notes on clinical care and other allied health services. This information is then updated on its system.
* However, the Assessment Team noted that the service was not always provided with updates from all of the external/brokered service providers used by the service. I have considered this information under requirement 3(3)(e) for additional information. Care workers interviewed said they report changes in the consumer’s health which is followed up by the case manager, and brokered nursing services are arranged if needed. Case managers work closely with the relevant medical practitioners and allied health professionals to provide the care and services required for the consumer through their subcontracted nursing and allied health services. Incidents are recorded by case managers, who records the incident and forwards it to the Business Manager (BM) who then places it on the incident register. On balance I consider that the approved provider is Compliant with requirement 3(3)(a).
* effectively managing high impact or high prevalence risks associated with the care of each consumer. The service assessment and care planning procedures ensure high prevalence risks are identified and considered in service planning. Processes are in place to identify and manage high impact and high prevalence risks, through initial assessment, care reviews and ongoing monitoring processes and recognising and responding to deterioration or change in the health and well-being of consumers. A suite of assessments is carried out by the service prior to the development of the care plan to ensure that risks are identified to enable the safest possible delivery of care to consumers. Sampled consumer files contained completed clinical assessments, progress notes and regular care reviews. Processes are in place to identify and manage these risks, through initial assessment, care reviews and ongoing monitoring. Staff confirmed there is a process in place to manage the risks in relation to falls, cognitive decline, medication management, the home environment, and individual circumstances of the consumer. They described supports provided to minimise the falls, home modifications and mobility aids arranged. They outlined how they assisted consumers ‘to get back with independent living. CM’s source assistance from medical services, including the local hospital, general practitioners, allied health professionals and brokered services to ensure consumers with high care needs get the best care. All staff interviewed were able to identify any risks to consumers in their care, which was also documented in their care planning documents and available on Procura.
* recognising and addressing the needs, goals and preferences of consumers nearing the end of life and their comfort maximised and their dignity preserved. While the service does not provide end of life care services, if a consumer needs palliating care, they are supported to move to external services such as respite and permanent care. However, CM’s are equipped to provide information in relation to end of life planning and advance care directives. Discussions are held at initial assessment regarding whether a consumer has advance care plans in place and if not, information is provided. If a consumer has an Advanced Care Plan in place, it gets documented in their Support plan and added to their file in Procura.
* recognising and responding to any deterioration of consumer’s mental or physical condition. Consumers confirmed staff identify changes to their health and wellbeing and report it back to the CM’s who follow-up with them. They said services are adjusted as needed and provided examples such as increase in hours of care, referrals to nurses and allied health services. Consumer files contained regular progress notes and ongoing monitoring of consumers changing health conditions. Consumer files included increase in services and adjustments to care plans and referrals to health and allied health services based on deterioration in their condition. Care workers described how they report back to CM’s daily on any changes in the health or circumstances of the consumer. They said when it was not urgent, they included it in the communication book. The notes are read daily by admin staff, who would speak to them if they needed clarification and is updated on Procura. Care workers stated that they are provided information in relation to deterioration, however they know their consumers so well, they can see when, if their cognition or health deteriorates. CM’s outlined the processes in place to ensure they are kept informed by care staff and brokered agency of the consumer’s condition. This aligned with the consumer documentation reviewed and consumer feedback provided.
* Ensuring timely and appropriate referrals. Consumers said staff identify any changes to overall health and wellbeing and report it back to their CM’s who follow-up with them. They confirmed that care staff and CM’s respond to their changing needs promptly and adjust services accordingly. Examples were provided where they had been referred for occupational therapy assessments, physiotherapy assessments, equipment, and additional services. Staff provided examples of referrals made on behalf of consumers. Consumer documentation sighted included evidence of completed referral forms and correspondence with other agencies and the CM’s in relation to the assistance required and reason for the referral. Management described how the service engages with other providers to access specialised health services to support consumers and carers such as dementia support services, external clinicians and management, and local public health services. They outlined processes in place to refer consumers to a range of health services. Policies and procedures included information on referral processes.
* minimising infection related risks. The service demonstrated that it had processes to ensure consumers and staff are safe and infection related risks are minimised through a number of processes and required procedures, including wearing full personal protective equipment (PPE) if required, touch point cleaning and vaccinations. Consumers interviewed confirmed staff take steps to protect them from infections and described processes in place during the COVID lockdown period, followed by staff. Staff receive mandatory training in infection control and Covid-19 through AUSMED. They were able to describe safe practices such as handwashing and use of PPEs when required. Management provided information around procedures in place for outbreak of influenza or gastroenteritis within the community. Where a consumer/resident has an infectious or communicable disease or illness it is documented in Procura and appears as an alert on the Procura App for the care workers.

As to Non-Compliant requirement 3(3)(e)

The service could not demonstrate that it always has oversight of documentation/progress notes and communication about the consumer’s condition, needs and preferences with all brokered services providing clinical care.

Consumers and representatives confirmed information is effectively communicated with the service staff. They indicated they had no trouble contacting the CM’s. They confirmed that all staff that attended to their services, whether internal or external, were informed of their needs and they knew what was required of them.

The service subcontracts all clinical care and clinical assessments to external/brokered agencies and has limited oversight of documentation/progress notes in relation to consumers’ condition, needs, goals and preferences which is consistently and effectively documented and communicated, specifically when another external organisation was involved in delivery of HCP services.

The Assessment Team viewed care planning documents for HCP consumers receiving, wound care, podiatry, physiotherapy and other allied health services, and identified that, the service was not always provided with updates from all of the external/brokered service providers used by the service. In a number of instances comprehensive updates were consumers were seen, however it was observed that the service only receives updates from some brokered agencies relating to incidents, concerns or changes in circumstances and needs. While the service provided evidence to the Assessment Team that they attempt to seek feedback from the brokered agencies, the service was unable to demonstrate that they were able to monitor services in ensuring the services delivered by the brokered agencies are continuing to meet the consumers’ needs, preferences, and wellness and reablement goals.

Management acknowledged the service’s current challenges in obtaining progressive notes and ongoing communication or updates about individual consumers from those brokered services providing HCP allied health programs and have included this in their continuous improvement plan. They stated exceptional reporting would occur should the consumer’s needs change or following an incident. Management also advised, and provided documentation showing, that the service and external providers enter a Brokerage Agreement which stipulates the responsibilities of the contractor, including to report any concerns related to consumers to the service.

In its written response the approved provider acknowledged the issues identified a number of measures it had or would implement to address these issues, which were reflected in its Plan for Continuous Improvement (PCI). I acknowledge the approved provider’s engagement with the issues and its strong response, however the improvements it is making will take time to become embedded.

# Standard 4

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

Findings

Six of the six applicable requirements were assessed and I have found all six to be Compliant. The service does not provide equipment therefore that requirement is Not Applicable and was not assessed.

The service is:

* providing services that make consumers feel safe. Care plans sighted were individualised and provided evidence of supports provided, including but not limited to domestic, shopping, transport, meal preparation, medication management and communication management, home maintenance and social support assistance. Care plans was consumer focused and included identification of their individual interests, needs and preferences, including any personal goals. Reviews and progress notes also documented individual consumer’s needs and preferences and supports needed for daily living. All consumers reported that the service made them feel safe, and that they were able to receive supports and services that enabled them to remain at the village and maintain independence and quality of life
* reviewing care planning documentation to ensure supports and services are meeting the consumer’s current needs and care. All consumers live within a residential village environment, and said the service provides supports and care that promotes their emotional, spiritual and psychological well-being.
* enabling consumers to partake in the community and do things that are of interest to them. Consumers confirmed staff assist them to participate in the community, both as participants of the village social activities and to maintain connections independently with those that had relationships with. Numerous social activities are offered by the Retirement Village. A Social activities calendar is provided to the residents monthly. The Assessment Team sighted that the service has a church group every month and assists consumers to attend church services for their spiritual need.
* able to demonstrate that consumer’s emotional and psychological wellbeing is recognised Staff are aware of their role in supporting consumers emotional, spiritual and psychological wellbeing, which is identified in the care planning process. Religious affiliation is also explored during the assessment process as part of a social profile recorded for each consumer (sighted). Emotional wellbeing and psychological well-being is considered in the assessment (sighted) and is included as part of the medical summary.
* ensuring timely and appropriate referrals to other individuals or providers of care and services. Consumers confirmed that referral processes are in place, and they did not raise issue with timeliness of referrals. They gave examples of referrals on their behalf and provided examples of equipment and allied health professionals being arranged to assist them to live safely at home. Consumer documentation sighted included information and referrals to various other services such as nursing services, allied health or to equipment providers.
* generally able to demonstrate that, in relation to services and supports for daily living, that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team found that such information was not consistently shared, however I have identified this related mostly to clinical and personal care. However, the approved provider is ensure that improvements in train to address communication generally, especially in relation to brokered services, are implemented in relation to all facets of its care and services.

# Standard 5

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| Organisation’s service environment | HCP/STRC | CHSP |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# Standard 6

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

Findings

Four of the four specific requirements were assessed and I have found all four to be Compliant.

The service is:

* encouraging consumers/representatives to provide feedback. Consumers and representatives interviewed by the Assessment Team advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by the coordination staff or management. Although a number of consumers interviewed indicated that the service doesn’t request feedback very often, although they are aware of how to lodge a complaint or provide feedback. Care workers interviewed by the Assessment Team advised if they receive feedback from consumers they bring it to the attention of their care manager or encourage the consumer to talk to the care manager about it. Examples were given. Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues. The Assessment Team sighted the feedback/complaint forms situated near the village reception. In addition, the Assessment team also viewed the service’s policy for Consumer Compliments & Complaints.
* providing consumers with accurate and complete information regarding how to access advocacy and language services and make a complaint to the Commission. Consumers and representatives interviewed by the Assessment Team said they felt comfortable to raise any complaints or provide feedback with the service, as they are all approachable. Management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said information folders handed to the consumers at commencement of service contain relevant information. The Assessment Team viewed the services policy for Client Advocacy Policy & Procedures, which included the Aged Care Advocacy Line, although no details regarding the Commission were recorded. In its written response the approved provider submitted a handbook which now includes that information.
* taking appropriate action to resolve complaints or respond in a timely manner. All consumers and representatives interviewed by the Assessment Team said they haven’t needed to raise issues but felt staff would take any concerns seriously and address their complaints. All consumers interviewed were happy with their services currently. Consumers said action is taken by the service in response to complaints. A care worker interviewed by the Assessment Team was able to describe the concept of open disclosure and stated they were aware of it in training. Management advised when interviewed by the Assessment Team that care managers who are the point of contact for consumers, are able to act on them by utilising and recording this in Procura and link this to the outcomes. With staff guided by the complaints policy and procedures. They also advised staff receive training on Open Disclosure. The service’s complaints register (Excel spreadsheet) viewed by the Assessment Team show that when complaints are logged, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show that there was contact with the consumers/representatives to find the ‘root cause’ and consider options to resolve the complaint with open disclosure practiced. The services Complaints Policy viewed by the Assessment Team did not reference Open Disclosure in their policy, however in its written response the approved provider submitted a handbook and a policy which now includes that information.
* Reviewing feedback and complaints. Consumers interviewed by the Assessment Team said they are able to provide input into how things are run or feed into broader service improvements. A care worker interviewed was able to describe a recent consumer complaint and action taken. Management interviewed by the Assessment Team advised due to minimal number of complaints received about the services, there have not been trends identified. However, they further explained that only three complaints received in the in the last three months are all finance related, with one regarding a previous service provider used by the consumer. The two remaining were regarding invoicing being communication and charges against the package. Management added that where a specific issue is identified as an opportunity for improvement it is added to the Continuous Improvement register. Improvement requirements are allocated to a specific employee with a target date for completion. The Assessment Team sighted the continuous improvement register.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-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

Five of the five specific requirements were assessed and I have found four of those requirements to be Compliant and one (1) to be Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance for the Standard.

As to Compliant requirements

The service is:

* respecting each consumer’s identity, culture and diversity. Consumers and representatives interviewed said care workers treat consumers with kindness and respected them as individuals and they never felt unsafe. Care workers said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values and decisions. Staff advised they take direction from the consumer and put the resident first and utilise person centred care. Consumer is the boss as we do everything in their home. There is evidence in staff training information related to ‘respectful behaviour and cultural diversity in the workplace. Position descriptions and organisational policies and procedures like diversity, code of conduct and expectations of professional conduct policy guide and reflect the service’s expectation that staff behave in respectful way.
* providing the workforce with the resources and training required to deliver quality care and services. Consumers and representatives interviewed by the Assessment Team provided positive feedback regarding care workers. They advised they are satisfied with the knowledge and skills of the care workers, with them being competent. Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff interviewed said they do online training for their professional development and received regular emails from the management with information from Department of Health and changes to their work practices. Management explained that all Case Managers attend multiple courses and workshops annually including mandatory AUSMED modules to keep up to date with best practice. The skills and competencies of all care and service employees are vetted prior to commencement of employment. Traineeships in the Certificate III in Individual Support (Home & Community) are offered to employees that would like to move into the personal care area of support. Detailed position descriptions are provided on commencement of employment together with the Employee Handbook. A Policies and Procedures folder is also available at each retirement village reception for care staff.
* ensuring workforce members are competent, have the qualifications and knowledge to perform their roles effectively. Consumers and representatives interviewed by the Assessment Team provided positive feedback regarding care workers. They advised they are satisfied with the knowledge and skills of the care workers, with them being competent. Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff interviewed said they do online training for their professional development and received regular emails from the management with information from Department of Health and changes to their work practices. Management explained that all Case Managers attend multiple courses and workshops annually including mandatory AUSMED modules to keep up to date with best practice. Management said for external staff, for example brokered services, the responsibility for ensuring appropriately skilled and qualified staff provide care is the responsibility of the brokered service provider, although the management stated they have a long lasting relationships with a lot of brokers being 4-5 years now. This was identified as an area for improvement by the Assessment Team, being a lack of a compliance monitoring process for brokered staff by the service, which management acknowledged. The approved provider is encouraged to ensure that current improvements in monitoring of brokered services includes oversight of skills, qualifications and knowledge. I have considered this information under requirement 7(3)(a).

As to the Non-Compliant requirement 7(3)(a)

The service could not demonstrate that it ensures that all its 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.

Consumers and representatives confirmed to the Assessment Team that care staff deliver the support and assistance when they expect them and at a time suitable for them. A care worker explained how they feel blessed to be at the village as they are given time to provide ‘quality care and spend time to really, really listen to’. They added that there is also a client who required more care, although we helped push that to the Case Manager. That client now has a level 4 package and will have more time.

The Procura Employee portal gives employees the ability to view their upcoming roster, to request leave and to update their availability. The portal enables vacant shifts to be offered to suitably qualified or experienced employees.

However, when a care manager was interviewed by the Assessment Team regarding what it is like during a shift and do they feel like there is enough time for them to complete their work effectively, they indicated there was not enough time to complete their work during a shift. They went onto explain they have a lot of invoices to approve (30% of time) including other admin work – all up taking approximately 50% of their time. They felt there was gaps in there being not enough time to finalise care plans and could have an impact on consumers.

Management acknowledged that they aware of care managers not having sufficient time in completing their work, and stated they are in the process of rectifying this by recruiting additional care managers and office and administration staff. They noted there had been no unfilled shifts in the past month.

In its written response the approved provider acknowledged the issues identified a number of measures it had or would implement to address these issues, which were reflected in its Plan for Continuous Improvement (PCI). It noted that that due to staff shortages across the Sector, at times staff are being asked to take on extra shifts. I acknowledge the approved provider’s engagement with the issues and its strong response, however the improvements it is making will take time to become embedded.

# Standard 8

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

Findings

Five of the five specific requirements were assessed and I have found four of those requirements to be Compliant and one (1) to be Non-Compliant. A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance for the Standard.

As to Compliant requirements

The service is:

* Engaging consumers in the development, delivery and evaluation of care and services and supporting them in that engagement. Consumers and representatives expressed satisfaction with the quality of the service and said they can input in the delivery and evaluation of care and services through case managers, including the resident’s community meeting. Staff said they think the service is well run and coordination and management staff respond to consumer and representative requests and implement any changes quickly. Management advised the service engages consumers/representatives in service improvements through way of feedback and complaint’s process. The service’s continuous improvement plan and complaints/feedback register show input from management, staff and consumers is captured and tracked through to implementation.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Consumers and representatives interviewed by the Assessment Team were satisfied that service promotes a culture of safe, inclusive and quality care and services is accountable for their delivery. Consumers interviewed outlined interactions with care staff and complimented responsiveness and indicated they were satisfied with the service they received. Care staff interviewed advised that there has been no changes to business operating requirements that has recently stopped them providing any home care services to consumers. Based on discussions with management and an analysis of the information provided by management, including meetings of minutes, copies of reports and continuous improvement plans; the governing body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services.
* Maintaining an organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints. Information management. Staff confirmed information is readily accessible within the organisation’s information management system to support them to undertake their role. The electronic care management system (Procura) provides care staff and external contractors varying levels of access to consumer documentation relative to their role. Consumers said they were satisfied with the way information about care and services is managed and how the information is provided to them. The Assessment Team confirmed through interviews with management and review of documentation that the service has effective systems and processes in place to support continuous improvement. The service has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Some issues were identified in relation to oversight of brokered services, this has been dealt with under other requirements. The Assessment Team observed the service’s adherence to regulatory requirements such as maintaining up to date police checks, providing consumers with the Charter of Aged Care Rights and storing staff vaccination records.
* Management described the service’s processes for managing and responding to feedback and complaints. All Managers are responsible for ensuring the complaints resolution process has occurred and appropriate action taken, this is documented and reported to the CEO
* Effectively maintaining risk management systems and practices, including high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, managing and preventing incidents, including the use of an incident management system. Management advised all staff undertake mandatory annual modules on Elder Abuse and Serious Incident response training has recently been added to the suite of training on Ausmed. Management outlined their Risk Management policy in place. Risks are identified, analysed, evaluated and treated in accordance with a risk matrix. Clients with known high-prevalence risk are known to the Homecare Business Manager. There is a clinical risk register in place (managed by the Homecare Manager) which outlines vulnerable clients including those with dementia and falls risks. Staff said they are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer and confirmed completion of SIRS online training. Example of an incident was provided, and actions undertaken to address the issue discussed.

As to the Non-Compliant requirement 8(3)(e)

The service could not demonstrate that it was able to ensure the services delivered by all brokered agencies are continuing to meet the consumers’ needs, preferences, and wellness and reablement goals. In addition, it did not have a policy or process in place in relation to antimicrobial stewardship.

The service currently does not have a Clinical Governance framework in place as the service does not employ any clinical staff. All clinical services are referred to community nursing groups or brokered to an external agency.

While policies and procedures are in place that guide staff to provide care as part of a holistic consumer directed approach, and to engage nursing and allied health professional through subcontracted arrangements, the service has limited oversight of documentation/progress notes in relation to consumers’ condition, needs, goals and preferences which is consistently and effectively documented and communicated for services provided by some of the brokered agencies. The service is unable to demonstrate that they are able to ensure the services delivered by the brokered agency are continuing to meet the consumers’ needs, preferences, and wellness and reablement goals. Further details are discussed at Standard 3 Requirement (3)(e).

In relation to antimicrobial stewardship, no policy or procedure on Antimicrobial Stewardship was available or sighted by the Assessment Team. Management advised staff are supported with policies and procedures on infection control policies, with the Assessment Team sighting the services Infectious Diseases Control Procedures.

In relation to minimising the use of restraint, the service does not restrain consumers and no environmental restraints were identified by the Assessment team. The approved provider is encouraged to consider whether formalising its approach to restraint would be appropriate.

In relation to open disclosure, management advised when interviewed by the Assessment Team staff receive training on Open Disclosure through AUSMED on-line. However, the services Complaints Policy viewed by the Assessment Team did not reference Open Disclosure in their policy. In its written response the approved provider submitted a handbook and a policy which now includes that information.

In its written response the approved provider acknowledged the issues identified a number of measures it had or would implement to address these issues, which were reflected in its Plan for Continuous Improvement (PCI). I acknowledge the approved provider’s engagement with the issues and its strong response, however the improvements it is making will take time to become embedded, and for the approved provider to demonstrate their sustainability.

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)