**Performance**

**Report**

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| Name: | BallyCara Community Care |
| Commission ID: | 700800 |
| Address: | 16B Oyster Point Esplanade, SCARBOROUGH, Queensland, 4020 |
| Activity type: | Quality Audit |
| Activity date: | 28 May 2024 to 31 May 2024 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1136 Ballycara Limited  
Service: 18000 BallyCara Community Care  
Service: 25138 BallyCara Community Care - Brisbane North  
Service: 25139 BallyCara Community Care - Cabool  
Service: 25137 BallyCara Community Care - Logan  
Service: 27386 BallyCara HomeCare - Melbourne  
  
Short Term Restorative Care (**STRC**) included:  
Service: 26297 Short Term Restorative Care (**STRC**)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7525 BallyCara Limited  
Service: 24996 BallyCara Limited - Care Relationships and Carer Support  
Service: 24997 BallyCara Limited - Community and Home Support

**This performance report**

This performance report for BallyCara Community Care (**the provider**) has been prepared by K. Jarvie, 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 services, 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, which 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 23 July 2024.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not 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.

Standard 1, Requirement (3)(e) - HCP

* Ensure information provided to each HCP consumer is current, accurate and timely, and is communicated clearly, is easy to understand and enables them to exercise choice. This includes ensuring consumers feel confident they are receiving accurate and timely information

Standard 2, Requirement (3)(d) – HCP and CHSP

* Ensure the outcomes of assessment and planning are effectively communicated to HCP and CHSP consumers and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Standard 8, Requirement (3)(c) – HCP and CHSP

* Ensure effective organisation wide governance systems are in place for HCP and CHSP in relation to information management and financial governance, ensuring care plans are comprehensive and holistic and HCP budgets and care plans align.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement 1(3)(e)

The Assessment Team assessed this Requirement not met for HCP across all services, as the services did not demonstrate timely provision of monthly statements to consumers or timely processing of invoices. The Assessment Team provided the following evidence relevant to my finding:

* HCP consumers across all services stated their monthly statements were arriving consistently late, sometimes up to 3 months late. This leads to consumers being unable to monitor their package balance and unspent funds to inform their decision making.
* CHSP consumers and representatives did not report any issues with delays in receiving information.
* Staff across all services described how they communicate information to consumers who have communication challenges.
* Management advised each service ensures HCP consumers understand their budget and monthly statements, with a budget tool used to develop individual consumer budgets based on funding allocations and planned services costs. However, consumer documentation across all HCP services showed consumer care plans were not consistently aligned with the consumer’s individual budget.
* In response to the Assessment Team’s feedback about delays in processing expenditure, management advised they had recognised the issues with not providing HCP consumers with monthly statements in a timely manner. They had entered this into the risk register with the highest priority. Management provided a timeline of actions to address the issue from November 2022 to May 2024. Management stated an electronic invoice system is being implemented to improve efficiency, noting this has commenced in Victoria and is currently being rolled out in Queensland.
* Management provided copies of improved communication to consumers including a HCP handbook to improve understanding of package expenditure. However, 3 of 4 consumers interviewed had yet to receive this document.
* Documentation showed STRC consumers are provided with comprehensive and timely information about the program to ensure they are fully informed and can exercise choice in working towards achieving their goals. STRC consumers are provided with detailed information initially and throughout the program.
* Documentation showed evidence of newsletters and a welcome pack provided to STRC, HCP and CHSP consumers. However, this information does not mitigate the risks associated with administrative issues related to package budgets, invoicing and monthly statements for HCP consumers.
* The Assessment Team acknowledged the provider has taken significant action to address the issues related to lack of timely and accurate information provided to HCP consumers. However, the Assessment Team noted ongoing impact to consumer capacity to make informed decisions about their care and services.

The provider’s response received on 23 July 2024 included the following additional information and evidence relevant to my finding:

* Explanation that at the time of the Quality Audit, the HCP handbook had been posted to all HCP consumers but had not necessarily been received by them all. The HCP handbook was updated and is being provided to all HCP consumers along with a quarterly update commencing 25 July 2024 which contains home care specific information related to HCP expenditure.
* Explanation the HCP Program Operational Manual is not always easily understood by consumers. So, HCP consumers are encouraged to discuss expenditure inclusions and exclusions directly with their coordinator or care partner.
* Explanation updated versions of the HCP and CHSP handbooks are provided to consumers each July.
* Explanation links to the HCP program operational manual, the HCP handbook and CHSP handbook were included on the provider’s website in July 2024. Consumers were provided correspondence advising them of these resources.
* Explanation an enhanced strategic communication framework has been created, which outlines the timing, frequency and intent of the communication flow for consumers. This will be reviewed through individual feedback and bodies including the quality care advisory body.
* Explanation a new home care newsletter will include explanations around package inclusions and exclusions as a quality improvement initiative, with a completion date of September 2024.
* Explanation an improved HCP monthly statement process is now in place, with monthly statements for June provided to consumers, with future statements to be provided by day 14 of the subsequent month. Coordinators have enhanced checking processes prior to HCP consumers being provided their monthly statements.
* Explanation an invoice system is now live across all home care regions, with the billing and invoice cycle standardised on a daily, weekly and monthly timeline. At the time of the audit, this system was only deployed in the HCP services in the Melbourne region.
* Explanation that since the Quality Audit, the provider has enhanced the interoperability of its care planning and budget process, with budgets and care plans completely aligned.
* Explanation coordinators have commenced using the planned service function in the consumer relationship management system which populates individual budgets and forecasts to address the inconsistency in care plans and alignment with consumers’ individual budgets.
* Explanation the budget oversight process includes a suite of tools, additional processes, new reports, updated policy, education and senior care partner oversight to ensure compliance within service level budgetary parameters, to mitigate negative balances for HCP consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows a deficit in timely provision of information to consumers.

I have considered the intent of the Requirement, which expects providers to provide timely information, to communicate clearly and supply helpful resources about the consumer’s care and services. I find this did not occur for HCP consumers, as the provider was not processing invoices in a timely manner and was not providing timely monthly statements to HCP consumers. Without timely expenditure processing and monthly statements, HCP consumers cannot make informed decisions about their care and services. CHSP and STRC consumers have not been impacted by this deficit.

I acknowledge actions taken by the provider to address the identified deficits, including improving the HCP monthly statement processing and timely provision of these statements to consumers and providing information and resources to consumers about inclusions and exclusions for funding. The provider explained the changes have been implemented. However, there is no evidence the changes made have been effective. Time is required to ensure these changes have been implemented fully and HCP consumers feel better informed and can make informed choices and decisions.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

In relation to STRC, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

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

Consumers and representatives in all services stated staff make the consumer feel respected and valued as an individual. Staff in all services described how they treat consumers with dignity and respect, noting a non-judgemental attitude to consumer diversity. Management described how the services manage complaints about disrespectful conduct by staff, including having systems in place to provide coaching, counselling and training to staff on culture and diversity. Documentation from all services showed respectful and inclusive language and consumer assessments prompt staff to enquire about the consumer’s background.

Consumers and representatives across all services reported staff know the consumer’s background, culture and what is important to them. Staff across all services described how they provide culturally safe care through treating consumers with respect and being aware of culturally specific practices and preferences. Management stated training on providing culturally safe care in practice is provided to all staff. Management explained each service participated in a mentorship program designed to improve provider capacity to train and support staff on cultural safety and identify individual consumer needs. Documentation showed each service includes consumer history and background information in care plans.

Consumers and representatives across all services expressed satisfaction that the services support consumers, and those consumers wish to be involved, in making decisions about the consumer’s care and services. Staff explained how they support consumers to exercise choice and maintain connections. Management explained how each service supports consumers to make decisions about their care and services. Management stated collaborative decision-making is embedded in the onboarding policy. Documentation showed each service involves consumers and those whom they wish to be involved, in decisions about the consumer’s care and services.

Consumers and representatives across all services confirmed the services encourage and support consumers to do things the consumer may otherwise not feel confident doing. Staff across all services described how they support consumers to take risks to maintain their independence and to do things important to the consumer. Management stated consumers at each service are informed of risks and possible consequences when making decisions about care and services provided. Management stated each service is developing a case conference template to guide effective management of dignity of risk situations. Documentation showed each service enquires into consumer preferences and goals to live their best life, with risks and risk mitigation strategies identified and recorded in each consumer’s care plan.

Consumers and representatives across all services advised staff respect consumer personal privacy while delivering care and services. Staff across all services explained ways in which they protect consumer privacy while delivering care including seeking consent to provide the service. Management stated the services manage privacy when consumer information is shared with multiple parties through obtaining consent from the consumer to share information. Documentation showed the services have access to a privacy and dignity policy which covers protection of personal information of consumers.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1, Consumer dignity and choice, for HCP, STRC and CHSP.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Compliant | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Requirement 2(3)(d)

The Assessment Team assessed this Requirement Not Met across all services, as the services did not demonstrate they were documenting and reflecting the accurate outcomes of assessment and planning in consumer care plans. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed that while each service’s assessment includes various aspects related to consumer needs, goals and preferences, information captured during the assessment process were not comprehensively reflected and documented in consumer care plans.
* Documentation showed care plans contained minimal information and did not consistently capture a holistic view of each consumer’s overall health and wellbeing status and functional capacity across care domains, including who was responsible for each aspect of care.

The provider’s response received on 23 July 2024 included the following additional information and evidence relevant to my finding:

* Explanation that at the time of the Quality Audit, the provider’s new care plan template was deployed which includes automatic population of information from correct fields from the provider’s electronic care management system.
* Explanation a care plan instructional guide was created and rolled out to relevant staff. This guide contains all relevant information to ensure that the holistic consumer story displays at the beginning of each care plan.
* Explanation a health and wellness care plan procedure was developed and implemented to ensure a consistent approach for the inclusion of allied health and nursing services in the consumer care plan. Explanation this information was already available in the electronic care management system but is now collated and included in the care plan template, to capture a holistic view of the consumer’s overall health and wellbeing.
* Explanation all care plans are monitored in the electronic care management system to ensure accurate and timely updates to consumer care plans. Monthly reports are evaluated to ensure all CHSP care plans have been reviewed in accordance with the individual review schedules.
* Explanation the frequency of the clinical care and compliance audit has been increased from quarterly to monthly for a period of 6 months to ensure compliance with the care planning, budget and scheduling processes are achieved. The clinical care and compliance audit has also been enhanced to monitor completion of planned services to ensure budgets are aligned and all care plan fields are correctly populated.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows accurate outcomes of assessment and planning in consumer care plans did not occur for HCP and CHSP consumers.

I have considered the intent of the Requirement, which expects a care and services plan to be documented and reflect the outcomes of assessment and planning for each consumer. I find this did not occur, as care plans were not consistently reflecting outcomes of assessment and planning.

I acknowledge actions taken by the provider to address the identified deficits. However, the provider has recently made changes to address the deficit and has also implemented process to monitor the effectiveness of these changes. Time is required to ensure the changed processes and systems address the deficit identified across all services provided and result in a systemic and identifiable improvement.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

In relation to STRC, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(e)

Consumers and representatives across all services expressed satisfaction the care and services provided are based on assessed needs. Staff confirmed assessment processes, including consideration of risk, are used across the services. Management described the assessment and planning processes used to develop each consumer’s care plan. Documentation showed service level assessment tools are used within each service, with risk assessments conducted to identify health and wellbeing risks for each consumer.

Consumers and representatives across all services expressed satisfaction the care and services provided meet the consumer’s needs, goals and preferences. Staff described how assessments address the consumer’s needs, goals and preferences and how advance care directives and end of life planning is discussed with consumers. Management described how they support consumers to access assessment and approval for higher level care. Documentation showed the services use a process to guide staff in identifying each consumer’s current needs, goals and preferences, including advance care and end of life care planning.

Consumers and representatives said the services prioritise the involvement of the consumer and other relevant individuals in the planning and delivery of care and services for consumers. Management explained how partnerships with other organisations, individuals and service providers works in assessment and care planning processes, including communicating regularly about the changing needs of consumers. Documentation showed the services follow policies and procedures which include consumer and representative involvement in assessment and care planning processes and working with other providers of care and services.

Consumers and representatives confirmed staff regularly review the consumer’s care and services. Staff stated care plan reviews are conducted annually and in response to changes in care needs or preferences and when risks and hazards are identified and when incidents or complaints occur. Management stated they monitor timelines for care plan reviews for all consumers. Each STRC consumer’s goals and progress are reviewed every 2 weeks throughout the 8 week program, with full evaluation at the end of the program. Documentation showed reviews occur in each service within the policy and procedures guidelines.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers, for HCP, STRC and CHSP.

# Standard 3

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

Findings

Consumers across all services reported satisfaction with the personal and clinical care consumers receive. Staff described how the personal and clinical care provided meets the needs of the consumers. Management described how the services monitor the consumer’s condition to ensure safe and effective care is best practice and tailored to meet the consumer’s needs. Documentation showed the services’ staff follow guidance to provide safe and effective clinical and personal care.

Consumers and representatives across all services stated staff explain the risks to consumer health and wellbeing and staff have implemented steps to reduce those risks. Staff described the high-impact and high-prevalence risks they manage. Management described strategies used by the services to mitigate risks. Documentation showed where mitigation strategies were recorded in consumer care plans, they are followed. Although some risk mitigation strategies were not recorded in care plans, this is discussed in Requirement 2(3)(d) and is not considered further here.

Management and staff discussed how care and services are adjusted for consumers nearing the end of life. Management stated all consumers are encouraged to complete an advance care directive at commencement of service and this is also addressed during care plan reviews. Staff are provided customised end of life training. Documentation showed the services use an advance care planning and end of life policy and procedure to guide staff when providing support for consumers and their families.

Consumers and representatives across all services described how the services recognise and respond to changes in the consumer’s condition. Staff demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in health and wellbeing. Documentation showed changes in consumer condition were reported and addressed.

Consumers and representatives across all services advised staff work well together to meet the consumer’s personal and clinical care needs. Staff have access to individual consumer’s care and services plans and are advised of changes in the consumer’s condition. Management advised consumer changes, incidents and other notable information is documented in progress notes and escalated for action. Documentation showed reporting and escalation processes are used to ensure information is communicated effectively in each service and with others where responsibility for care is shared.

Consumers and representatives across all services confirmed the delivery of care, including referral processes, is timely and appropriate. Consumers advised they are supported to access medical and other health professionals when needed. Staff described the process of initiating referrals to subcontracted service providers. Documentation showed input from others is sought when necessary and recommendations from other health professionals are incorporated into consumer care documentation. Each service has access to policies and procedures to guide staff on referral processes and documentation showed staff follow these policies and procedures.

Consumers and representatives across all services described staff practices to prevent the spread of infection, including hand washing, the use of hand sanitiser and the use of personal protective equipment. Staff described how they maintain appropriate infection control and minimise the risk of COVID-19. Documentation showed staff complete training on infection control practices within their areas of responsibility. All services have access to policies and procedures to guide staff on infection prevention and control and minimising infection-related risks.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 3, Personal care and clinical care, for HCP, STRC and CHSP.

# Standard 4

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

Findings

Consumers and representatives across all services confirmed consumers receive services that enable them to remain as independent as possible. Staff demonstrated understanding of what is important to consumers and described how they assist the consumer to do as much as they can for themselves. Documentation showed consumers receive services and supports for daily living focused on their individual interests, needs, preferences and personal goals.

Consumers and representatives across all services confirmed consumers receive services and supports for daily living which enables consumers to enjoy activities which bring them meaning. Staff and management across all services demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and psychologically. Documentation showed consumers’ emotional, spiritual and psychological wellbeing needs were assessed in relation to supports for daily living, with strategies to assist staff to provide this support noted in care planning documentation.

Consumers and representatives across all services confirmed consumers have opportunities to engage in community activities, maintain social and personal relationships and pursue things of interest to them. Staff provided examples of being flexible in providing daily living supports to consumers based on things of interest to the consumer. Documentation showed active involvement of consumers in the planning of their individual daily living supports and services and services provided in line with these developed services.

Staff across the services described how they access, update and share consumer information within the service and with other providers involved in the consumers supports and services for daily living. Management, staff and brokered providers described communication workflow of any changes to a consumer’s condition, needs and preferences, including escalation processes. Documentation showed the services use electronic databases and hard copy care plans in consumers’ homes to store, manage and communicate information about the consumer’s condition, needs, preferences and changes.

Consumers and representatives across all services expressed satisfaction with how staff make referrals to other organisations when required, with staff seeking consent before making any referral. Staff outlined the referral processes and noted the importance of timely referrals for consumers. Staff described how they are kept informed of any referrals made and subsequent actions taken, including increased services and supports. Documentation showed evidence of timely referrals and implementation of actions to address the needs of the consumers to improve their quality of life and independence.

Consumers expressed satisfaction with the choice of food and beverage options during day respite and social support group events. Consumers also described how the service supports them to purchase meal ingredients and prepare meals at home. Staff described how they obtain feedback from consumers and their representatives on the quality and quantity of meals and gave examples of food modification options during meal services at centre-based respite and group social support events. Staff stated menus are developed in consultation with dieticians. Documentation showed regular communication between the services and a dietician, including menu review dietetic guidelines.

Consumers and representatives across HCP and STRC services expressed satisfaction with the equipment provided. Staff across the HCP and STRC services described assessment, planning, equipment purchasing and equipment servicing processes in place. Documentation showed occupational therapist referrals, assessment and guided trials of equipment, equipment invoices, occupational therapist follow up and review and, evidence of relevant service and repair of equipment.

In relation to HCP and STRC, based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 4, Services and supports for daily living.

In relation to CHSP, based on the information summarised above, I find the provider in relation to the service assessed, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 4, Services and supports for daily living. Requirement 4(3)(g) is not applicable for the CHSP funded services.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers confirmed they felt welcome in service environments, signage was easy to follow, and they felt a sense of independence. Staff were observed assisting consumers to participate in consumer preferred activities. Staff were observed encouraging consumers to move around the service environments at their own pace and with dignity.

Consumers expressed satisfaction with the service environments cleanliness and comfort. Consumers were observed moving freely around service environments. Staff and management described how they report and respond to incidents, hazards or emergencies in service environments, including transport services. Documentation showed staff complete relevant training to support consumers during transport services and there are processes in place to ensure the service environment is well-maintained and clean.

Consumers using the service environments felt the furniture and equipment was well maintained and safe for them to use. Staff and management described how to report and escalate concerns about faulty furniture and equipment, providing examples where issues were promptly resolved by external maintenance providers. Staff were observed sanitising furniture, equipment and high touch points. Documentation showed systems and process in place to ensure furniture, fittings and equipment are safe, clean and well maintained, including regular servicing and maintenance of equipment.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 5, Organisation’s service environment, for HCP, STRC and CHSP.

# Standard 6

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

Findings

Consumers across all services described feeling encouraged to provide feedback during intake processes and supported to provide feedback or make complaints. Staff described how they encourage consumers and their representatives to provide feedback, including promoting contacting the service with any concerns, providing paper based feedback forms and supporting consumers to access web based feedback forms. Management stated the services support consumers and their representatives to provide feedback, through providing staff training on effective complaint and feedback processes, providing mechanisms for feedback, prompting during review processes, and through an established consumer advisory body. Documentation showed consumers can provide feedback on their services through various mechanisms.

Consumers and representatives across all services reported feeling safe raising concerns. Staff described how they record and escalate complaints and could describe how they would support consumers to access advocacy or other complaint resolution services. Management stated each service provides information to consumers and their representatives about how to make a complaint or access advocacy and interpreter services, in the consumer agreements and welcome packs, and in an HCP handbook, with similar handbooks developed for CHSP and STRC consumers. Documentation showed advocacy and other methods for raising complaints are included in consumer agreements, welcome packs and handbooks.

Consumers and representatives across all services reported they are satisfied with the action taken, or explanation provided, when they make a complaint. Staff described how they respond to consumer complaints and the process to record complaints into the service’s feedback and complaints register and how they use a open disclosure process. Management reported each service ensures complaints are promptly addressed and that open disclosure is practised. Documentation showed each service maintains a feedback and complaints policy which includes guidance in implementing the open disclosure process and services are following the guidance.

Consumers and representatives across all services described changes to service delivery in response to feedback and complaints raised. Staff described the actions they take when a consumer makes a complaint, including recording the complaint and identifying actions to address the complaint. Management described each services’ key areas of complaint and explained the various actions take to address these issues. Documentation showed each service uses complaints data to identify and inform service improvements. Documentation showed each service maintains a policy on how to use complaints and associated investigations to inform continuous improvement actions and the services provided examples of improvements implemented in response to complaints.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 6, Feedback and complaints, for HCP, STRC and CHSP.

# Standard 7

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

Findings

Consumers and representatives from each service expressed satisfaction with staff availability and consistency and confirmed staff know the consumer’s needs and preferences. Staff confirmed they have sufficient time to provide care and can request to spend additional time with the consumer if required. Management advised essential and critical services are triaged and schedules rearranged to accommodate consumer needs, with staff able to work across regions if necessary. The provider demonstrated processes in place to monitor staff scheduling and staff attendance, with processes in place to match staff to individual consumers.

Consumers and representatives from each service confirmed staff treat consumers kindly and with care, they respect the consumer’s individuality and accommodate the consumer’s preferences. Staff described how they show care for the consumers and respect consumer choices, and they will report disrespectful behaviour. Documentation showed staff have received information and education on the Charter of Aged Care Rights, cultural awareness and diversity, recognising and reporting suspected elder abuse and the Aged Care Code of Conduct.

Consumers and representatives from each service expressed confidence in staff abilities. Staff and management were familiar with individual consumers and showed they understood how this information relates directly to their role. Management advised the provider has processes to ensure due diligence in engaging subcontractors and monitoring compliance of subcontractors. Documentation showed staff have qualifications and skill set competencies relevant to their roles and subcontracted staff must comply with the same requirements as directly employed staff.

Documentation showed there are established human resource policies, procedures and processes in place. Recruitment is based on the organisation’s values, and recruitment decisions are weighed against these to determine whether prospective staff are meet the organisation’s expectations. Induction and orientation, mandatory training, buddy shifts and competency assessments prepare staff for their role. Each service is supported by an experienced human resources team who provide advice and support for workforce planning, recruitment, learning and development and performance management.

Consumer feedback is considered when monitoring workforce performance. Management demonstrated where staff expectations are not met, this is actioned promptly, and additional training and support is provided if required. Subcontractor performance is monitored through established processes including consultation with consumers to identify their level of satisfaction with the care and services provided. Documentation showed staff performance is monitored and formal staff reviews are completed across the organisation.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 7, Human resources, for HCP, STRC and CHSP.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Requirement 8(3)(c)

The Assessment Team assessed this Requirement not met across all services, as the services did not demonstrate effective systems and processes in relation to information management for HCP and CHSP funded services or financial governance for HCP funded services. The Assessment Team recommended the provider had effective organisation wide governance systems for continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

* While information is gathered during service-level assessment, documentation showed this information was not consistently translated to the care plan. Care plans were not comprehensive and holistic and did not include all relevant and important information about the consumer across care domains to provide a complete picture of the consumer’s story, health and wellbeing.
* Documentation showed HCP budgets and care plans were not aligned.
* Documentation showed budget management was not effective, with consumer budgets being overspent.
* Documentation and consumer feedback showed invoice processing for package expenditure was not timely, with delays in billing for expenses, impacting on the accuracy of monthly statements and the capacity of the consumer and the care partner to monitor available funds. While the new electronic care management system provides a dashboard to assist monitoring of package balances, it cannot be guaranteed this reflects the actual funds available due to data inconsistencies identified.
* In response to the Assessment Team providing feedback to management about consumer care plans, package budgets and monthly statements, management advised the implementation of the new electronic care management system had not delivered the results expected and a dedicated data and systems team was established to address the issues. Management had met with the system developer to improve the functionality, reporting and dashboards and relevant staff attended a case management skills training program in March 2024. Improvements to care plans and monthly statements were underway.
* The Assessment Team considered effective organisation wide governance systems relating to continuous improvement, workforce governance, regulatory compliance and feedback and complaints were in place. The provider demonstrated continuous improvement through a range of systems and processes including consumer and staff suggestions, feedback and complaints, incidents, audits and self-assessment against the Quality Standards. The provider demonstrated workforce governance systems, with processes and systems in place to plan, train, support and manage the workforce. The provider demonstrated understanding of responsibilities and accountabilities as a provider of CHSP, HCP and STRC funded services, with management ensuring knowledge of legislative, funding and program guidelines. The organisation actively seeks consumer and representative feedback and has systems and processes in place to respond to feedback and complaints, analyse and trend this data and monitor actions taken to address feedback and complaints.

The provider’s response included the following additional information and evidence relevant to my finding:

* Explanation the provider regularly engages with the consumer advisory body to gather insights on consumers’ preferred methos of receiving information. This collaboration has allowed the provider to tailor communication strategies to better meet the needs and preferences of the HCP and CHSP consumers.
* Explanation that the deployment of the better practice statement in May/June 2024 has improved the overall quality of HCP statements and the provider is seeking feedback from consumers through various mechanisms including individual feedback, surveys and through the consumer advisory body.
* Explanation assessment content and information has been mapped so it now automatically appears on the HCP care plan template. The information is already present in the electronic care management system. However, now it is collated and included in the care plan template to capture a holistic view of the consumer’s overall health and wellbeing.
* Explanation that at the time of the Quality Audit, the use of the planned services feature in the electronic care management system as it relates to the projected budget was being used for goal planning but not for budgeting. Since the Quality Audit, the provider has investigated and reviewed this functionality in the system. A report was developed which will be used to monitor services and schedules in conjunction with the clinical care and compliance audit.
* Explanation the provider has developed an enhanced budget oversight procedure to assist staff and management with oversight of budgets.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows a deficit in information management and financial governance.

I have considered the intent of the Requirement, which expects providers to have organisation wide governance systems in place to help to improve outcomes for consumers. I find this did not occur for HCP and CHSP consumers in relation to information management and financial governance, as care plans were not comprehensive and holistic and HCP budgets and care plans were not aligned.

I acknowledge actions taken by the provider to address the identified deficits and I acknowledge the provider had identified the deficits and implemented processes to address the issues prior to the Quality Audit. However, the provider did not evidence the changes have been effective in addressing the deficits, with some actions yet to be implemented and completed.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to STRC, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e)

Consumers and representatives confirmed the services seek input into the services consumers receive and the service’s overall offerings and the consumers are involved in designing their own care and services as part of assessment and planning and through service delivery. Management described the various feedback processes used by the services, including regular reviews and satisfaction surveys. The organisation has an established consumer advisory body used to obtain feedback and suggestions for improvement. Documentation showed the organisation uses consumer feedback to improve service delivery.

Oversight of each service’s performance and the safety and quality of services is maintained through ongoing monitoring by management and communication and reporting through established pathways through the senior leadership team and executive to the governing body. The governing body consists of suitably qualified members, including a general practitioner who specialises in aged care, health and happy living and enablement. The general practitioner has raised potential opportunities for maximising consumer choice, voice and control. The governing body meets regularly and considers information including analysis and trends of feedback and complaints, clinical data, incidents, risks and practical strategies and reporting on how matters have been actioned operationally.

The organisation has an established risk management framework, with multiple mechanisms for identifying, evaluating and mitigating risks across each service. Documentation showed there is a suite of policies and procedures and staff training and education to guide management of consumer risk. Management advised the organisation is establishing a consistent risk review process across all services. Management detailed the main risks for the current cohort of consumers and strategies in place to address these risks. Consumers from each service described how the services support the consumers to live their lives how they wish. Staff provided examples of how they provide practical assistance to individual consumers to enable them to undertake activities and tasks in the safest possible way, while respecting the consumer’s dignity of risk. Staff and management described the process for reporting incidents and showed they understood incident management procedures and practices, including the serious incident response reporting requirements. Documentation showed consistent reporting of incidents by staff and subcontractors, with analysis and actions taken to address the incidents.

The organisation has a clinical governance framework in place, with a clinical governance group in place using a multidisciplinary approach to analysing trends and providing support for safe quality care. Management discussed processes used to have conversations about practice to provide better opportunities to discuss complex consumer care. Documentation showed clinical indicators are reported and discussed at relevant levels of the organisation and services. Where trends are identified, they are investigated, and strategies are implemented to address risk. Management advised the concept of antimicrobial stewardship was presented to the consumer advisory body and feedback was obtained from this body on how best to present this information to consumers in a meaningful way. A range of leaflets and reference cards were developed. Staff have access to relevant information and training on restrictive practices and open disclosure forms part of daily practice and in response to feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8, Organisational governance, for HCP, STRC and CHSP.

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)