**Performance**

**Report**

**1800 951 822**

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| Name: | Baptcare Ltd |
| Commission ID: | 300165 |
| Address: | Level 1, 1193 Toorak Road, CAMBERWELL, Victoria, 3124 |
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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.

**This performance report**

This performance report has been prepared by T Bartlett, 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 it operates, 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 Packages (**HCP**) included:  
Provider: 23 Baptcare Ltd  
Service: 18665 Baptcare - Barwon HCP 2  
Service: 19336 Baptcare - Barwon HCP 3  
Service: 18670 Baptcare - Barwon HCP 4  
Service: 19338 Baptcare - Eastern HCP 1  
Service: 18663 Baptcare - Eastern HCP 2  
Service: 18653 Baptcare - Eastern HCP 3  
Service: 18785 Baptcare - Eastern HCP 4  
Service: 18666 Baptcare - Gippsland HCP 2  
Service: 19339 Baptcare - Gippsland HCP 3  
Service: 18805 Baptcare - Gippsland HCP 4  
Service: 18667 Baptcare - Hume HCP 2  
Service: 19335 Baptcare - Hume HCP 3  
Service: 18655 Baptcare - Hume HCP 4  
Service: 18657 Baptcare - Loddon HCP 2  
Service: 18848 Baptcare - Loddon HCP 4  
Service: 18660 Baptcare - Northern HCP 1  
Service: 18659 Baptcare - Northern HCP 2  
Service: 19329 Baptcare - Northern HCP 3  
Service: 18668 Baptcare - Northern HCP 4  
Service: 18661 Baptcare - Southern HCP 2  
Service: 18956 Baptcare - Southern HCP 3  
Service: 18955 Baptcare - Southern HCP 4  
Service: 18664 Baptcare - Western HCP 2  
Service: 18671 Baptcare - Western HCP 4  
Service: 17150 Baptcare Community Packages: North West Tasmania

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7280 Baptcare  
Service: 24653 Baptcare - Care Relationships and Carer Support  
Service: 24654 Baptcare - Community and Home Support

Short-term Restorative Care Programme (**STRC**) included:  
Provider: 23 Baptcare Ltd  
Service: 26313 Baptcare - STRC

# 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 service outlets, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Assessment Team’s report received 18 December 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 | 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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

* Implement assessment and planning processes that consistently consider the risks to the health and well-being of consumers, to inform care and service delivery.

# Standard 1

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

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives in each service advised staff and management treat consumers with respect and their choices are maintained during service delivery. Consumers spoke to the friendliness of staff, noting staff understand their cultural background and consider their personal preferences. Staff and management interviewed described what was important to individual consumers and what it means to treat consumers with dignity and respect. Sampled consumer care plans were written respectfully with inclusive language and evidenced detailed consumer background information. The organisation has cultural awareness and diversity policies and procedures in place and a diversity and inclusion working group.

Consumers and their representatives across all service locations confirmed staff deliver services in a culturally safe manner that fosters a sense of safety and respect. This includes staff taking the time to learn basic words in the consumers’ native languages to aid in communication and the preparation of culturally appropriate meals. Staff demonstrated an awareness of the importance of providing culturally appropriate person-centred care and confirmed completion of mandatory cultural awareness training. Management advised they try to link consumers with bilingual care workers who are available to support and provide culturally safe care. Management also advised Victorian Aboriginal health services are engaged to provide culturally appropriate allied health services.

Consumers and their representatives in each service said consumers are informed about the consumer’s care and service options available and consumers are encouraged to make their own decisions about services received and who they want involved in their care. Staff and management described how service delivery is scheduled in alignment with consumer preferences. Staff advised, and documentation reviewed confirmed, consumers experiencing cognitive decline are supported to exercise choice through close consultation with consumer representatives.

Consumers receiving services throughout the organisation and their representatives advised staff actively listen to consumers, understand their priorities, recommend safety recommendations (when necessary), but ultimately respect consumer choices. All staff and management interviewed described the importance of discussing potential risks with consumers (including mitigating strategies) but allowing them the freedom to decide how to manage those risks. Documentation reviewed evidenced numerous examples of dignity of risk choices discussed and respected. Management advised, and care coordinators interviewed confirmed, training on the use of dignity of risk forms and decision-making tools is completed by relevant staff.

A sample of consumers and their representatives interviewed in each service confirmed receipt of clear and easy to understand information that enables consumers to make informed choices. Staff interviewed across all service localities described various ways information is delivered to consumers who face challenges in communication. This includes the use of interpreters, magnifying readers and use of photographs. Care staff also advised they felt confident using online translator applications and would learn key words to communicate with culturally and linguistically diverse consumers. Management confirm staff are trained in the use of translating and interpreter services. Consumer information packs contained information on fees, advocacy, privacy, consent, advance care planning, internal and external complaints avenues, terms and conditions, the charter of aged care rights and code of conduct for aged care. In addition, monthly statements were itemised in clear large print. As part of continuous improvement, the organisation has updated the inclusions and exclusions, and home modification reference guide based on guidance from the Department of Health. This guidance provides clear and accurate information to support decision making in relation to home care package spending.

Consumers and their representatives across all service locations advised staff are respectful of personal privacy and are provided with sufficient information to understand how consumers’ personal information will be used. A sample of consumers and their representatives, and documentation, confirmed consent is sought prior to the sharing of consumer information with others involved in consumer care. Staff confirmed they receive privacy training with care coordinators advising they screen calls to make sure only nominated representatives receive consumer information. Management advised where paper-based information inclusive of personal information requires manual distribution this is stored separately in a computer case and transported in a locked car. Staff and management advised all laptops have passwords which are updated every 90 days, and they contain firewall and antivirus protection. Staff and management confirmed they are trained to use the privacy – data breach reporting procedure to identify and report actual and suspected data breaches.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 1, Consumer dignity and choice.

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

Findings

This Quality Standard has been assessed as non-compliant for HCP services as 1 of the 5 specific requirements is non-compliant for each HCP service assessed.

This Quality Standard has been assessed as compliant for CHSP services, as all specific requirements are compliant for each CHSP service assessed.

This Quality Standard has been assessed as compliant for STRC services, as all specific requirements are compliant for the STRC service assessed.

Requirement 2(3)(a)

The Assessment Team was not satisfied assessment and planning processes identifies consumer risk or informs the implementation of risk mitigation strategies for each HCP, STRC and CHSP service. The Assessment Team provided the following evidence relevant to my finding:

* The comprehensive assessment tool used provides historical consumer information, such as a list of medical conditions and medications taken but does not include validated assessment tools to assess consumer risk appropriately. For example, the pain assessment contained in the comprehensive assessment did not address consumer pain risks nor how these risks affect consumer health and well-being. In addition, whilst the comprehensive assessment assisted to identify depression, no validated screening assessment is used to monitor mental health.
* Care coordinators advised only four mandatory assessments are required that included an optional shortened falls risk for older people – community setting assessment that did not include medical diagnosis or medications to inform the falls risk score.
* The inability to action high falls risk scores due to the lack of the use of a full falls risk for older people – community setting assessment was provided to management by occupational therapy staff.
* The Assessment Team identified 4 HCP consumers identified as a falls risk with inconsistent or missing falls risk for older people – community setting assessments.
* The Assessment Team identified gaps in the use of continence assessments for 6 HCP consumers either requiring continence aids, bowel supplements or catheter care.
* The Assessment Team identified no validated nutritional screening tool assessments to monitor 2 HCP consumers on nutritional supplements at risk of weight loss that impacted their health and well-being.
* The Assessment Team identified missing allied health assessments for 2 HCP consumers receiving either podiatry or physiotherapy and occupational therapy services.
* File reviews for 5 HCP and 1 CHSP consumer with skin integrity and pressure injury risks did not include the use of validated assessment tools to identify and mitigate risks. This included:
* One HCP consumer with a Serious Incident Response Scheme wound incident in April 2024 did not have subsequent wound or skin integrity assessments completed.
* One HCP consumer with pressure areas did not have validated assessment tools used to identify pressure injury risk or wound care assessments completed.
* One HCP consumer receiving wound care for chronic leg ulcers from a subcontractor did not have wound assessments or skin assessments in place.
* One HCP consumer file review evidenced no skin assessment to identify risk and monitor skin despite a personal care worker advising of skin integrity care provided.
* One HCP consumer did not have wound assessments or skin integrity assessments on file to identify and mitigate risk for previous wounds and blisters for the last 6 months.
* One diabetic CHSP wheelchair bound with a stoma site consumer did not have wound assessment or skin integrity assessments completed on file.
* File reviews for 6 consumers diagnosed with diabetes did not include diabetic management plans in place.
* File reviews for 4 consumers living with cognitive decline did not include the use of validated dementia screening assessments.
* File reviews of 8 HCP consumers living with chronic pain did not include the use of validated pain assessments.
* File review for one consumer in Service: 26313 Baptcare – STRC did not evidence use of validated assessment tools for pain, falls or skin integrity despite the consumer frequently falling and having a diagnosis of chronic pain and urinary leakage.
* File review for one consumer in Service: 24654 Baptcare - Community and Home Support under life-time chemotherapy resulting in blurred vision, chronic fatigue and nausea did not evidence use of validated pain, falls or nutritional assessments.
* File review for one consumer in Service: 18666 Baptcare - Gippsland HCP 2 did not include the use of a validated assessment tool for skin integrity despite the comprehensive mandatory assessment tool noting multiple sores on arms. In addition, no validated assessment tools were used to assess chronic pain, anxiety and nutritional disorders.
* The Assessment Team identified 5 environmental restrictive practices not monitored with assessments, which included the use of bed poles for a chair bound consumer and another consumer assessed as requiring one assist to transfer from bed.
* In response to the Assessment Team feedback, management referred the one consumer identified for an occupational therapist to review the current bed pole use. This also included the use of an entrapment risk screening tool.
* The Assessment Team identified 2 consumers under chemical restrictive practices, which included the use of antipsychotic medication unmonitored without assessments.
* While CHSP consumers receiving allied health and nursing services were identified as having adequate assessments, sampled CHSP consumers receiving in home care services did not evidence adequate assessment.
* Management advised staff are guided to identify risk when delivering care by following the ongoing assessment and planning practice standard and are trained in the ongoing assessment and care planning work instruction.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, and evidence, Service: 26313 Baptcare – STRC consumer personal hygiene, fall safety, mobility and pain needs were documented as being met at time of STRC exit interview. However, no evidence was provided of initial assessments conducted. In addition, explanation provided at time of Quality Audit, the STRC consumer interviewed was no longer a registered consumer of the organisation.
* Explanation, and evidence, Service: 24654 Baptcare - Community and Home Support CHSP consumer had an Abbey pain scale assessment and falls risk for older people – community setting assessment completed 17 December 2024. In addition, explanation provided consumer self manages their diabetes and nausea in partnership with their medical team. Evidence provided showed the consumer advised of nil concerns to nutritional requirements and refusal of meal delivery service referrals.
* Explanation, and evidence the consumer under Service: 18666 Baptcare - Gippsland HCP 2 has a comprehensive mental health, cognition, pain and skin assessment booked 14 January 2025 with their medical practitioner.
* Explanation provided the one identified HCP consumer with a Serious Incident Response Scheme wound incident in April 2024 has subcontracted nursing services to assist with wound dressings and monitor skin. Evidence of wound assessment completed 20 November 2024 stating weekly dressing changes and an improved wound status. Subsequent evidence of wound assessment completed 4 December 2024 stating the wound is healed with monthly checks recommended.
* Clarification that the one HCP consumer identified by the Assessment Team with pressure injuries did not have a history of skin concerns despite being wheelchair bound and manages repositioning and transfers independently. Evidence of goal of weekly nursing to monitor wound and skin integrity to remain in place.
* Evidence of a wound management care plan and wound assessments of the one HCP consumer receiving wound care for chronic leg ulcers from a subcontractor initially identified by the Assessment Team as not having wound assessments or skin assessments in place.
* Explanation a nursing request to complete a skin and pain assessment has been scheduled for the one HCP consumer the Assessment Team identified as not having skin assessments in place, despite a personal care worker advising of skin integrity care provided.
* Clarification the one HCP consumer identified by the Assessment Team as not having wound assessments or skin integrity assessments on file to mitigate risk for previous wounds and blisters in the last 6 months does not have any wounds and self manages their skin disorder independently with ointments.
* Explanation personal care goals are being met for the one diabetic CHSP consumer identified without wound or skin integrity assessments in place despite being wheelchair bound with a stoma site.
* Clarification 5 of 6 consumers diagnosed with diabetes that did not have diabetic management plans in place, self-manage their diabetes with general practitioner oversight of medication and blood glucose levels. However, no explanation was provided to confirm if the one CHSP diabetic consumer identified without a diabetic management plan self manages their diabetes.
* Evidence provided that 2 of 4 HCP consumers initially identified as not having received validated dementia screening assessments had either had attempts made to retrieve results by the gerontologist or had a dementia supplement processed based on a psychogeriatric assessment scale completed. No evidence provided to explain the absence of 2 of 4 HCP consumers experiencing cognitive decline initially identified without validated dementia screening assessments.
* Explanation 2 of 8 HCP consumers with pain conditions received validated pain assessments. No evidence provided of validated pain assessments completed for remaining 6 of 8 HCP consumers identified with pain conditions.
* Acknowledgement of the need to strengthen the use of validated tools to support best practice assessment and planning processes. Explanation of an historic suite of as required validated assessment tools available for use, which has been found to be under or not consistently used.
* Explanation and evidence of an implemented assessment guide checklist that will be used to trigger the use of relevant tools and referrals.
* Explanation and evidence the shortened falls risk for older people in the community screening tool in use is in line with the National Ageing Research Institution guidelines, which do not include the medical diagnosis or medications used to inform falls risk scores.

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 does not demonstrate 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 for HCP consumers. However, the provider did demonstrate this occurring for CHSP and STRC consumers.

I have considered the intent of this requirement which expects relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with the consumer, and included in planning care.

I acknowledge there is a suite of validated assessment tools available for use. However, I find more evidence to suggest the assessment and planning of care risks not self-managed by consumers and their general practitioner has not consistently occurred. This includes the consistent absence of evidence provided of assessments completed to assess diabetic management, cognitive decline, or pain management.

I placed weight on the fact the provider’s response includes documented requests for assessments to be made for numerous consumers, which evidences a lack of initial assessments completed.

I also placed weight on the provider’s acknowledgement the historic suite of validated assessment tools available has been found to be under used or not consistently used.

I acknowledge improvement plans are in place, such as the implementation of an assessment guide checklist to assist in the consistent assessment and care planning of consumer care. However, I find plans are in their infancy and further time is required to determine the effectiveness of the proposed changes.

In relation to HCP services, based on the information summarised above, I find the provider non-compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning.

In relation to STRC and CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning.

Requirement 2(3)(e)

The Assessment Team were not satisfied care and services are reviewed regularly for effectiveness when circumstances change that impact the needs, goals or preferences of the consumer. The Assessment Team provided the following evidence relevant to my finding:

* Gaps in the use of validated assessment tools used at review processes resulted in negative consumer outcomes within HCP, CHSP and STRC programs.
* While CHSP consumers receiving allied health and nursing services were identified as having adequate assessment and review, sampled CHSP consumers receiving in home care services did not evidence adequate assessment and review processes. This included:
* One CHSP consumer interviewed advised no review was undertaken when their condition and needs changed, which resulted in negative outcomes of missed meals, exhaustion from home cleaning, and paying for private gardening services.
* A file review for this consumer confirmed no contact was made to review needs or preference changes.
* Following the Assessment Team feedback management demonstrated referrals put in place to address the consumer’s changing needs and preferences.
* A STRC consumer identified exit reviews were not effective in reviewing goals and preferences prior to the withdrawal of ongoing services.
* File review of this one STRC consumer confirmed lack of documentation of consumer concerns during reassessment to determine effectiveness of services prior to withdrawal.
* Additional information and evidence in Requirement (1)(b) of Standard 1 includes the lack of the use of an appropriate interpreter and incorrect documentation that English could be spoken and comprehended.
* One Service: 18666 - Gippsland HCP 2 consumer representative expressed concerns that reviews were not undertaken for changes of condition and circumstances despite notification of concerns for 3 months.
* A file review for this consumer confirmed no re-assessment was completed for changes in condition for the past 3 months.
* The Assessment Team identified wound care services for a Service 18664 - Western HCP 2 consumer receiving subcontracted CHSP nursing services did not have wound assessments or reviews undertaken to determine the effectiveness of wound care provided.
* One Service 18670 - Barwon HCP 4 consumer described despite multiple skin tears, skin integrity care that was not regularly reviewed for effectiveness.
* A file review of this consumer confirmed no skin integrity reviews were conducted after reported wound related incidents.
* One Service 18659 - Northern HCP 2 consumer’s care worker advised providing skin integrity care. However, a file review noted no regular review of skin integrity care and assessment of no skin concerns.
* One Service: 18666 - Gippsland HCP 2 consumer’s representative expressed dissatisfaction with upcoming changes in medication management despite changes in consumer cognition.
* A file review evidenced a mobility assessment recording cognition as low risk, despite record of short-term memory loss identified by a gerontologist.
* One Service: 18661- Southern HCP2 consumer representative stated care and services were not regularly reviewed despite consumer circumstances changing.
* A file review showed comprehensive re-assessments were overdue.
* Information, and evidence in Requirement (3)(e) of Standard 3 include one consumer in Service: 18660 - Baptcare - Northern HCP 1 as not having ongoing review and monitoring of the range and doses of insulin to be administered. Documentation was subsequently updated following Assessment Team feedback, however, no diabetic management plan to mitigate risks for out-of-range readings were on file to guide staff practice.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation and evidence the STRC consumer interviewed by the Assessment Team advised at the time of STRC exit interview goals had been met.
* Explanation at the time of the Quality Audit, the STRC consumer was no longer a registered consumer of the organisation.
* Explanation and evidence the CHSP consumer identified by the Assessment Team to have not received a review in care when circumstances changed did have services reviewed by a care consultant as a response to issues raised by care staff. Evidence showed negative outcomes from lack of review identified by the Assessment Team were raised with the consumer who advised nil concerns.
* Evidence of a continuous improvement plan in place to further strengthen identification of changing needs in consumer review surveys.
* Explanation and evidence of a continuous improvement plan to review discharge processes for the STRC program. This includes providing a detailed discharge care plan on services, funding and referrals consumers can access at the cessation of their STRC funding.
* Explanation and evidence of a continuous improvement plan to strengthen communication and information sharing between subcontracted services and care consultants to ensure the receipt of adequate information to monitor contracted service delivery and consumer progress. This includes addition of requirements to monitor contracted services following referral, staff training in relation to the management of subcontracted services and updates to the referral section of the electronic consumer file to improve monitoring of referrals.
* Explanation and evidence the ongoing assessment and planning practice standard has been updated to include the requirement to complete a reassessment following any event that results in a Serious Incident Response Scheme.

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 demonstrates care and services are reviewed for effectiveness when circumstances change that impact on the needs, goals or preferences of consumers.

I have considered the intent of this requirement which expects organisations to regularly review the care and services they provide to consumers to ensure care and services meet current needs, goals and preferences safely and effectively.

I find issues identified with the review process of the one STRC consumer interviewed by the Assessment Team stemmed from the lack of use of a qualified interpreter, rather than the review process itself. I am satisfied continuous improvement plans to include detailed discharge care plans on services, funding and referrals available upon cessation of the STRC program will alleviate concerns raised by the consumer.

I find issues related to reviews not undertaken by subcontracted nursing services involved deficits in information sharing between subcontracted services and care consultants, rather than the lack of reviews conducted. However, I do encourage the provider to ensure continuous improvement plans to strengthen communication and information sharing is followed through.

Overall, I find the key deficit in poor outcomes of review processes relate to the inconsistent use of validated assessment tools, rather than the absence of reviews conducted itself. I have therefore considered information related to the inconsistent use of validated assessment tools in Requirement (3)(a) of this Standard and do not deem it applicable, or proportionate, to consider it again in relation to this requirement.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(e) in Standard 2, Ongoing assessment and planning.

Requirements 2(3)(b), 2(3)(c) and 2(3)(d)

Consumers and their representatives in each service locality confirmed satisfaction with consumer services received that met needs and preferences. In addition, consumers and their representatives confirmed the organisation enquires about advance care planning and expressed satisfaction with assistance and guidance provided by spiritual coordinators to complete plans. Care coordinators across all service types described how consumer goals, preferences and options are discussed and documented in the consumer’s care plan. Management explained, and documentation confirmed, how urgent consumer care needs and goals of financially disadvantaged consumers whose package funds are exhausted are met through a free mission care grant.

A sample of consumers and their representatives in each service confirmed involvement in all aspects of the assessment and care planning process. Management described, and care planning documentation confirmed how a collaborative open communication approach with consumers, their representatives, general practitioner and other service providers assists to identify consumer needs.

Consumers and their representatives in each service expressed satisfaction with the effective communication of outcomes of assessment and care planning and confirmed they have been offered a copy of consumer care plans. All staff interviewed described how they access sufficient consumer care information via their mobile application and call the office directly for further information if required. Management explained care plans are provided to consumers within 14 days of initial assessment or review. A sample of consumer files showed outcomes of assessment and planning are documented and acknowledged by consumers and their representatives in care plans.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(b), (3)(c) and (3)(d) in Standard 2, Ongoing assessment and planning.

# 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

This Quality Standard has been assessed as compliant, as 7 of the 7 specific requirements are compliant for each service assessed.

Requirement 3(3)(e)

The Assessment Team was not satisfied 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 for HCP consumers. The Assessment team recommended the CHSP and STRC services were meeting this requirement. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives consistently reported that staff are aware of their care needs, and they do not have to repeat instructions or direct staff in what to do during service delivery. However, HCP consumer subcontracted clinical care reports and documentation was not readily available in consumer files.
* Management confirmed external nursing services were keeping notes and assessment on wound management. However, the Assessment Team advised they were not provided, reviewed or monitored by the provider prior to the commencement of the Quality Audit.
* Staff, including care workers and allied health clinicians, explained they report concerns to care coordinators.
* Care coordinators advised task lists are created for personal care services and provided to both internal and external staff.
* A review of tasks lists included detailed information on how to support a consumer during a personal care shift.
* Management advised each service ensures all staff have access to sufficiently detailed and current information to enable them to deliver personal and clinical care through comprehensive assessment planning processes. However, review of the clinical risk assessment tool shows inadequate prompts to identify risk to inform care planning.
* Information on management of wounds and skin integrity, and allied health services delivered under the HCP programs including podiatry and physiotherapy, is not consistently available within consumer files.
* A consumer file review in Service: 18665 Baptcare - Barwon HCP 2 did not include any communication or documentation from external nursing services providing medication assistance to a consumer diagnosed with diabetes, osteoporosis and oxygen therapy. In addition, no diabetic management was on file.
* The allied health program under CHSP had no issues with communicating and documenting consumer needs and preferences.
* Information, and evidence, provided in Requirement (3)(a) of Standard 2 show CHSP consumers receiving in home care services did not consistently evidence documentation on file.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation due to the transition to a new electronic care management system care consultants did not have access to all required reports and information for subcontracted services during the time of the Quality Audit. Further explanation of the identification of under-used assessment tools and the implementation of an assessment guide to trigger the use of tools and referrals.

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 demonstrates information about the condition, needs and preferences of HCP consumers are documented and communicated within the organisation and with others where responsibility for care is shared.

I find whilst CHSP consumer files did not consistently evidence documentation on file, the key deficit remains with inconsistent assessment and planning conducted. Therefore, I have considered this information in Requirement (3)(a) of Standard 2 and do not deem it applicable, or proportionate, to consider it again in relation to this requirement.

I have considered the intent of this requirement which expects organisations to have communication processes in place that ensures its workforce has information about delivering safe and effective personal and clinical care with an understanding of the consumer’s condition, needs, goals and preferences.

I acknowledge the explanation the transition to a new electronic care management system contributed to issues with providing evidence of reports and information from subcontracted services during the time of the Quality Audit. However, I find this deficit relates to information management processes, rather than information about consumer condition, needs and preferences not being available to those where responsibility for care is shared.

I placed weight on the fact consumers and their representatives consistently reported that staff are aware of their care needs, and they do not have to repeat instructions or direct staff in what to do during service delivery. In addition, I am satisfied with processes in place, such as the provision of task lists for internal and external staff which include detailed information on how to support a consumer during a personal care shift.

Based on the information summarised above, I find the provider, in relation to HCP services, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

Based on the information summarised above, I find the provider, in relation to CHSP services, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

As no evidence was presented to indicate deficits in relation to this requirement for STRC services, I find the provider, in relation to STRC services, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

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

Consumers receiving personal or clinical care services, and their representatives expressed satisfaction with safe and effective personal and clinical care received. Staff described in detail the clinical care needs of the consumers to whom they deliver services, including areas of concern and identified risks and associated risk mitigation strategies. Management described how guidelines available provide instruction on the delivery of best practice personal care, falls, wounds, skin integrity, diabetes, continence, nutrition, hydration and changed behaviours clinical care. Consumer care planning documentation included current clinical care needs and information detailing how care and services are required to be delivered (based on general practitioner or allied health recommendations).

Consumers and their representatives across each service expressed satisfaction with the effective management of high impact or high prevalence consumer risks including falls, social isolation, and wound care. Staff demonstrated awareness of appropriate strategies used to mitigate high impact or high prevalence consumer risks. This included encouraging the use of appropriate aids and equipment and undertaking welfare checks. Management described maintenance of an incident register and relevant clinical policies and procedures, such as bed pole assessments followed to effectively manage high impact or high prevalence consumer risks.

A sample of consumers and their representatives in each service confirmed copies of consumer advance care plans are requested. In addition, consumer representatives expressed satisfaction with additional services and external palliative care services received by consumers during end-of-life care. Care coordinators described how they adjust care and service delivery to maximise the comfort of consumers nearing the end of life, including a focus on comfort and an increased engagement with palliative care services Care planning documentation showed engagement with palliative care services, general practitioners, hospitals and allied health clinicians. Management described processes involved to assist consumers to access information on voluntary assisted dying guidelines.

Consumers and their representatives across each service expressed confidence in staff that know consumers well and satisfaction with responses taken for recognised and reported consumer deterioration. Care staff described reporting consumer deterioration, which was responded to by commencement of additional services and increased observation and reporting by care staff. Management advised changes or deterioration in the health or function of a consumer are reported by staff through regular progress notes, completion of incident reports, and discussion of any significant deterioration. Documentation confirmed clinical observation charts, emergency management and stop and watch guidelines are used to manage consumer deterioration. In addition, information and evidence in Requirement (3)(d) of Standard 8 show the organisation provides training and support to all staff to ensure they have capacity to identify and report deterioration of consumers.

A sample of consumers in receipt of personal or clinical care services and their representatives confirmed nursing and allied health service referrals are actioned promptly when consumer personal or clinical care needs change. Care coordinators advised when a potential need for a referral is identified, they complete a referral with consumer consent. Management advised, and documentation confirmed, referrals to geriatricians and allied health services occur following nursing assessment and care plan reviews.

Consumers and their representatives within each service expressed satisfaction with infection prevention measures taken by staff, such as the use of appropriate personal protective equipment and practice of hand hygiene. Staff described practising hand hygiene, completing infection control and prevention training, wearing appropriate personal protective equipment and completion of front door screening before entering consumer homes. Clinical staff also described the use of aseptic non touch techniques used for certain procedures. Management advised consumer infections are recorded and monitored in the electronic client management system. Documentation showed the organisation maintains an outbreak and prevention management procedure and infection control guideline. The mandatory training matrix confirmed staff complete infection prevention and control training.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), (3)(3)(f) and (3)(3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

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

Findings

This Quality Standard has been assessed as compliant, as 7 of the 7 specific requirements are compliant for each service assessed.

Consumers across all funded services advised daily living supports provided, such as domestic assistance, shopping assistance and social support, assist them to live independently, live better and spend enjoyable time with others. Staff described, and documentation confirmed, a care planning approach which includes assessment of what matters most to consumers around their own wellness and reablement and identifies opportunities to assist consumers to maintain capacity and regain skills.

Consumers and their representatives unanimously agreed staff recognise when consumers feel low, and they provide appropriate responses. Consumers expressed satisfaction with pastoral care services that assisted to provide emotional support. Staff described, and care planning documentation confirmed how consumer spiritual and emotional needs are captured in a comprehensive assessment and reflected in goals, actions and service delivery notes.

Consumers and their representatives across each service expressed satisfaction with supports provided, such as transport services and respite that enabled consumers to interact with others in the community and do things of interest to them. Staff stated, and care planning documentation confirmed, services and supports are planned to support consumers to maintain important relationships and continue to participate in their community doing things that are of interest to them.

Consumers and their representatives in each service confirmed staff are knowledgeable of specific consumer care needs and preferences and can perform their roles without direction. Staff confirmed receipt of adequate consumer care information via service delivery notes and advised they are informed about any change in consumer condition through email or telephone from their supervisors. Staff advised changes in consumer conditions are reported using a stop and watch form or verbally. Management described how consent to share consumer information is sought prior to providing adequate, proportionate information to external providers. Care planning documentation confirmed detailed consumer information including health concerns, goals, needs and preferences inform care delivery.

Consumers in each service who have required external supports expressed satisfaction with timely referrals made on their behalf. Staff described diverse external services engaged to complement internal services. These include local government, other aged care providers, the office of the public advocate, elder rights advocacy, multicultural services, Dementia Australia, Carer Gateway and public housing authorities. A documented standard referral process in place outlines how referrals are established in consultation with consumers and must be made within 3 days of a consumer request.

Consumers receiving funded meals confirmed access to adequate, tasty and varied food. Staff explained, and documentation confirmed, consumer dietary needs are captured during assessment and planning processes and recorded in electronic and paper records. Menu choices are based on the ‘souped up’ catering resource, which also has the functionality to produce visual menus daily. Staff training records evidenced all staff who prepare, or handle meals have up-to-date food safety training. Food temperature records evidenced safe storage of chilled and frozen foods.

HCP and STRC consumers and their representatives expressed satisfaction with purchased equipment that is assessed for suitability prior to purchase, and it is kept safe, clean and well maintained. Staff described how they escalate equipment maintenance concerns for repair or replacement. Coordinators interviewed confirmed equipment is assessed and trialled with allied health professionals. Purchased equipment is registered in the electronic client management system with regular maintenance scheduled for hoists and hospital beds. Fleet vehicle registrations and maintenance is also tracked via the electronic client management system. Care planning documentation confirmed occupational therapists complete follow up reviews of equipment as well as initial assessment.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all applicable requirements in Standard 4, Services and supports for daily living

# 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

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for each service assessed.

All consumers attending service environments consistently reported they felt welcomed. Care staff were observed to warmly welcome consumers into social support group centres, including greeting and conversing with consumers in their native language. Management advised sufficient staff are rostered to ensure consumers are greeted, included and their experience of the session optimised. Observations of service environments included information stands with age-appropriate material on display, including culturally appropriate decorations. Information, and evidence found in Requirement (3)(a) of Standard 1 includes observations of photos of consumers celebrating different cultural events on display. Quiet seating areas and well-signed accessible toilets were also observed at service environments. Most service environments are located in or co-located with purpose-built aged care facilities that are designed and built to support consumer independence and function. A third social support group service environment located in a commercial building was observed to have been modified with an age-appropriate fit out.

Consumers in each service environment confirmed service environments are safe, clean and well maintained. Consumers also confirmed they can come and go freely with assistance of staff at any time. Care staff identified cleaning tasks for which they were personally responsible and produced completed daily, weekly and monthly cleaning schedules. These schedules indicated a mix of direct staff and subcontracted staff responsibilities with cleaning. Staff advised, and management confirmed, maintenance issues or hazards are reported using an internal online maintenance service request. These requests trigger a response from in-house maintenance staff associated with one of the organisation’s residential aged care facilities. A maintenance request was sighted. Two of 3 social support group environments were observed to be accessible by keycard only. However, keycards were observed to be easily accessible being stored directly next to sensor access.

Consumers attending service environment expressed satisfaction with equipment available in service environments that are suitable, safe, clean and well maintained. Care staff across service environments described their role in cleaning and maintaining equipment. Management demonstrated the use of electronic records to initiate and document timely maintenance of equipment including tagging and testing electrical appliances, temperature valves, fire detectors and air conditioning. Shared exercise equipment was observed to be cleaned by staff after conclusion of exercise classes.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 5, Organisation’s service environment.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service assessed.

Consumers and their representatives throughout the organisation advised they knew how to provide feedback or make a complaint and felt encouraged and comfortable doing so when required. Staff stated they were aware of the feedback process and can assist a consumer to provide feedback. Management described the multiple ways consumers and their representatives are encouraged to provide feedback or make a complaint. This includes complaint process information provided in welcome packs and home care agreements and requests for feedback during welfare checks. Management also advised consumers have access to hard copy feedback forms and can access a complaint link via the organisation’s website.

Consumers and their representatives interviewed across each service confirmed they are aware of ways to get support for raising and resolving complaints. Management advised that if a consumer requests an interpreting service they are linked with an interpreter. The consumer information packs for HCP and CHSP agreements document each consumer’s right to be represented by an advocate and includes complaints information for both internal and external complaints. In addition, the consumer handbooks provide information on interpreting services and advocacy.

Most consumers and their representatives in each service expressed satisfaction with actions taken in response to concerns raised. Management described open disclosure practices in place, including transparent forthcoming sharing of information and willingness to provide an apology when things go wrong. Management advised, and documentation reviewed confirmed, open disclosure training is part of mandatory training undertaken by staff. Open disclosure practices are outlined in the organisation’s open disclosure guiding principles and work instruction available to staff.

A sample of consumers and their representatives across the organisation confirmed actions taken to resolve their concerns had resulted in improvements to consumer services. Management advised complaints and feedback are discussed at safety, quality and risk meetings and trending is used to create continuous improvement opportunities. Complaints and feedback from previous years are also compared to identify trends. The continuous improvement plan confirmed consumer feedback and complaints have resulted in improvements to services, including better communication processes to inform of shift changes.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all requirements in Standard 6, Feedback and complaints.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service assessed.

Consumers from across the services and their representatives overall reported they are satisfied with the receipt of regular services from consistent staff. Rostering staff described how they ensure job cards and recruitment needs are identified during weekly workforce meetings to ensure adequate staff are available or recruited to support CHSP, STRC and HCP consumers. Management confirmed visibility of unfilled services occurs through dashboard and critical missed service reporting processes, which review consumer needs, location and existing resource availability. Management explained, and allocation sheet and vacancy data reviewed confirmed, the development and implementation of contingent subcontractor partners and a recent recruitment drive has improved service continuity across each service.

Consumers across all service locations and their representatives described staff delivering care and services as kind, gentle and caring. Staff interviewed across all funded services described being mindful and respectful during service delivery, including taking time to introduce themselves and developing rapport with consumers. Staff were observed interacting with consumers in a kind, caring and respectful manner. The organisation is currently improving complaints and performance management systems to address disrespectful staff behaviour.

A sample of consumers and their representatives across the organisation generally reported staff providing care and services are competent. All staff interviewed confirmed they are required to provide their qualifications, references and experience prior to commencement. Staff also advised mandatory annual training is completed to ensure ongoing competency. Management described determining staff competency and capability through review of relevant qualifications, ongoing job competency analysis by supervisors and providing and monitoring the completion of mandatory training modules and assessment. Management advised weekly compliance reporting reviews 3 levels of compliance, including role specific compliance. Management explained any staff whose compliance is not updated prior to renewal dates are removed from rosters until they meet their compliance requirements. Documentation confirmed, subcontractor, contingent partner agreements and job descriptions in place list minimum compliance requirements. The organisation maintains a staff management system which monitors staff compliance, including records of staff qualifications and probity checks.

All staff interviewed described receiving appropriate and supportive induction training, including undertaking shadow shifts with experienced staff. In addition, staff confirmed completion of ongoing mandatory training and access to additional training when requested. Management advised staff training needs are identified through monthly compliance meetings with the quality assurance team, which identify key issues related to clinical and position compliance and capacity. Management also advised training needs are identified from internal specialists and registered training organisations and a capability process to determine areas for upskilling is due to be rolled out by March 2025. The organisation’s training matrix includes the following mandatory training modules: recognising and responding to abuse, the Aged Care Quality Standards, code of conduct, confidentiality, privacy, consumer directed care, COVID-19, dementia, early warning signs tool, feedback and complaints, food handling, hand hygiene, incident reporting and management, infection prevention and control, professional roles and boundaries, safe use of bed poles, manual handling, open disclosure and protective personal equipment. Subcontractor training is ensured through subcontractor and contingent partner contracts which outline minimum training requirements. Subcontracting staff have access to the organisation’s online learning system to complete mandatory training.

Consumers and their representatives across each service generally expressed satisfaction with how they are engaged to provide feedback regarding staff performance. Most staff interviewed confirmed the completion of annual formal performance reviews. Staff also described alternative methods of performance review including fortnightly or monthly supervision meetings with their supervisor or clinical lead. Management advised an in-home care business partner has been appointed to facilitate procedurally fair management and monitoring for all staff. The organisation uses a centralised staff management system to record and track staff performance and has systems and processes in place for performance management. Improvements on the use of the centralised staff management system have resulted in increased monitoring of the progression and completion rates of performance management activities by the organisation’s operations team.

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

# 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. | Compliant | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service assessed.

Requirement 8(3)(d)

The Assessment Team was not satisfied the organisation has adequate systems for managing high impact and high prevalence consumer risks across all services. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team identified a lack of validated assessment tools used in consumer files to inform effective management and monitoring of high impact and high prevalence risks, including wounds, skin integrity, changed behaviours, chronic pain, diabetes and restrictive practice.
* The comprehensive assessment tool does not contain adequate prompts to identify risk to inform care planning.
* A review of 24 consumer files from across CHSP, STRC and HCP services identified consumer risks including wounds and skin integrity concerns, diabetes, chronic pain, falls risk, catheter and stoma, dysphagia, changed behaviours, vision impairment, recent or recurring hospitalisation and potential chemical restraint. However, consumer files consistently did not contain adequate assessment, monitoring, review and oversight of these risks.
* Management and staff described the process of identifying, reporting and responding to elder abuse.
* Staff consistently reported receiving training to ensure they have the capacity to recognise and report elder abuse.
* Documentation including the training matrix shows the service ensures all staff have completed online learning on identifying elder abuse and the associated reporting requirements.
* Staff described how they support consumers to live their best life, including working in partnership with consumers to determine their goals and service delivery preferences prior to implementation of services.
* Documentation confirmed identified risks are discussed and documented through a dignity of risk process to ensure consumers are making informed decisions in relation to risk activities.
* The organisation maintains an incident register and incident reporting and management policies and procedures to guide reporting, recording, responding and reviewing incidents.
* Staff described the actions they would take if they witnessed an incident, including reporting to the direct service liaison, care coordinator or management, and documentation of the incident.
* Management explained incident information is used to drive continuous improvement, such as improved falls management and root cause analysis processes.
* At the time of the Quality Audit the Board was only receiving incident information limited to consumer falls and Serious Incident Report Scheme incidents.
* The Board advised in future they would seek all types of incident data to ensure effective strategic oversight.

In response to the Assessment Team’s report, the provider’s response included the following:

* Clarification numerous examples of the Board receiving intelligence (including information related to incidents) through various committees was provided to the Assessment Team.
* Explanation the use of validated assessment tools is not the only mechanism that can provide oversight or governance in relation to high impact or high prevalence risks. Explanation the following strategies are used to monitor, manage and routinely review consumer needs:
* appropriate allocation of duties and responsibilities for staff
* committee structure based on relevant skills and experience
* monitoring mechanisms for feedback and complaints with the Board sub-committee receiving a voice of consumer report each meeting
* undertaking consumer file and related system audits and analysing related results, including the addition of the critical clinical systems deep dive tools
* identifying and investigating incidents and near misses based on severity
* a strong internal culture of reporting and internal alert processes (escalation) within the hierarchy
* use of ‘huddles’ where staff identify a consumer concern such as a care related issue, an incident or significant feedback – used heavily in oversight and governance activities, including senior operational and quality team members presence and oversight
* use of high-risk registers and vulnerable persons registers, which are being further strengthened to include restrictive practices
* contracting an external consulting firm as an internal audit partner to undertake governance and management system audits with recommendations and actions monitored through to completion. This has included audits of medication management, clinical governance, incident management, complaints management, safeguarding, contract management and compliance management
* reporting of Aged Care and Quality and practice and performance achievements which include information on hours of care provided, incidents managed, quality improvement activities, complaints managed and stop and watch tools raised and managed
* provider operations report.
* Explanation to further support monitoring of high prevalence and high impact clinical risk areas, a suite of critical clinical systems analysis tools has been developed and implemented based on risk. This has included falls prevention and management, medication management, pressure injury prevention and management, management of externally reportable incidents and skin integrity.
* Explanation results will be included as process measures within the governance reporting alongside the associated consumer outcome measures.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which demonstrates effective risk management system and practices in place.

I have considered the intent of this requirement which expects organisations to have systems and processes in place that help identify and assess risks to the health, safety and well-being of consumers. It expects risk management systems to identify and evaluate incidents to inform continuous improvement. It also expects appropriate escalation of risk and continued monitoring of consumer risks.

I agree the use of validated assessment tools are only one mechanism that can be used to manage high impact or high prevalence consumer care risks.

I am satisfied with other systems and processes described above that demonstrate how consumer risks are identified, assessed and managed by the governing body. However, I encourage the provider to strengthen assessment and care planning processes to ensure consumer risks can be more effectively monitored, reviewed and addressed.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

The Assessment Team was not satisfied with the clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* The organisation has a clinical care advisory committee which reviews clinical data to identify trends and provides this information to the Board. The clinical governance framework contains reference to open disclosure, antimicrobial stewardship and information on roles and responsibilities. However, while the organisation maintains a clinical governance framework informed through policies and procedures, the current clinical governance framework refers only to bed poles as a restrictive practice and does not refer to other forms of restraint.
* The Assessment Team identified 6 HCP consumers with potential restrictive practices in place (including the use of wheelchair seat belts and administration of as required psychotropic medication) that were not effectively identified or monitored.
* Restrictive practice training provided to staff does not cover chemical, environmental, mechanical and physical restraint or seclusion.
* The Board does not receive or review restrictive practice data for in home care services.
* Interviews with management confirmed the organisation does not have effective restrictive practice registers or associated monitoring processes in place.
* Management advised a continuous improvement action plan in place to immediately implement a comprehensive restrictive practice register and associated monitoring system.

In response to the Assessment Team’s report, the provider’s response included the following:

* Clarification, and evidence, the quality and practice governance framework does not include specific information in relation to bed poles as a restrictive practice. However, the restrictive practices practice standard provided to staff does include comprehensive information in relation to each of the five types of restrictive practices, examples and scenarios and specific guidance.
* Explanation a review conducted of all available regulatory advice, resources, fact sheets and webinar information from the Commission in relation to restrictive practices within the in-home care setting does not provide clarity or scenarios of requirements. In particular, when care provision is being managed by consumers themselves, or their representatives alongside medical practitioners.
* Explanation within the last 2 years, 3 reported incidents have been related to family use of restrictive practices. Explanation, and evidence, provided on how these restrictive practices were identified and monitored.
* Explanation, and evidence, of a comprehensive risk-based approach to the use of bed poles as a bed mobility aid, including an associated practice standard, flow charts and entrapment risk assessment. Explanation the use of bed poles is not considered a restrictive practice, but its use is reviewed and monitored.
* Clarification the consumer identified using a wheelchair seat belt could apply and release the seatbelt independently and movement was, therefore, not restricted.
* Acknowledgement improvements are required to align with best practice in relation to the administration of medications that may be considered a chemical restraint. Evidence provided of updates to the restrictive practice standard to include any restrictive practices used by staff during provision of care will require appropriate assessment and consent and be listed on the high-risk register.
* Explanation, and evidence, where consumers themselves or their families caring for them are self-managing medication alongside their medical practitioner, information and resources on restrictive practices will be provided and suggestion made for a referral to conduct a community medication review.
* Explanation all staff will receive comprehensive online training in relation to restrictive practice, aligned with current residential service practices.
* Explanation the care and service excellence governance committee receives intelligence through a range of means incorporating potential or actual restrictive practice data. This includes consumer file audit results, feedback and complaints, incidents and near misses and consumer stop and watch escalation reports from operations teams.
* Explanation, and evidence, the clinical governance framework is included in the overarching quality and practice governance framework.

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 demonstrates a clinical governance framework is in place that guides clinical care practices in place.

I have considered the intent of this requirement expects a set of relationships and responsibilities be in place between the organisation’s governing body, executive, clinicians, consumers and others to achieve good clinical results.

I am satisfied with the provider’s response which clarifies initial Assessment Team findings of deficits in restrictive practice policies and procedures.

I am satisfied sufficient evidence has been provided that demonstrates the provider understands and has processes in place to manage the 5 types of potential consumer restrictive practices: chemical, environmental, mechanical, physical and seclusion.

However, I do encourage the provider to ensure all staff complete comprehensive restrictive practice training to further strengthen the identification and management of restrictive practices during provision of care.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement (3)(e) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b) and 8(3)(c)

Consumers and representatives across each service advised they do not receive a formal survey to provide input into broader service improvements. However, consumers confirmed the existence of a consumer advisory body that provides an outlet to evaluate, discuss and suggest service wide improvements. Documented service wide improvements from consumer feedback, included generation of a how to read your statement guide and associated video. Management described actively seeking consumer feedback via telephone surveys, redevelopment of the organisation’s website to improve access to the online feedback system, piloting quick response feedback codes, trialling information webinars, redesigning correspondence letters to include direct feedback contact information, testing of anonymous feedback mechanisms and implementation of town hall style meetings to allow direct engagement with the chief executive officer.

Information and evidence in Requirement (3)(c) of this Standard show the Board is comprised of 10 directors from a broad range of professional backgrounds, including clinical, insurance, finance and information technology. Management advised all Board members are required to undertake a director’s course. The Board receives reports from various committees, including the consumer advisory body, quality care advisory body and clinical care advisory committee. These reports include program performance reports, internal audit scores (including clinical indicator data) and analysed and trended incidents and complaint data. Management advised the governing body maintains oversight of the quality of services that they subcontract through compliance checks undertaken by the quality team, incident information and consumer feedback and complaints.

The organisation has a governance framework that sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high quality, safe services. This includes effective organisation wide governance systems in place including:

The organisation has information management systems in place that include an electronic client management system, which is a repository for consumer documentation. Appropriate access controls, such as the use of passwords, are in place. Staff confirmed access to adequate and detailed consumer information accessed via an application on their mobile device.

The organisation maintains a continuous improvement framework which includes guiding principles, roles and responsibilities, goal and outcome planning guidance. Management advised, and the continuous improvement plan showed, key drivers to continuous improvement include incident and risk data, feedback and complaints, audits and evaluations, consumer and staff surveys, advisory body recommendations, education and training, benchmarking and collaboration, self-assessment, emergencies and disasters, regulatory and legislative change, strategic goals and operational change.

The organisation showed financial reporting is audited by an external auditor and signed off by the chairperson and treasurer. Monthly financial reporting, including a summary of key concerns, decisions, quarterly forecasting and profit and loss management, is reviewed by the executive leadership team, the finance and major projects subcommittee and the Board. HCP consumer under and overspent funds are monitored monthly by the area manager and individual care coordinators in collaboration with consumers.

Documentation confirmed management and staff are provided and have access to position descriptions that outline their roles, responsibilities and required minimum qualifications. A staff management and monitoring system in place allows for effective reporting and automatic notification processes to ensure staff compliance. Subcontractor staff are required to meet the same compliance requirements as internal staff, with credential reporting and the contracting framework used to monitor the subcontractor workforce.

The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications, which are appropriately communicated to staff and consumers via training, electronic and written correspondence.

The organisation maintains a complaints register that shows consumer complaints and feedback are recorded, escalated and appropriately actioned using open disclosure practices.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(a), (3)(b) and (3)(c) in Standard 8, Organisational governance.

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