**Performance**

**Report**

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| Name of service: | Baptist Community Care - Gippsland |
| Service address: | Baptcare Camberwell Hub, Level 1/1193 Toorak Road CAMBERWELL VIC 3124 |
| Commission ID: | 300126 |
| Home Service Provider: | Baptcare Ltd |
| Activity type: | Quality Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 20 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baptist Community Care - Gippsland (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Baptcare - Gippsland HCP 3, 19339, Baptcare Camberwell Hub, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare - Gippsland HCP 2, 18666, Baptcare Camberwell Hub, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare - Gippsland HCP 4, 18805, Baptcare Camberwell Hub, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare My Best Life Home Care Packages, 27612, Baptcare Camberwell Hub, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 30 June 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers/representatives interviewed said consumers are treated with dignity and respect and valued as individuals with their own identity and culture. Consumer information documented identifies what is important to each consumer in relation to their identity, care preferences, culture and background. Staff gave examples of ways they implement dignity and respect in practice. Examples included being respectful, listening and respecting their needs, choices, values, culture and respecting each consumer as an individual.

Consumers/representatives interviewed said in various ways that staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff sampled showed they are familiar with the cultural needs of individual consumers and confirmed receiving cultural and diversity training. Management stated that the organisation provides cultural and diversity and Aboriginal and Torres Strait Islander Inclusion and cultural safety training for staff via an online training portal. Management discussed additional cultural safety training that they are implementing relating to the LGBTIQA+ community and the organisation is in the process of obtaining the Rainbow Tick accreditation. Staff interviewed showed they are familiar with the cultural needs of individual consumers.

Consumers/representatives are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Individual consumer’s file documentation identifies consumer choices and decisions about care and services and any substitute decision makers. Consumers/representatives described in various ways their satisfaction that the service supports consumers to live their best life. Management discussed dignity of risk stating a home risk assessment is conducted, if risk to the consumer around their functioning is identified then a referral to the relevant allied health professional occurs.

Consumers/representatives advised they were provided with information. The Assessment Team observed information is provided to consumers initially in a welcome pack and when the consumer agrees to a home care package an information pack is also provided. The welcome pack includes information on fees and changes, spending information and guide, information on income tested fees, inclusions and exclusions listing and privacy of your information booklet. A ‘Welcome to Baptcare’ booklet includes information on advocacy, feedback and complaints, aged care quality standards, specified care and services and the Charter of Aged Care Rights.

Consumers/representatives were satisfied consumer privacy and confidentiality are respected. File review showed consumer information is maintained confidentially and password protected. Management maintained privacy measures throughout the quality audit ensuring that internal staff were responsible for navigating the consumer database to assist the Assessment Team in consumer file reviews. A team of care consultants from the Gippsland region were on hand to assist in the file reviews and to maintain privacy. Staff gave examples of ways they protect consumer privacy when providing personal care to ensure the bathroom door is closed, place a towel over the consumer and not to share consumer information. The consumer welcome pack includes information on privacy and confidentiality.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning processes, including consideration of risks, inform the delivery of safe and effective care and services for consumers. All consumers/representatives said in various ways they were satisfied that staff took time to listen and understand how to support consumer health and wellbeing. Relevant staff described pathways for services, from the enquiry stage to the assessment, planning and organisation of services and supports. Care documentation demonstrated assessments utilise information from My Aged Care (MAC), discussion with the consumer/representative, and a validated falls risk assessment tool when indicated to inform the assessment and planning process. A comprehensive assessment that considers a range of risk factors and a mobility assessment and plan, home safety assessment and emergency plan are completed for each consumer. Consumers with identified risks are referred to nursing or allied health services as appropriate for clinical assessments when the consumer consents. Risks are discussed with consumers and strategies to mitigate risks are planned and generally documented.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning if the consumer wishes. Consumers/representatives expressed in various ways that consumer care plans have been planned around what is important to them. Most consumers/representatives sampled said advance care planning had been discussed with them. Staff described what is important to each consumer, including their needs, and preferences for care. Care documentation demonstrated consumers’ identified goals, action plans to meet goals, needs and preferences. While care documentation does not reflect the service discussions about advance care planning and the evidenced provision of related resources, it demonstrated the consumer has been asked about advance care planning. Powers of attorney are noted and the service has a practice standard on advance care planning linked to best practice resources.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is based on partnership with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services. Consumers/representatives expressed overall satisfaction with the communication and consultation between themselves and staff in relation to assessment and planning. Staff discussed how they work in partnership with consumers, representatives and other individuals and organisations. Care documentation demonstrated assessment and planning involves the consumer, and relevant others including representatives, district nursing services, allied health practitioners, medical practitioners and others with consent and as appropriate.

Evidence analysed by the Assessment Team showed the service demonstrated that the outcomes of assessment and planning are communicated to the consumer and documented in a care and services plan that is provided to the consumer, and accessible where care and services are provided. While all consumers/representatives described the care and services delivered, most recalled access to a copy of the consumer’s care plan. Assessment and planning staff said consumers are always provided with a copy of their care plan. Care documentation reviewed showed all consumers had care plans that informed care and services. Support workers described how they access consumer information including care directives through an application on their mobile telephone. The majority of the support workers sampled said while they know the consumer well and there is enough detail on the application to provide safe and effective care and service, the information was basic and more detailed information would provide better guidance for new or relieving staff.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are reviewed for effectiveness regularly, when a consumer’s circumstance changes or when an incident may impact on the needs, goals or preferences of the consumer. Consumers/representatives said in different ways that communication about care and services occurs and changes are implemented as needed when consumer needs and conditions change. Staff with responsibilities for assessment and planning described how prompts on the care management system support annual re-assessments and reviews, and they described how care and services are reviewed as circumstances change. Care documentation showed regular reviews occur and overall evidenced reviewed care and services for consumers with changed circumstances as appropriate.

# Standard 3

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers/representatives spoke positively about the personal and/or clinical care provided and said in different ways that care was safe and effective. Care consultants described how they contact consumers and/or representatives to monitor care provision. Support workers said in various ways they provide care that is safe, effective and best practice by following care directives and using a person-centred approach tailored to the needs and wishes of each consumer. While regular reports from external nursing services including wound photographs, wound measurements and consumer monitoring reports were not evidenced in care documentation, brief email updates from nursing services, file notes, home visit records, allied health reports and interviews with consumers and representatives showed effective health and personal care outcomes.

Evidence analysed by the Assessment Team showed the service demonstrated the effective management of high impact, high prevalence risks associated with the care of each consumer. Consumers/representatives were satisfied that consumer care is safe and right and said in different ways that risks associated with consumer care are managed. Management and staff said high impact, high prevalence risks included falls risk. Care consultants and support workers described individual consumers’ risks and explained the strategies implemented to manage these risks. Support workers said in various ways that while they were familiar with consumers and had enough information to support consumer safety and prevent incidents where possible. Care documentation showed risks associated with the care and services for sampled consumers are identified and documented, strategies to manage the risk for individual consumers are developed and implemented. There is evidence of aids and equipment being used to mitigate risk.

Evidence analysed by the Assessment Team showed the service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity preserved. A consumer sampled who receives palliative care spoke positively about ways the service addressed their needs. Care consultants demonstrated links with palliative care services, and processes to support the consumer and their representatives when the consumer is nearing the end of life. Support workers said they were confident to provide care for consumers in the palliative stage. Care documentation generally demonstrated the needs, goals and preferences of consumers nearing the end of life are known by the service and documented. Care is provided to address individual care and comfort needs. The service has a palliative care procedure linked to best for staff guidance.

Evidence analysed by the Assessment Team showed the service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers/representatives said in various ways that staff are familiar with the consumers and would recognise and respond to consumer deterioration or change. Support workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration to their supervisor and others as directed, calling emergency services if required, and documenting deterioration through the ‘Stop and Watch’ tool. Management and staff described how the new tool alerts the care team and how care consultants actively respond. Management and staff detailed how after hours and duty officer contacts are available 24 hours a day. Care documentation reflected that changes in a consumer’s health or condition are reported and actioned. The service has a documented ‘Recognise & respond to clinical deterioration’ procedure for staff guidance in the event of clinical deterioration or change.

Evidence analysed by the Assessment Team showed the service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers/representatives said in various ways they were satisfied with the coordination and continuity of care. Support workers described how they accessed the consumer information and care directives through an ‘app’ on their mobile telephone. Feedback included that while staff know the consumers well and have frequent communication with their delivery support lead and others as appropriate, more detailed information on the mobile telephone ‘app’ would support new or unfamiliar staff. The service has a new electronic system for consumer information within the service and as not all information has been manually entered on the new system, some consumer information remains on the older system. Care consultants demonstrated how they can access consumer information across both old and new systems as required. Consumer consent enables information to be shared internally and externally where responsibility for care is shared.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate and generally timely referrals to individuals, other organisations and providers of other care and services. Consumers/representatives commented positively on the consultation, timeliness and outcomes of any referrals. Service management and relevant staff described internal and external referral processes and networks. Care documentation sampled evidenced timely referrals were made in response to an identified need, including to medical practitioners, nursing services, wound consultants and allied health practitioners. Outcomes of referrals were evidenced through reports from some providers, emails and consumer feedback.

Evidence analysed by the Assessment Team showed the service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers/representatives were satisfied with the measures staff take to protect them from infection. Staff said they complete a screening tool on their mobile telephone ‘app’ before each service, wear personal protective equipment as appropriate, participate in infection control training including hand hygiene and donning and doffing of personal protective equipment (PPE) and have required vaccinations. Management and relevant staff interview, and documentation review demonstrated ongoing infection control training, infection surveillance and analysis for trends with reporting intervals based on risk, infection prevention and control policy, procedures and practice standard that includes COVID risk assessments and tools and documented evidence of vaccination records. While the service does not prescribe medications, staff take precautions to minimise consumer and staff illness and reduce any need for antibiotics. The service has an antimicrobial stewardship policy to guide staff practice and resources for consumers in relation to antibiotic use.

# Standard 4

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are supported to receive safe and effective care for daily living. Consumers/representatives described how services and supports provided results in consumers independence, wellbeing and quality of life. Support workers provided examples of ways they support consumers to continue to do the things that mattered to them. Documentation such as 'Our Conversation' records, completed as part of the consumer assessment, document each consumer’s attachment needs, inclusion and comfort needs, their past occupation and identity. Consumer profiles, allied health recommendations and care plans provided strategies to support consumers’ independence, wellbeing and quality of life.

Evidence analysed by the Assessment Team showed the service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers/representatives spoke positively about how the services and supports provided helped them to cope. Support workers described how they supported consumers when they felt low, including always having a chat with them, listening to them and involving them in activities they enjoy. Management and staff described how consumers can access an organisational spiritual and wellbeing counsellor. Assessment and planning documentation evidenced that spiritual and wellbeing counselling is offered to each consumer and documentation reflects individual comfort needs and preferences, and what is important for their wellbeing.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers/ representatives provided feedback that consumers are assisted to do the things they like to do, have social and personal relationships, and participate in the community. Support workers gave examples of ways they provided person centred care services and supports for daily living. While care documentation sampled noted consumers’ social profiles and identity, including former occupations, some interests, and relationships of importance to them.

Evidence analysed by the Assessment Team showed the service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation, and with others where responsibility for care is shared. Consumers/representatives said variously they are satisfied consumer services and supports for daily living are coordinated, they consent to information sharing and staff know how to meet the consumer’s needs and preferences. Support workers sampled described how sufficient, basic information about each consumer is shared with them through mechanisms including a mobile telephone ‘app’ and phone calls. Support workers said they notify their supervisor when changes occur, complete service notes by exception, complete Stop and Watch details as appropriate if the consumer is unwell and inform the care consultant as directed by their supervisor. Care documentation overall showed that with consumer consent the service communicates with others, internally and externally, to ensure services are coordinated.

Evidence analysed by the Assessment Team showed the service demonstrated that appropriate referrals are undertaken to individuals, organisations and other providers of care, and referrals are overall timely. Consumers/representatives expressed in various ways that they were satisfied with the referrals provided. Care consultants described referral processes that varied depending on the provider selected and provided examples including My Aged Care (MAC), meal services, transport services, occupational therapy for recommendations for home safety, social support groups, Carer Gateway, and spiritual and wellbeing counselling. Specialised services for hoarding and decluttering are available as required through referral. Care documentation showed examples of referrals being actioned as required, including to allied health services, carer support networks, counselling and personal alarm monitoring services.

Evidence analysed by the Assessment Team showed the service demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Consumers or representatives of consumers provided with delivered meals expressed overall satisfaction with the meals and those with meals preparation services were satisfied with meals. Dietary needs and preferences, including cultural needs, are accommodated and consumers have a broad choice of meal delivery services. Management and staff described how there are multiple meal service providers to meet consumer choice. Consumers requiring meals order them from a meals provider and pay for the meal. Consumer file documentation showed dietary needs including allergies, preferences, and any texture modification requirements.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Consumer/representatives who had been provided with equipment said it safely met their needs. Staff interview and care documentation showed the provision of necessary equipment occurs only after assessment and recommendation by an allied health practitioner. Equipment provided was tailored to individual needs and sampled care documentation showed equipment provision included electric beds, special chairs, mobility aids, pressure relieving equipment, grab rails and bathroom equipment. Cleaning of equipment is completed either by the consumer or support worker as needed. Support workers interviewed said the equipment is safe and well maintained and they would notify the consumer and their supervisors if any equipment was defective.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable and was not assessed as part of the Quality Audit.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service discussed how consumers, their family, friends, carers and others are encouraged and supported to make complaints and provide feedback. Consumers/representatives said in various ways they are encouraged to provide feedback; raise any complaints and they feel safe to do so. Consumers/ representatives said they are aware of the feedback processes. The welcome pack, customer service folder and consumer agreement provided to consumers/ representatives included information regarding the internal and external complaints processes and a feedback form. The organisation has a feedback and complaints procedure and the organisations website includes information on providing feedback including a feedback and complaints statement and an online feedback form.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Access to language and communication services is available and interpreter services are available as required. The consumer welcome pack documents each consumer’s right to be represented by an advocate and includes complaints information for both internal and external complaints and a feedback form.

Consumers/representatives were satisfied that any concerns raised are actioned to their satisfaction. Management described the procedure for open disclosure which is defined in the organisations open disclosure - work instruction inclusive of a flowchart and guiding principles. Complaints, compliments and feedback are documented in a software system. Open disclosure was discussed with management and an example of open disclosure was provided and discussed with the Assessment Team. The organisations training register for Gippsland identified staff have access to an open disclosure online training module.

Consumers/representatives are satisfied the service listens to their feedback and makes changes. Management stated that all feedback is documented in a software system and that relevant staff and managers receive an email alert that feedback has been received which triggers an escalation process which is monitored by the quality team. A quality report that includes feedback and incidents is provided to management at least quarterly. Management advised that feedback is discussed at quality, senior management and Board meetings. Management discussed feedback obtained through the audit angel process which consists of consumer file audits and a telephone call to the consumer/representative to obtain feedback through the customer experience surveys. A summary of the audit process along with any complaints or feedback received is trended and issues arising out of these are documented in the continuous improvement plan for review and action. Staff and support workers monitor consumers through a ‘Stop for Safety’ process and can report any issues that they identify. A review of the feedback register includes a description of action taken and the date it was actioned.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement was provided by the service which substantiated the steps to rectify small deficiencies identified by the Assessment Team.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service’s 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. Management discussed their workforce planning that included an evaluation by customer numbers and the budget prepared by the care consultants to determine the number of staff required. Weekly meetings are held with the rostering team to determine how many consumers are onboarding and the level of packages can also determine staffing numbers. Management also reviews which areas in Gippsland that require staff to determine whether they recruit additional staff or consider a sub-contractors mix but using their own staff is the preference.

Consumer/representative feedback and interviews highlighted the ongoing cancellation of service shifts. Management advised this is due to the transition of staff and support worker shortages across the sector. To mitigate and ensure high needs / high priority consumers receive appropriate care, the service has implemented a process where vulnerable consumers are identified, and service delivery is prioritised for those consumers to ensure they do not have consecutive shift cancellations and are receiving essential services and social support. Support workers are rostered and can view their shifts on a mobile ‘app’. The service has access to sub-contracted support workers to provide care and services when regular staff may be unexpectantly absent. The service contacts consumers when shifts may be cancelled or rescheduled. Management stated that they have sought to recruit staff via recruitment agencies, social media, internally through word of mouth where support workers receive a finder’s fee and by attending expos. All recruitment requests require management approval.

Evidence analysed by the Assessment Team showed the service demonstrated a commitment to the provision of kind, caring and respectful staff. Consumers/representatives interviewed are satisfied staff are respectful, kind and caring. Support workers were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences including cultural needs and background. Support workers said they are guided by what the consumer or their representative identifies is right for them and are aware of individual consumers conditions, needs and cultural preferences from information in the ‘app’ on their electronic devices. Staff described how they treat each consumer as an individual, show respect, compassion, respect their values, beliefs, wants and inclusive of religion or race. Management stated that the organisation provides cultural and diversity, Aboriginal and Torres Strait Islander Inclusion and cultural safety training for staff via an online training portal. Management discussed additional cultural safety training that they are implementing relating to the LGBTIQA+ community and said the organisation is in the process of obtaining the Rainbow Tick accreditation. Staff interviewed showed they are familiar with the cultural needs of individual consumers.

Evidence analysed by the Assessment Team showed the service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles. Generally, consumers/representatives interviewed said in different ways that staff are good at their jobs. Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. Buddy shifts are provided to new support workers with an experienced support worker and a report on the outcome of the buddy shift is provided to management. Management stated they monitor staff qualifications, and use information from observations, regular supervision both internally and externally and feedback to identify workforce competency. All staff have a position description, some areas have supervision and buddy shifts to determine whether staff require upskilling to perform their roles.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by the Standards. Consumers/representatives said in different ways that staff provided quality services. Management stated they follow the recruitment procedure and described the recruitment, onboarding and induction process. Vacant positions are advertised via online recruitment agencies, social media, word of mouth and internal email. Successful applicants are requested to provide relevant compliance checks including police certificates prior to being offered a position. Staff interviewed advised that they have access to ongoing training both face to face and online that included elder abuse, cultural awareness, food safety and infection control.

New staff participate in an induction/orientation onboarding program prior to commencing. All new support workers are initially provided with a buddy shift but may request additional shifts. A senior support worker reports back about the staff member to ensure they have the skills to perform their role. Training is discussed at the staff meetings and as part of annual performance reviews. Support workers confirmed that they have received training on specific equipment for consumers if required for the delivery of support and also if a consumer had other specific equipment including hoists and bed poles.

Service staff stated performance is regularly monitored. Consumers/ representatives interviewed said in different ways that they were satisfied with staff performance. Staff interviewed reported they are engaged in supervision, probationary supervision and annual performance and development related discussions with management who ask staff to self-identify development opportunities, or areas of additional training as part of ongoing professional development. Completed performance and development reviews for staff were viewed at the quality audit. The Assessment Team identified that Gippsland staff had not had a performance and development review since 2021 and others had not had one since they commenced. Management discussed the performance and development review process and that informal discussions are held with support workers. Support workers can reach out to the delivery support lead for support. Management advised staff are monitored formally when issues arise. The service has system and processes to manage underperformance with support from the organisation’s people and culture department. Management described how they monitor the performance of sub-contracted support workers through consumer feedback and periodic audits of the sub-contractors.

# Standard 8

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

Findings

Consumers are engaged in the development, delivery and evaluation of services through feedback. The organisation obtains information from consumers through their ‘audit angel’ and ‘stop for safety’ processes. The ‘audit angel’ process includes a telephone call to the consumer/representative to seek their feedback through a survey type process where a number of questions are asked and the responses documented via an ‘app’. The responses are monitored and reported on by the quality team. Themes and responses are evaluated and they can determine if there are issues at an outlet or organisational wide. The stop for safety process is an opportunity for support workers to document changes in a consumers care needs and any improvements they identify. The service uses feedback, complaints, incidents and monthly consumer audits to check consumer satisfaction and trend issues that may lead to improvements being implemented through the organisation’s continuous improvement plan.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisations Board meets monthly and reports are provided to the Board from the organisation’s subcommittees, chief executive officer and executive leadership team. The Board satisfies itself that the Aged Care Quality Standards are being met through use of internal audits, feedback and complaints mechanisms, consumer surveys, clinical indicators and quality reports. The quality team provides the Board with a balance scorecard that explains results from incident data including clinical, complaints and feedback and workforce information. The Board meeting minutes included finance information inclusive of budgets and business plan, strategic plan, discussion around home services vehicles for support workers, diversity, equity and inclusion update, group developing reconciliation plan, cultural safety - LGBTIQA+ and that they are in the process of obtaining the Rainbow Tick accreditation, clinical update inclusive of a clinical governance internal audit. Senior management advised this information ensures governance and oversight of the service and reporting of critical incidents to senior management and the Board.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

*Information management:*

The service has information management systems in place that include a client management system, website, email, intranet, meetings face to face and virtually to share information. Consumer information is maintained in a client management system. Information is maintained securely and information privacy policies apply as identified by the Assessment Team during the quality audit. Management and staff reported that they have access to information that is relevant to them when they need it and to inform them in the delivery of care and services to consumers.

*Continuous improvement:*

Continuous improvement opportunities are identified through internal and external audits, trend analysis of their risk management database, complaints, feedback and incidents. An audit schedule is in place and monitored by the quality team. Discussions with management, staff, consumers/representatives show improvements are ongoing. Management discussed an improvement implemented due to feedback from consumers/representatives relating to monthly statements. The improvement included the development of a new user guide for home care package monthly statements. The new guide with explanations and definitions on the information recorded in a monthly statement was attached to a letter dated 10 June 2023 to be sent to all home care package consumers in Gippsland.

*Financial governance:*

Financial governance is overseen by the organisation’s chief operating officer, finance and major projects committee, the Board, executive leadership team and the organisations financial business unit. The finance and major projects committee report to the Board in relation to the organisation’s financial position. Financial reports, including balance sheets and profit and loss statements, are included in the Board pack that is provided to Board members prior to the Board meeting.

Discussion with management and review of consumer files identified some consumers have large unspent funds. Unspent funds are regularly monitored via a spreadsheet and care consultants are working with those consumers with unspent funds, offering them additional services. Consumers with overspends are also managed and monitored by their care consultants which may include a review to determine whether they require an increase in home care package level.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

Workforce governance is overseen by the organisation’s people and culture department. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

*Regulatory compliance:*

Management said, when asked the risk-based questions, there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation maintains up to date information on regulatory requirements through government departments, funding bodies, peak bodies and attending state-wide network meetings. Legislative changes go through the risk register and are forwarded to the leadership teams. Management discussed serious incident response scheme (SIRS) and how they looked at how they do it in residential and then drafted SIRS for in home services and provided a road show to the teams. Management stated they shared the SIRS information with support workers and have included the information in the induction program for new staff.

Regulatory changes are drafted and sent up through governance committees for endorsement and uploaded into a data management system and staff are notified via meetings, emails and education sessions.

Feedback and complaints:

Management advised, when asked the risk-based questions in relation to complaints that their complaints data shows trends are usually based around equipment that cannot be funded under a home care package and some missed shifts. The organisation has a feedback and complaints procedure and an open disclosure - work instruction inclusive of a flowchart and guiding principles. Feedback and complaints upon receipt are recorded in an online risk management system. The Decision Maker notes the service responded proactively to the Assessment Team’s findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement was provided by the service which substantiated the steps to rectify small deficiencies identified by the Assessment Team. – *End of ‘Feedback and complaints’ heading.*

The organisation has a risk management framework inclusive of a risk register and quality and risk management procedure. The organisation operates a risk management system and incidents are reported to the governing body every month. The organisations risk register was reviewed and updated by the executive leadership team in May 2023 and will be presented to the Board for endorsement in July 2023. Management discussed the managing of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In relation to high impact or high prevalence risks associated with the consumers of the service. Management discussed their vulnerable persons register and an internal register that includes all vulnerable consumers that can be filtered for their Gippsland consumers. The register includes consumers that live alone, have mobility and medical conditions with no support, language barriers and anything else that can isolate them. Consumers on the vulnerable persons register are monitored to ensure that their services are constant or if there is a cancellation to ensure there are not consecutive cancellations. The organisation has a suite of policies and procedures to provide guidance to staff in managing high impact or high prevalence risks.

In relation to identifying and responding to abuse of consumers, the organisation has policies, procedures and online training modules are in place to guide staff in recognising and responding to signs of elder abuse and neglect. Staff interviewed, and a review of training records confirmed that staff had received training in identifying neglect and abuse in consumers. Staff were able to describe what they would do in the event of identifying neglect and abuse in a consumer.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice and sense of self. Staff described ways they support consumers to live their best life, including asking their preferences for care and services and providing services that meet their goals.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. Management discussed their clinical governance framework that includes five clinical pillars and their clinical governance committee that meets bimonthly to discuss clinical incidents and identify high risk consumers or trends. Clinical issues are reported to the Board through the balance scorecard on a monthly basis. Clinical incidents are reported and trended bimonthly and discussed at the clinical service excellence governance committee.

The service has an antimicrobial stewardship practice standard and has developed a brochure for consumers on understanding the use of antibiotics. Care consultants discuss use of antibiotics with consumers and encourage consumers to go back to their general practitioners if they do not understand why they have been prescribed the medication.

The organisation’s restrictive practices practice standard guides staff in identifying and reporting restrictive practices including restraint. Support workers report any form of restraint including the use of bed poles. Support workers have received training on restraint and the use of bed poles. Consumers using a bed poles are referred to an occupational therapist for an assessment and reviewed during assessments conducted by care consultants to ensure the equipment is safe for the consumer to use.

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)