**Performance**

**Report**

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| Name: | Barwon South West CHSP Services |
| Commission ID: | 300241 |
| Address: | 45-95 Ballarat Road, NORTH GEELONG, Victoria, 3215 |
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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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8233 Barwon Health  
Service: 24693 Barwon Health - Care Relationships and Carer Support  
Service: 25230 Barwon Health - Community and Home Support

**This performance report**

This performance report for Barwon South West CHSP Services has been prepared by A.Cachia, 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.

# Material relied on

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

* the Assessment Team’s report for 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 11 June 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not Applicable | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not Applicable | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not Applicable | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Not Applicable | Compliant |

Findings

Consumers and representatives said staff treat them with dignity and respect, and valued their individual culture and identity and provided examples including, listening without judgement and treating them as equals. Staff explained how they treat consumers with dignity and respect, sharing how they ensure communication is appropriate and they do everything possible to recognise and meet consumer’s needs. Management said and documentation showed how the service utilises a code of conduct and partnering with consumers framework to support the provision of safe and inclusive delivery of care and services. Sampled care plans identified what is important to each consumer, including their identity, care preferences, culture and background.

Consumers and their representatives said that their cultural needs and background are understood by staff, and staff know each individual. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, sharing how they listen to consumers stories, ask questions with sensitivity and involving an interpreter where appropriate for home visits, with staff sharing how they completed cultural awareness training. Management said they have added cultural awareness training to the organisation’s training matrix as the current training is not mandatory for all staff. Management explained and documentation showed consumers social and cultural needs are addressed through the use of language and interpreter services, mandatory cultural training for staff, and the use of diversity and inclusion policies.

Consumers and their representatives said they are supported to actively make decisions about their care and delivery of services, and connections they make with others. One consumer shared how they make all decisions about the different activities they wish to participate in at the social support group they attend. Staff described how they support consumers to make decisions and provide options when undertaking services. Management explained that decision making policies and procedures guide staff in supporting consumer choice. Documentation included information outlining consumer choices about care and services, and relationships, including support persons and representatives involved in supporting individual care needs.

Consumers and their representatives advised consumers are supported to live the best life they can by staff listening and encouraging consumers. One consumer who is a risk of falls said staff support her to feel safe to attend social outings. Staff explained how they engage with consumers to help them maintain their independence by safely taking risks, including suggesting options to minimise risk and tailoring activities to meet consumer needs, while supporting consumers to participate in what is important to them. Management were knowledgeable of consumers at risk and described how they best support consumers. While management acknowledged they do not have a dignity of risk form in place, risk management and policies guide staff practices, demonstrating dignity of risk to occur in practice.

Consumers and their representatives said they are frequently provided with service information in various ways, which is easy to understand. One representative said they receive regular calendar updates outlining upcoming social support group activities so the consumer can decide what they wish to participate in. Staff and management described methods used to communicate information to consumers, including a ‘written information simply explained’ (WISE) group of consumer advisors to ensure readability and communication is well understood. Documentation showed service specific information and the Charter of Aged Care Rights is provided to all consumers.

Consumers and their representatives said consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. Staff said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. Management said, and staff confirmed they received privacy and confidentiality training and follow the organisation’s privacy framework, policies and procedures.

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 Applicable | 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Not Applicable | 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. | Not Applicable | Compliant |

Findings

Consumers and representatives are satisfied with how services support consumer independence and quality of life, which was captured through the services assessment and planning process. Staff said, and documentation showed consumer information was readily available to guide staff in delivering services safely through the effectiveness of the assessment and planning processes, including risk assessment considerations, assessments and alerts. Management said the service undertakes assessment and care planning collaboratively with consumers, in their home or via telephone dependent on identified needs, to ensure safe and effective service delivery. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of risks identified and mitigation strategies are documented. The provider has care planning policies and procedures, which outline how the provider undertakes assessment and care planning.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals, and the service provided information on advance care planning when receiving their welcome pack. One consumer described how important receiving allied health and meal services was in maintaining their goal of independence. Staff said they access information about consumer’s needs, goals and preferences during the initial assessment and have adequate information, including medical conditions, allergies, mobility requirements and identified risks. Management explained the providers process for advance care planning as part of the initial assessment and care planning process. The service has policies and procedures to guide staff on how to support and manage consumers nearing end-of-life, and the organisation offer a comprehensive palliative care assessment and services through an internal referral process.

Consumers and representatives said they are actively involved in the decision-making process when developing a care plan that meets consumers’ needs, including one consumer who said them and their representative are a partner in the consumers’ care planning. Allied health staff said they work in partnership and collaborate with consumers by involving them and their chosen representatives in care planning and assessment discussions. Management said the organisation takes a holistic approach, coordinating care and services with external services and health professionals involved in consumers care providing recommendation letters to general practitioners to provide a multi-disciplinary approach to assessments. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including allied health practitioners and their representatives.

Consumers and representatives confirmed they are provided with a copy of the consumer care plan and said staff explain information about their care and services. Management explained how consumer care plans are updated in collaboration with consumers and their representatives. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said the service reviews care and services, including in response to change in circumstances and deterioration. Staff and management said consumers’ care and services are reassessed regularly or when a change in circumstances occurs. Furthermore, consumers deemed higher-risk receive reviews upon each visit or service delivered. Care plan review policies and processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences, including triggers such as change in health status, incident reports and staff observation.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Not Applicable | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable | 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. | Not Applicable | 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable | 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. | Not Applicable | Compliant |

Findings

Consumers and representatives said they are satisfied with the clinical care provided, with consumers describing consistency in staff and how they are happy with the delivery of care and services. Staff demonstrated familiarity with the clinical care needs of consumers, including high impact or high prevalence risks associated with their care and describing how consumers are assessed as individuals. Management said the service use a comprehensive clinical assessment system to ensure a best practice approach is maintained by assessing mobility, falls, cognition nutrition and changed behaviours. The service maintains care documentation including general practitioner directions, nursing care plans and allied health assessments, detailing how care and services are required to be delivered.

There are policies and processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed. Staff and management explained how the service primarily provides intervention based, short-term health services, rarely encountering consumers nearing end of life, however the organisation maintains procedures in place to guide staff in supporting consumers nearing end of life in order to maximise comfort and preserve consumer dignity. Management was knowledgeable of how they would respond and support consumers nearing end of life, by involving external palliative care teams and connecting consumers by referring them to community services.

Consumers and representatives said staff would identify and respond to consumer deterioration and change and explained how the service has assisted numerous consumers to access increased services, allied health or nursing services. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of recent significant changes that occurred in consumers clinical care needs. Documentation showed, and management said deterioration in consumers’ health is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, completing incident reporting where appropriate, and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Numerous consumers said they never need to repeat instructions as or direct staff in how to deliver services. Staff said they document progress notes following each service delivered to ensure information is available to others for continuity of care. Management said the service ensures all staff have access to sufficient detail and information to enable staff to deliver clinical care.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Staff said they share consumer information with consumer coordinators who complete referral processes to external services to support the consumer’s needs. Allied health clinicians and nursing staff described the referral process, by including medical history, consumer information and reason for referral. Management said, and documentation showed the service refers promptly when involving My Aged Care, following identifying a consumer need.

Consumers and representatives said staff are always fully masked, wash and sterilise their hands. Staff said they are vigilant in their adherence to hygiene practices to reduce infection-based risk and complete a rapid antigen test before commencing the delivery of services. The service has an infection prevention and outbreak management plan to guide practices of infectious disease and mandatory infection and prevention training for staff to complete.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements 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. | Not Applicable | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Applicable | 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable | Not Applicable |

Findings

Consumers and representatives said and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received. Staff said they support consumers independence, health and well-being through providing support to access the community and access to mobility aids and equipment to increase independence. Sampled care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals, including one consumer whose goal was to build connections with new people.

Consumers and representatives confirmed their emotional and psychological well-being is supported and provided examples of how staff would recognise if they were feeling low. Staff said they sensitively support consumers by taking time to discuss any concerns and supporting consumers to access appropriate services. Sampled documentation outlined accessibility of services and support for consumers who experiences challenges, change or loss, including social work and psychological services.

Consumers and representatives described how the service enables opportunity for consumers to participate in meaningful activities, including activity groups and receiving support to stay connected through social interaction and building relationships. One consumers representative said the consumer, who lives with dementia, attends the social support group which provides transport assistance and allows the consumer to enjoy social connections and activities. Staff described the importance of services for consumers that allows them to remain connected to their community and to do things of interest. Management and staff demonstrated how consumers are consulted about opportunities for social interaction and ensuring activities are of interest.

Consumers and representatives said they are comfortable talking to staff about their care and services, advising that staff are aware of consumer conditions, needs and preferences. One consumer representative said they would like to receive more information about activities the consumer with communication difficulties participated in. Staff said they are aware of changes in care through consumer assessments and care plan reviews and ensure information related to services and supports for daily living are documented on consumer’s files and shared with other staff involved in the consumer’s care. Sampled care plans demonstrated care planning and reassessments are completed annually; maintaining open communication with all services involved in consumer care needs, with the use of written consent forms, to ensure continuity of care is maintained.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely and support the needs of the consumer. Sampled care plans demonstrated timely referrals were made, including to Dementia Australia and counselling services.

Consumers and representatives said they receive food that is of suitable quality and quantity, with consumer information relating to allergies, dietary requirements, likes and dislikes reflected in their care documentation. Staff demonstrated, and the Assessment Team observed staff actively seeking feedback from consumers and monitoring meals to ensure suitability and that needs and preferences were met. The Assessment Team sighted dietitian approved meals prepared with a selection of food options as part of a three course meal available.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Compliant |

Findings

Consumers and representatives said they always feel welcome when attending the service environment, sharing how they find it easy to navigate and understand. The Assessment Team observed how the service sites are accessible, with ramps and rails to assist consumer mobility, and car parking available at entry points to optimise functionality. Service environment signage and functions were observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely, with consumers and staff sharing how they can move freely to the outside area. Staff said, and management described how they maintain the cleanliness of the environment, utilising cleaning schedules and personal protective equipment.

The service has buses sub-contracted for the delivery of social support programs which appeared to be well-maintained and clean. Consumers and representatives said they are satisfied with the equipment provided by the service, describing it as well-maintained and appropriate for their use. Staff described how fittings and equipment is well-maintained and were knowledgeable in how to report maintenance requests. The Assessment Team observed personal protective equipment utilised and readily available for staff use, and how staff cleaned equipment in between consumer use.

Based on this evidence, 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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Applicable | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Applicable | Compliant |

Findings

Consumers and representatives said they are encouraged and know how to provide feedback and make complaints. One consumer said that when they raised concerns with staff, the issue was resolved promptly and they shared how they were satisfied with the outcome and process. Staff and management were knowledgeable of the feedback and complaints process, and said the organisation supports consumers and representatives by providing information on their rights, how to make a complaint and provide feedback.

Consumers and representatives said they were aware of ways to receive advocacy support, referring to friends and family. Staff and management said they support consumers and representatives by providing advocacy service and complaints information. Bi-lingual cultural workers explained how they provide advice and support to consumers and representatives to ensure they can access services. Management explained that the organisation has a ‘key worker’ who assists consumers in navigating and accessing advocacy services.

All staff said they received training on open disclosure resolution and were knowledgeable in open disclosure processes used to manage complaints received. Management said how the service has policies and procedures, inclusive of open disclosure and complaints handling. Management provided examples of how the organisation has responded to complaints, outlining acknowledgement of complaints, changes made to consumer services, demonstrating open disclosure and additional communication and collaboration with the consumer. Documentation showed complaints recorded in progress notes on consumer files.

Consumers said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly, and improvements to care and service delivery are identified and implemented as a result. Management said improvements are actioned as a result of feedback and complaints and provided examples of service improvements made to the feedback process after identifying further scope to record complaints and provide access to executive management to trend complaints. Evidence sighted by the Assessment Team demonstrated consumers provide positive and negative feedback, however information is not consistently recorded in the organisation’s complaints or risk registers.

While some deficiencies were identified in relation to how all feedback and complaints are recorded in the organisation’s complaints register for monitoring and trending, these have been considered under Requirement (3)(c) in Standard 8 Organisational governance respectively.

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. | Not Applicable | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Applicable | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Applicable | Compliant |

Findings

Consumers and representatives were satisfied with the number of staff available, advising that staff are very reliable, and on the occasion where services need to be rescheduled, they are always notified. Management discussed workforce planning and analysis of workforce needs, by discussing amongst Directors, as well as monitoring and reviewing the programs delivered, to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs, including that staff know their background and preferences, and are committed to their roles. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer with dignity and respect, and have an awareness of individual preferences. Management said the organisation conducts quality reviews of services received and seek feedback from consumers and representatives to ensure consumers are receiving appropriate care and services.

Consumers and representatives provided positive feedback that staff understood consumers’ needs. Staff said they undergo a recruitment process where relevant qualifications, skills and knowledge are reviewed to ensure staff effectively perform their role. Staff explained how they have also completed relevant training and attend regular staff meetings and case management that supports them to effectively perform their roles. Management said they do not monitor subcontracted staff qualifications and probity checks. The service demonstrated, and the Assessment Team sighted policy and procedure documentation, along with position descriptions in place outlining relevant qualifications and competencies required for each role.

Consumers and representatives said they are satisfied with staff skills and knowledge, advising that consumers felt safe and cared for when receiving services. Staff said, and the Assessment Team sighted that staff have access to ongoing training opportunities, including mandatory position specific and organisation wide training. Management explained mandatory training for all staff includes job-specific training to ensure staff are equipped to support the delivery of care and services. Mandatory training and an orientation program were evidenced for staff when commencing employment, along with access to position descriptions.

Staff are required to undertake performance appraisals annually, with new staff completing six-month probation periods. Further support is provided to staff when there is a need for improvement. Staff said they have completed their performance management and review process. Management said they are implementing a structured supervision program that includes opportunity for staff to participate in reflective practice to a broader multidisciplinary group within the organisation.

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. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Applicable | 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. | Not Applicable | 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. | Not Applicable | Compliant |

Findings

Requirement 8(3)(c)

Interviews with consumers and staff, and documentation showed there are some effective organisation wide governance systems in place to support, continuous improvement, workforce governance, financial governance and feedback and complaints. The Assessment Team reported each service did not demonstrate that the organisation has effective information management and regulatory compliance systems to support consumers receiving care under the CHSP program. The Assessment Team provided the following evidence to support their assessment:

Information Management

* The Assessment Team identified the service is not managing consumer referrals appropriately in line with CHSP program manual requirements, whereby staff said the organisation places consumers on an internal waitlist, indicating wait times to access services are extensive.
* Management acknowledged the gap and immediately implemented changes and demonstrated to the Assessment Team the service would not accept My Aged Care referrals unless the service had capacity to provide services immediately.
* The service has a paper-based information management system, where each program maintains separate records, however staff could not demonstrate that they are across other programs that consumers are receiving.
* The Assessment Team identified that consumer paper files are transported by staff in a secure bag to consumer homes, however staff may conduct multiple visits and transport numerous files at once.
* Management said consumer information is not available in the electronic system until services are complete, resulting in the Assessment Team unable to view consumer records, including medical health and hospital records.

Regulatory Compliance

* The Assessment Team identified that one of the two subcontracted providers had not signed the service agreement and contractual arrangements by the completion of the quality assessment. Furthermore, one subcontracted staff said they have not completed first aid training, mandatory for all staff delivering care and services to CHSP consumers.
* Management said monitoring contracts is addressed through incident and complaints data raised, however did not demonstrate monitoring of probity and training of subcontractors is undertaken. Management is not aware of whether staff providing care to consumers have current police checks, drivers’ licenses and immunisations required to meet regulatory requirements.
* The service provided evidence of processes in place to manage and monitor regulatory compliance, including information disseminated to relevant areas when legislative changes occur. The service demonstrate legislative changes are also communicated via board papers distributed to the Board.

Continuous improvement, financial governance and workforce governance

* Continuous improvement processes are in place to record planned and implemented actions. Management described implementation of improvements, including, development of a primary care module of review to ensure consumers get care at the right time and place, reviewing viability of social support programs, implementation of dignity of risk processes.
* Financial governance processes are in place to report on the organisation’s financial health.
* Processes are in place to manage and monitor recruitment processes and underperformance. Information is escalated to the executive committee.

In response to the Assessment Team Report the provider submitted a response outlining the actions undertaken to address the deficiencies. The response included the following evidence is relevant to my finding:

Information Management

* The provider said to strengthen information management systems and practices, including referral waitlist processes; the service completed a quality improvement plan, outlining work instructions to reflect proposed changes. Management confirms the procedure was updated and all staff were informed. Furthermore, management said the consumer referrals will be allocated to the waitlist in the My Aged Care portal, rather than transferred to ‘accepted service pending’ status. Lastly, management said a further review of waitlists will be added to the CHSP Governance meeting.
* Management said they are developing and a Community Electronic Medical Record to enable care planning, assessment and documentation can be accessed in real time across the provider. The anticipated initial implementation for community nursing services is forecasted for August 2024.
* Management said evidence of the patient administration system was provided to the Assessment Team during the quality assessment, demonstrating consumer appointments, planned admissions and attendance records, accessible to all staff. Management described how the systems enable staff to view services provided to consumers and access information in a timely manner.
* The service said they have updated the community nursing brochure to include Aged Care Quality and Safety Commission contact information and intend to develop a new service brochure for consumers, to replace the current one available to consumers.
* Management said all services have been reviewed under CHSP care to include information brochures as part of the services information pack provided to consumers. The service said this is now occurring as a standard practice and a half yearly audit will occur to ensure compliance.

Regulatory Compliance

* Management said the service will address issues surrounding compliance with the subcontractor for probity and training obligations scheduled 20 June 2024. The services carer support coordinator has been appointed to monitor compliance through quarterly meetings with the Home Instead operational team leader and intends to increase the frequency where imminent issues need to be addressed. Management confirmed in the instance where subcontractors are unable to adhere to compliance requirements, contractual arrangements of CHSP funded activities will cease and alternate providers will be sought by the service.

In coming to my finding, I have considered the Assessment Teams report and the provider’s response, which does not demonstrate deficits in relation to this Requirement.

In relation to information management, I have considered that while there were consumers on internal waiting lists which did not align with expectations listed in the CHSP program manual, there was no evidence demonstrating how this has stemmed from deficits in information management systems. Furthermore, shortly after management were advised of the issue, the Assessment Team was provided updated processes to show it had been addressed. I have also considered that while the provider has paper-based records there was no evidence indicating staff don’t have access to the information they need or that there have been any impacts to care and service delivery. I have placed weight on information in the provider’s response demonstrating that an electronic system is in progress and will commence implementation during August 2024.

In relation to regulatory compliance, I have considered that an organisation’s failure to meet their regulatory obligations, such as not maintaining oversight of probity checks and qualifications of its subcontracted workforce, is indicative of deficits in their governance systems, not definitive. The provider’s response demonstrates that issues raised by the Assessment Team was addressed with the subcontractor by 20 June 2024, including implementation of monitoring processes and oversight by a governance committee. I have placed weight on evidence in the Assessment Team’s report demonstrating that the organisation has processes to manage and monitor regulatory compliance, including understanding and disseminating relevant information and updates.

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

Requirement 8(3)(a), 8(3)(b), 8(3)(d), 8(3)(e)

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through consumer advisory committees and a consumer experience liaison lead. Management explained how they engage consumers through various mechanisms, including involving consumers on the services consumer advisory committee as well as regularly seek input and feedback from consumers through feedback forms and consumer surveys to improve care and services. Management said the service is reviewing a ‘patient experience survey’, as consumers identified the previous survey did not capture consumer concerns.

The organisation’s governing body is comprised of a Board of elected members with a mix of skills, including a corporate and clinical governance member. Management said the organisation has various executive leadership meetings to review audit and risk, finance and people and culture committees, which the Board has access to all summary reports submitted. The organisation has a clinical governance committee and hold monthly clinical meetings involving a number of executive members to ensure oversight of quality care and services is maintained by reviewing incidents, complaints, risk registers and chief executive updates.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff training records showed staff have completed training on identifying abuse and neglect of consumers and were knowledgeable in the services reporting processes, including incident escalation. Management said organisational and strategic risks are monitored by the audit and risk committee, and cascaded from the services corporate risk register, which includes policies, procedures and risk matrices, to the local risk registers.

The organisation’s clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure, and antimicrobial stewardship. Monitoring of clinical data and incidents, and feedback and complaints are undertaken to ensure consumer care is delivered in line with organisational policies and procedures and opportunities for improvement are identified. Management said all staff have not received targeted training on restrictive practices, however the service has commenced reviewing their training requirements to ensure staff complete restrictive practice training. Sampled care files showed regular review of consumers’ subject to restrictive practices and antibiotic usage.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements 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)