**Performance**

**Report**

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| Name: | Beaufort & Skipton Health Service |
| Commission ID: | 300735 |
| Address: | 28 Havelock Street, BEAUFORT, Victoria, 3373 |
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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

Home Care Packages (**HCP**) included:  
Provider: 886 Beaufort & Skipton Health Service  
Service: 27450 Beaufort and Skipton Health Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8711 Beaufort and Skipton Health Service  
Service: 25772 Beaufort and Skipton Health Service - Community and Home Support

**This performance report**

This performance report for Beaufort & Skipton Health Service (**the service**) has been prepared by N Eastwood, 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.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers explained staff and management listened to them and knew them well. Assessment and care planning documentation included information about consumer background and preferences consistent with information received from consumers. For consumers receiving HCP services, their preferences and risks are recorded in both paper files kept in the home and the electronic health information system.

There is evidence of consideration to individual cultural needs through the assessment process and how each consumer wishes to recognise or celebrate their culture. Consumers and representatives confirmed they have choice and opportunity to make decisions about their care. Care documentation demonstrated consumers are asked about important relationships and goals related to their care.

Management explained how safety considerations are balanced with consumer rights to take risks. A high-risk consumer register is implemented at the service overseen by management to identify consumers at risk and support actions such as telephone contact to raise awareness prior to extreme weather events.

Case managers have regular contact with consumers and complete an annual care plan review as well as where changes occur. Consumers are supported to participate with development of their care plan and representatives are invited to contribute according to consumer wishes.

The organisation’s policy outlines processes to safeguard consumer privacy and confidentiality, which is also supported by staff training.

# Standard 2

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Case managers described initial assessment and consultation is conducted in conjunction with a Registered Nurse (RN) and focused on the development of a goal directed individual care plan. Risk is considered and assessed using validated assessment tools. Consumers identified as at risk are registered on the vulnerable persons register with high-impact or high-prevalent risk recorded on the service’s high-risk register and mitigation strategies discussed with consumers and documented.

Consumers are consulted about their goals and advanced care plans with case managers promoting informed decision making by providing brochures and forms during assessment and review. Further discussion about advance care planning is directed by the consumer and representative and usually occurs in consultation with the treating medical officer.

Consumers and representatives confirmed they were involved in the assessment and care planning process. Service delivery reflected consumer preference related to the types of care provided, frequency of visits, preferred times and days as well as the preferred gender of the staff. There is consideration to existing relationships other health providers such as general practitioners, geriatricians, allied health providers, and specialist services to support a multidisciplinary approach to assessment and planning processes.

Hard copy care plans are provided to consumers following initial assessment with updated copies when changes occur, or re-assessment is completed. HCP and CHSP consumer information is entered into the electronic health information system accessible to all relevant staff. Brokered staff access consumer service requests through an application on their mobile phones. Care documentation included notation to reflect when care plans and service task-lists are reviewed and offered to consumers and representatives.

There was evidence of regular care reviews including 6-8 weekly needs assessments to promote a regular review of personal, functional, domestic and community needs of daily living. Check-in phone calls are scheduled more frequently for vulnerable or at-risk consumers and evidence was noted of review following events, such as hospital admissions, in consumer files. weekly management meetings to address clinical concerns raised by community support workers, consumers or representatives and relevant external professional services. The Quality Audit noted examples of wound management associated reviews and exercise physiologist strength exercise session for CHSP consumer 6 month review.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

HCP and CHSP managers explained clinical care is provided based on consumer needs and preferences, with outcomes of assessments detailed in consumer care plans. Consumer care documentation reflected nursing and allied health providers referrals, assessments, and recommendations. There was evidence of personalised information regarding individual preferences as well as collaboration with external services to incorporate specialty service recommendations.

Interventions to manage and mitigate the risks to consumers are developed and entered in the electronic consumer care plans. Staff are provided with enough information to understand and manage consumer risk and explained that when in doubt they phone the case manager for support and guidance. A home and environmental risk check is completed at the initial visit, and identified high-impact, high-prevalence risks are entered on the client list. The service records maintain records of vulnerable persons and clinical staff demonstrated a comprehensive awareness of risk management providing multiple examples of consumers with risk mitigation strategies in place.

Consumers and representatives confirmed they had the opportunity to discuss future planning, including advance care planning, at the initial consultation. Information in relation to advance care planning and online links to access to advocacy services are included in the service welcome pack.

Care documentation reflected timely responses when changes in consumer health or conditions were reported and actioned. Clinical managers described the process for responding to deterioration that aligned with the service’s Clinical Deterioration and Management policy. There was evidence of immediate response to escalation of care reported by care staff to clinical staff. Consumer consent enables information to be shared internally and externally where responsibility for care is shared. Brokered staff confirmed they receive sufficient information about consumers and care documentation demonstrated involvement and inclusion of recommendations related to care needs.

Case managers explained that consumer requests or clinical indicators prompt referrals to appropriate professional health care providers. Follow up alerts are diarised so case managers can review recommendations or see the progression of wait lists to utilise referred services.

There was evidence of appropriate access and knowledge related to the use of Personal Protective Equipment and infection prevention control awareness. An information brochure on antimicrobial stewardship and appropriate antibiotic use provided in the welcome pack.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives described how the services and supports for daily living enhance consumer well-being and quality of life. Care planning documentation provides relevant information across the range of services to promote consumer independence in a safe and effective manner. Case managers, clinical staff and community support workers described how they provide reassurance to consumers and monitor and assess their mood.

Care planning documentation included personal relationships of importance and reflected that consumers are supported to attend scheduled appointments and activities. Case managers demonstrated their awareness of individual consumer history and lifestyle to inform care planning. Care documentation reflects communication with others responsible for care, including representatives, and brokered services providers occur with consumer consent. Case managers identify the need for consumers to receive services from other organisations, maintenance personnel, and/or health practitioners as part of the ongoing review and assessment process. Case managers explained financial aspects are discussed and considered before obtaining consent to make a referral.

The service does not directly provide meals to consumers; however, community support workers assist with meal preparation when requested. Consumer file documentation included food allergies and dietary requirements.

Consumers and representatives indicated where equipment was provided this had been in conjunction with appropriate health personnel recommendation. The exercise equipment provided in the group sessions was observed to be safe and suitable with a sanitising system described by the allied health assistant. The service operates bus outings fortnightly and the vehicles are subject to scheduled and reactive maintenance, including the safety equipment and wheelchair hoist, as reflected in documentation.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers utilise a variety of services within the organisation and spoke positively about the co-located service environments where they access allied health and social groups. The community centre was observed to be a modern well-appointed council owned building. It appeared well maintained with environmental controls and safety features. Each of the buildings had multiple entry and egress points, spacious passages, and wayfinding signs to support consumers to move freely. The service’s support and supply manager demonstrated the vehicle maintenance systems, oversight of cleaning schedules and additional safety equipment installation.

Consumers with varied mobility requirements are catered for and the Assessment Team observed participants with various gait aids or wheelchairs in attendance. When items need repair an electronic work request is logged for the maintenance officer, and the Assessment Team saw clear signage to indicate when equipment was out of order.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Management explained that staff contact consumers to enable an opportunity to engage with a survey providing feedback related to services and staff. The results of the survey are recorded in the electronic care system and evaluated in team meetings and quality reports. Consumers confirmed they were comfortable to raise concerns and that staff and management would support them.

The service’s consumer information pack includes contact details for several advocacy agencies including the Office of the Public Advocate and the Older Persons Advocacy Network. The pack also includes information about interpreter and support services such as the Vision Australia, Hearing Australia and Carers Victoria.

Consumers confirmed when things go wrong staff apologise and the service acts quickly to resolve issues. A review of feedback records reflected that the service uses open disclosure and the timely management of complaints. A review of Clinical Safety and Quality Committee meeting minutes demonstrated management monitors complaints data to identify trends to inform the service’s Plan for Continuous Improvement (PCI).

Consumers described positive changes made to their services following complaints and feedback, and management provided examples of improvements. Management confirmed feedback and complaints are reviewed monthly within several committee meetings and relevant information provided to the Board. Review of both Clinical Activity, Review & Evaluation (CARE) Committee and Home Care Packages meeting minutes included discussion of information related to feedback and complaints.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers said they are contacted in advance when shifts need to be rescheduled or staff replaced. Management described structuring of staff directly employed by the service, which includes a team of case managers and community support workers, with brokered community support workers and health services such as district nurses and allied health.

A review of consumer care plans included communication cues to assist community support workers in respecting consumer diversity including those from Austrian and Polish heritages. A representative account also reflected respectful interactions with staff and examples of a personalised approach to support a positive experience.

Position descriptions for case managers, clinical and allied health professionals a well as care staff reflected the roles, responsibilities and qualifications required. Subcontractor records demonstrated signed formal agreements in place for all subcontracted services that reflect the necessary qualifications, registrations, relevant insurance, Australian Business Number (ABN), and identification.

Management described annual mandatory training and scheduled monthly training required to be completed by staff. Management also demonstrated how staff training needs are identified through performance appraisals, feedback, and incident trends. Staff are encouraged to seek further education in specific areas when the need arises.

The performance review procedure includes a formalised appraisal process which encourages staff self-assessment and structured feedback. Management confirmed the appraisal process ensures identification of professional development opportunities. There was evidence of completed and documented performance appraisals.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts consumer surveys and regularly seeks feedback from consumers less formally. The organisation has established a community advisory committee with consumer representation which reports to the Board. Management described how consumer feedback, suggestions and complaints are used to develop improvements, evaluate current needs, and improve care and services. Key organisational sub-committees report to the Board and provide monthly reports on clinical indicators, incidents, audits, and consumer feedback to enable monitoring and review of delivery of safe care in line with best practice.

Staff confirmed information is available to them to provide effective care with care plans available through the secure online electronic care systems and hard copy documents. The service provides consumers with monthly statements that are straightforward and easy to read. Care managers review the accumulation of unspent funds with consumers and outline options.

The Quality Improvement policy outlines the framework for continuous improvement and supports the role of staff in identifying quality improvement activities. The quality improvement plan includes actions, outcomes, and completion dates.

The service maintains electronic records of competency and qualifications for staff as well all requiring sub-contractors to have evidence of qualifications and/or certifications relevant to their role. The Assessment Team reviewed position descriptions which contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored and distribution through the quality committee and team meetings.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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)