**Performance**

**Report**

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| Name of service: | Bega Valley Community Options |
| Service address: | 1 Zingel Place BEGA NSW 2550 |
| Commission ID: | 200605 |
| Home Service Provider: | Bega Valley Shire Council |
| Activity type: | Quality Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 3 May 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 Bega Valley Community Options (**the service**) has been prepared by M Cooper 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

**CHSP:**

* Community and Home Support, 24168, 1 Zingel Place, BEGA NSW 2550

# 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 1 May 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(e)

Requirement 4(3)(a)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 6(3)(a)

Requirement 6(3)(c)

Requirement 6(3)(d)

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

The Assessment Team reports that the Approved Provider is treating consumers with dignity and respect. The Provider is enabling consumers to live the best life they can whilst respecting the consumers privacy

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 1 May 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is not identifying all risks to consumers health, wellbeing or goals after initial commencement with the Approved Provider. Care plans are not being regularly reviewed and is not ensuring providers are communicating any changes to consumers, in order to prompt a review of care planning documentation.

Requirement 2(3)(a)

The service was unable to demonstrate that current risks to consumers health and wellbeing inform the delivery of services, as consumer care planning documentation had not been reviewed, and subcontracted service providers were not communicating changes or risks that may have been identified by staff in progress notes. For example, one subcontracted service provider reported that they had asked the Approved Provider for a review as they had not heard from the then for some time, and services hadn’t been reviewed. The subcontracted service provider wanted to check things, as they didn’t have much information. Another subcontracted service provider said that a consumer who the Commission was provided details of, had not received services for some time. This information had not been updated on the consumer’s file.

One consumer who receives services, had not been home for any services, as they had to attend dialysis in Canberra. The provider had not alerted the service to this until recently but had sent staff to the home regardless.

The Approved Provider undertakes a WHS home assessment and sends this information to the subcontracted service provider. The subcontracted service providers advised that they use this information as guide and will undertake an additional WHS assessment once the consumers is onboarded to their system.

Information on consumer health and wellbeing, is collected from the ACAT assessment through My Aged Care (MAC), or through medical information forwarded by the hospital when the consumer was discharged and supports and services commenced. The Assessment Team noted that medical information or documentation identifying consumer risks was inconsistent.

Subcontracted service providers are required in the service agreement to report to the service incidents where a consumer has been harmed by an employee or property damaged. Information gathered by the provider on identified risks to the consumer, is not forwarded to the service.

Requirement 2(3)(b)

Current consumer information on needs, goals, and preferences; are located across several documents in consumer files. Consumers reported that the service doesn’t really contact them, or to see if they were ok. When presented to management, the Assessment Team were advised that contact was being established with consumers.

Management advised that a new care plan template has been developed, which consolidates all of these documents into one care plan. Additional changes include the addition of information to ensure care plans are individualised, and that all future assessment and planning processes comply with the Aged Care Standards. The Assessment Team sighted the draft document which includes documenting individualised consumer goals and seeking consumer needs and preferences.

The Approved Provider currently does not seek information pertaining to advanced care planning (ACP); however, it was noted that the current draft consumer care planning documentation has included this as part of the general discussion with consumers. The service has a brochure that will be provided to the consumer for additional information if required.

Requirement 2(3)(c)

The service is currently unable to demonstrate services are planned based on ongoing partnership with the consumer, and others the consumer wishes to be involved in their care.

Consumer care planning documentation sighted only incorporates the selection of CHSP services, such as allied health services or providers able to undertake domestic assistance. It was unclear from the documentation sighted if consumers were provided choice of providers allocated for supports.

Management advised that new care planning documentation will enable additional consumer choice, and will allow consumers during assessment and review, to choose service providers. The Assessment Team noted that during upcoming assessment and review planning using the new document, consumers will be able to nominate if they have a preference in providers to deliver care.

Requirement 2(3)(d)

The service could not demonstrate that the outcomes of assessment and planning are communicated to consumers, or that care plans are updated and available to the consumer. Consumers interviewed said that they did not remember receiving a care plan and confirmed that they had not had a recent assessment or review of their plan.

Management confirmed that ongoing assessments are not undertaken, and a current audit is underway to establish consumers requiring immediate care plan reviews and advised that consumers will be contacted shortly. Information will be gathered from consumers using new care plan documentation.

Requirement 2(3)(e)

The service was unable to demonstrate that consumer care plans are reviewed annually or when circumstances change.

Consumer care plans sighted included:

• Consumer 1 dated 21 June 2018

• Consumer 2 dated 1 June 2018

Management acknowledged that care planning documentation had not been renewed and advised that the service has scheduled an audit of all care plans to ascertain currency, and consumers contacted to review their care and services.

Management advised that the current document and information to be discussed and supplied to consumers is currently being reassessed and developed.

Response to the Assessment Team report

The Approved Provider supplied a copy of its Plan for Continuous Improvement (PCI) (attachment A). Through the PCI the Provider has identified all the non-compliant issues raised in the Assessment Team’s report in relation to Standard 2 and proposed the following strategies

Requirement 2(3)(a) has targeted the 1 June 2023 to have developed a staff guideline, risk assessment and welcome pack update to be completed. Customer feedback survey develop and home visits scheduled for May.

Requirement 2(3)(b) care plan documents updated with advances care plan and chronic disease plan question. Brochures available to consumers during home visits. Schedule meetings in outlook for May 2023, six monthly meetings to be scheduled with consumers in November 2023. The planned completion date is 1 June 2023

Requirement 2(3)(c) care plan updated with choice of service provider in the area completed 20 April 2023. Developed list of allied health providers in the area for each different service EG Podiatry, physiotherapy, occupational therapy to be completed by 1 June 2023

Requirement 2(3)(d) Care plan updated to include statements of information received by client and area to detailed documentation received. Schedule consumer six monthly meetings in outlook for May 2023. This action has been completed.

Requirement 2(3)(e) Care plan updated to include advanced care plan, chronic disease plan, language, interpreter required questions (completed 20 April 2023). Risk assessment added to required home visit documents pack (completed 20 April 2023) schedule meeting in outlook for May 2023, six monthly meeting could be scheduled with consumer for November meeting.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. Section 19AD of the User Rights Principle 2017 also creates a legal obligation for an Approved Provider to provide written care and service plan. The Guidance and Resources for Providers to support the Aged Care Quality Standards articulates the purpose and scope of standard 2 which is part states ‘The plan needs to be regularly reviewed so that changes in a consumer’s health or abilities are picked up’. Further to this, Care and services plans may include advance card planning, advance care directives and end of life planning documents.’

In considering the issues raised in the Assessment Team report I have referenced the Provider’s contractual obligations as articulated in the CHSP programme manual and the objectives of the programme. I note that the CHSP manual states ‘The CHSP is not designed for older people with more intensive or complex care needs. Clients who need ongoing high intensity care are outside the scope of this program. People with higher needs can receive appropriate support through other aged care programs, such as the Home Care Package (HCP) program or residential aged care.’

Further to this, I have reviewed the Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance). The Guidance states that ‘the level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning than an organisation providing residential aged care services’.

It is clear that CHSP service providers have an on-going responsibility to monitor and review the services they provide to their clients under the client’s care plan to ensure that the client’s needs are being met. Providers also have a responsibility to regularly review a client’s progress against their individual goals and should refer the client to their most recent assessment service for a support plan review or re-assessment if their needs change.

However, I am of the opinion that in this particular matter the level of review does not extend to advance care plans or chronic disease plans. If a consumer was to need this type of plan, then they would be in the care of an HCP Provider or in Residential Care. It is acknowledged that the Provider has proactively identified and put strategies in place to ensure its future compliance. However, it is noted that only requirement 2(3)(d) is listed as completed in the PCI.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s written response and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with the requirement 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant.

# Standard 3

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

Findings

The Quality Standard for the Commonwealth Home Support Programme services was not assessed as the Approved Provider does not provide this service.

# Standard 4

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| Services and supports for daily living | | 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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is enabling consumers to partake in the community and do things that are of interest to them whilst providing services that make consumers feel safe.

However, the Approved Provider is not, documenting information regarding consumer’s needs, preferences or changes is communicated within the organisation or with others assisting with care and is not reviewing care planning documentation to ensure supports and services are meeting the consumer’s current needs and care.

Requirement 4(3)(a)

All consumers reported that the subcontracted service provider made them feel safe, and that they were able to receive supports and services that enabled them to remain at home, for example a review of Consumer 3 ‘s care plan states she has a medical diagnoses of hand issues, mobility difficulties and has had a heart attack. Her assigned subcontracted service provider helps her with domestic assistance at home.

While Consumer 3’s provider contacts her regarding her care and supports, the service has not undertaken a care plan review. There is no evidence of communication between the service and provider to assist the service in identifying trends or if services and supports are safe and meet Consumer 2’s current needs.

Requirement 4(3)(d)

The Approved Provider could not demonstrate that information regarding consumer’s needs, preferences, or condition, is shared amongst carers and the other. The Assessment Team noted that by not documenting information, the care coordinator may be unable to identify trends, or to seek a clinical assessment by a registered nurse. This may result in changes to consumers health or cognition not being recognised; and information not readily available should a home care package change is required or medical information needs to be presented to others responsible for care.

Requirement 4(3)(e)

The Approved Provider refers consumers to other appropriate providers, after they have commenced with the service, and this is done within a short period time from initial contact by the consumer with the service. The service could not demonstrate however that referrals to individuals or other organisations occurred as a result of changes or deterioration identified through the identification of deterioration or additional risks as a result of care plan reviews.

One subcontracted service provider reported that a consumer required additional social support which they assisted the consumer to organise. The provider said that they are now providing CHSP social support services through them, while the consumer’s domestic assistance is still being held by the Approved Provider.

Response to Assessment Team report

Requirement 4(3)(a)

The Approved Provider has scheduled meetings in outlook for May 2023, six monthly meetings to be scheduled with consumer For November meeting. Risk assessment and care plan to be uploaded to clients MYP file after meeting. This section has a completion date of the 1st of June 2023.

Requirement 4(3)(d)

The care plan has been updated with advanced care plan and chronic disease management plan questions. Brochures available for consumer choice, added to welcome pack. Questions added to care plan relating to religious and spiritual preferences. This was completed on 20 April 2023.

Meeting were scheduled in outlook for May 2023, six monthly meetings to be scheduled with consumers for November meeting. MOU updated to include risk assessment requirements and formal notification of risks, complaints, feedback and changes to be sent to service from provider. This action was completed on 20 April 2023.

The provider further qualified its progress in relation to compliance with requirement 4(3)(d) by stating care plan welcome pack update complete, care plan complete and MOU update in draught form. Consumer feedback survey developed. Home visits scheduled for May, staff guidelines under development.

Requirement 4(3)(e)

Provider meeting scheduled for May 2023. Consumer scheduled meetings in outlook for May 2023, six monthly meeting to be scheduled with consumer for November meeting. This section has been tagged for completion on one June 2023

It is acknowledged that the Approved Provider has been proactive in identifying and addressing the non-compliances that were detected during the audit. In reviewing the PCI, it is clear that a number of actions have already been completed however when viewed holistically it would appear that there is still some work to be done to ensure that the non-compliant requirements complement the outcomes being a sought in Standard 4. At this point in time, I am the of the view that the amendments that have been undertaken have not matured sufficiently enough for me to form the view that the approved provider is now compliant.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements 4(3)a), 4(3)(d) and 4(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as three of the five applicable requirements have been assessed as non-compliant.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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

The Quality Standard for the Commonwealth Home Support Programme services has not been assessed as the Approved Provider does not provide this service.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is developing a survey to be distributed to consumers seeking information for feedback and complaints, whilst working towards developing relationships with consumers where they provide feedback and complaints to the service. The Provider is supplying contact information to consumers to lodge complaints such as external advocacy services and the Commission.

However, the Assessment Team reports that the Provider is not receiving all complaints either through consumers or the subcontracted service providers. The Approved Provider has not detailed in current MOU’s or service agreements that complaints or feedback received must be communicated to the Approved Provider. The Approved Provider is not seeking six monthly consumer evaluation information as detailed in the consumer handbook.

Requirement 6(3)(a)

Consumers interviewed said they don’t have complaints, but if they did have something to say, then it would be with the subcontracted service providers. All consumers receive a copy of the client information package, that is the handbook providing information to new consumers. The handbook encourages consumers and/or representatives to provide feedback and complaints to the Approved Provider and provides a pathway and contact details for how complaints or feedback can be lodged and escalated, including:

• Case manager

• Families, ageing and disability coordinator

• Community and Cultural Services Manager, Bega Valley Shire Council

• General Manager of Bega Valley Shire Council

• Aged Care Quality and Safety Commission

Staff reported if a complaint was received, they would put into their case notes. If the consumer filled in a feedback form provided by the subcontracted service provider, they would return this to the provider, and information delivered back to the Approved Provider. All staff said their first contact in relation to a complaint was to the provider, not to the Approved Provider. Complaints or feedback received by the subcontracted service providers is not being relayed to the Approved Provider.

Requirement 6(3)(c)

The Approved Provider currently has no method for recording or documenting how complaints are resolved and does not have a current feedback or complaint register. The Approved Provider currently relies on consumers to raise complaints directly with them, however consumers reported that they call the subcontracted service providers who will resolve the issue. This information is not passed onto the Approved Provider for further investigation or undertake open disclosure. Several consumers reported that they only contact with Bega Council is to resolve billing issues, and to try to make payment. Management advised that billing is undertaken by the finance area of Council and acknowledged that it was often confusing.

Consumers are sent a statement of fees, then are sent an invoice once the subcontracted service providers send their invoices for services to the Council. This is often six weeks after the statement has been sent, and the only time the Approved Provider is aware of services that have been delivered as there is no communication between the subcontracted service providers and the Approved Provider.

Management advised that issues arise where there have been cancelled or rescheduled services between the consumer and the subcontracted service provider, and the final invoice is different from the statement.

While management said they have not received any information over the past twelve months regarding staff displaying disrespectful conduct, one provider said that a consumer had complained about a care worker. This was investigated by the Approved Provider and the care worker was blocked from providing services to the consumer. While this incident occurred outside of the assessment period of 12 months, this information had not been passed onto the Approved Provider.

Requirement 6(3)(d)

The Approved Provider was unable to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. This is due in part to complaints being received by subcontracted service providers and information not being transferred to the Approved Provider. The Approved Provider does not have complaints register where complaints or feedback received can be reviewed.

The Approved Provider has not undertaken surveys or questionnaires targeting consumers and/or representatives. Consumers are provided a copy of a handbook, which states that consumers will be sent an evaluation form every six months, and on exit from receiving CHSP supports. The Approved Provider could not demonstrate that this had been occurring.

At the time of the assessment, management advised that the Approved Provider was drafting a survey targeting all of the consumers, including disability and aged care. Information gathered from the aged care consumers will be used to improve current services and supports.

Response to Assessment Team report

Requirement 6(3)(a)

The Approved Provider has indicated that the MOU has been updated with risk assessment requirements and formal notification to the Approved Provider of changes, feedback, complaints and incidences. Consumer feedback form developed (attachment H) will be delivered during scheduled May 2023 home visit. Scheduled meetings in outlook for May 2023, six monthly meeting to be scheduled with consumer for November meeting there is a further clarification to say consumer feedback form developed and will be delivered in May 2023.

Requirement 6(3)(c)

Complaint register updated with reporter information and area for document outcomes and resolution this section was completed on 20 April 2023

Requirement 6(3)(d)

The Approved Provider has indicated that the MOU with subcontracted services has been updated with risk assessment requirements informal notification to the Approved Provider of changes, feedback, complaints and incidents. Consumer feedback form developed and will be delivered during scheduled May 2023 home visits. Scheduled meetings in outlook. The Approved Provider will organise face to face meetings in May 2023. There is further clarification stating that MOU and updating survey completed. Home visit scheduled in May provider a meeting scheduled with the completion date of 1st of June 2023.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider as established a complaints resolutions mechanism, the system it has in place has not been fully developed or implemented to a level where I am of the opinion that it complies with its legal obligations.

It is noted that the Provider has stated that its MOU with subcontracted service providers has been updated, unfortunately, a copy of the MOU has not been provided. It reviewing the targeted objectives as listed in the PCI, I could not see where the Provider had considered analysing the data from the feedback and complaints in order to improve the quality of care and services as required in requirement 6(3)(d). At this point in time, I am of the opinion that the systems that the Provider has put in place or proposed to be put in place have not matured to a point where they could be considered to be compliant with this Standard

Having regard to the Assessment Team’s report. Comments made by the Approved Provider at the time of the audit. The Approved Provider’s written response and the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with requirements 6(3)(a), 6(3)(c) and 6(3)(d)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as three of the four specific requirements have been assessed as non-compliant.

# Standard 7

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| Human resources | | 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 |
| 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

The Assessment Team reports that the Approved Provider demonstrated that the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles. The workforce is being recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Provider is undertaking regular assessment, monitoring and review of the performance of each member of the workforce.

However, the Approved Provider is not ensuring that subcontracted providers who are undertaking or delivering services that demonstrate the delivery of services to all consumers.

Requirement 7(3)(a)

Consumers reported staff are punctual, not rushed and there are sufficient staff to deliver and manage their care and services. Subcontracted service providers and staff said currently there are enough staff to deliver quality care and services to consumers. Consumers stated they are notified by the brokered service when there are changes to services.

Subcontracted service providers advised they had no unfilled shifts for the month of February 2023 that were not cancelled or rescheduled by the consumer. The subcontracted Service provider explained the unfilled shifts and the statistics to the Assessment Team. Direct care workers interviewed stated they access their roster online via an application on their mobile telephone and are contacted by the office when there are changes to their roster.

The Approved Provider advised that they only provide brokerage for domestic cleaning to CHSP consumers. While subcontracted service providers were responsible for planning and rostering suitably qualified and experienced staff to undertake services, the Assessment Team noted that Consumer 4 had been receiving domestic assistance for a number of years. The provider had only recently found that Consumer 4 was not home for any of his scheduled services as he has regular dialysis in Canberra on the days that had been rostered, and that his wife had been letting in staff to undertake services.

The subcontracted service provider had only recently notified the Approved Provider, and however neither the provider or the Approved Provider had been aware that this had been occurring, or that Consumer 4 was not receiving his services.

Response to Assessment Team report

It is noted that the approved provider has indicated in the PCI that it has scheduled three monthly meetings with subcontracted service providers to discuss individual consumer needs and issues. The meetings have been scheduled in May 2023.

In considering the issues raised in the identified non-compliance with requirements 7(3)(a). I've also considered the fact that the provider has amended its MOU with its subcontracted service providers. The PCI indicates that the MOU now requires subcontracted service providers to advise the Approved Provider of changes, feedback, complaint and incidents.

In reviewing the Guidance, I note that the purpose and scope of Standard 7 is that this standard requires an organisation to have and use a skilled and qualified workforce sufficient to deliver and manage safe, respectful, and quality care and services, which meet the quality standards. Further to this the guidance states the intent of requirement 7(3)(a) is this requirement expects organisations to have a system to work out workforce numbers and the range of skills they need to meet consumers’ needs and deliver safe and quality care and services at all times this system needs to be in line with current legislation and guidance where it applies.

I note that the assessment team has found the Approved Provider non-compliant with standard 7(3)(a) due to the fact that Consumer 4 had been receiving domestic assistance for a number of years and the provider only recently found out that Consumer 4 was not at home for any of the schedule services. It would appear that his wife had been letting staff in to undertake the service.

The CHSP programme manual defines domestic assistance as general house, clean linen service and unaccompanied shopping (delivered to home). Further to this the manual states that Approved Providers are responsible for ensuring a number of things and this includes services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual my age care support plan. If the consumer in this case was receiving personal or clinical care then it would be of concern to me that the Approved Provider had not been informed by the subcontracted service provider that the consumer was not home when the services were being delivered.

However, as I understand the scheme the Approved Provider was in fact providing the services as required by the Consumer’s individual goals, recommendations and assessment outcomes from his My Aged Care support plan. In addition to this, it is clear that Standard 7 relates to the level of skill and qualifications of the Approved Provider’s workforce and not communications between the Approved Provider and the subcontracted service provider. The failure by the subcontracted service provider to pass information onto the Approved Provider should be dealt with under requirement 4(3)(d)

I'm also of the opinion that the consumer did not need to be home when the service took place as his wife would have been more than capable of supervising and or advising the subcontracted service provider of what needed to be done.

It is noted that Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-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. | Non-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 |

Findings

The Assessment Team reports that the Approved Provider is not ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The Provider is not promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Approved Provider is not ensuring effective risk management systems and practices are in place to identifying and responding to abuse and neglect of consumers, supporting consumers to lives the best life they can and managing and preventing incidents. The Approved Provider could not demonstrate that they have an effective organisational wide governance system relating to information management. The Provider does not have processes in place for managing high impact or high prevalence risks associated with the care of consumers.

Requirement 8(3)(a)

The Approved Provider was unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services through satisfaction surveys and feedback. The service advised that they are currently in the process of developing feedback surveys for their CHSP funded consumers and provided an example within their continuous improvement plan. Consumers interviewed advised that they speak directly with the brokered providers to give feedback about the services they receive.

Requirement 8(3)(b)

The Approved Provider has a management team that oversees the operation of the CHSP programme. The management team meet on a regular basis to review and discuss the service and the quality of care. The Approved Provider stated that they are documenting their meetings and have developed management reports that are tabled at management meetings. The Assessment Team requested and were provided meeting minutes during the site audit.

The Approved Provider is in the process of developing but yet to implement management plans including a diabetes management plan and advanced care plan. They have developed a risk analysis to be included in their care planning. The service have also developed survey for consumer feedback. The surveys are yet to be issued. The services plan for continuous improvement highlights a number of improvements the organisation for their CHSP consumers.

Requirement 8(3)(c)

The Approved Provider has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. However, aspects of information management are not effective.

Information management

The Approved Provider was unable to demonstrate that they have effective information management systems in place for example, consumer electronic files did not include all information, for example not all consumers accessing domestic assistance have a care plan developed. Consumer documentation was in both paper based and electronic formats due to not all of them having been processed. Consumer rostering details and the services that had been provided or rescheduled were kept by subcontracted providers. These changes affected the electronic billing system used by the service, so confirmation of services provided took over six weeks to be confirmed. Progress notes that identify trends in consumer health and wellbeing are kept on the subcontracted provider’s servers and not accessible to the service. An alternative to share information has not been developed.

The Approved Provider discussed and provided a draft template of care planning documentation currently in development that they hope to utilise in the near future. The service advised that a welcome pack is provided to all new consumers accessing their CHSP funded programs.

The service advised they accept consumers from My Aged Care (MAC), however as there is limited funding available to meet all requests for supports that come through, resulting in the service turning potential consumers away.

Continuous improvement

The service has identified a number of opportunities for continuous improvement including risk assessments consumer feedback that will be gathered from a survey currently in development, consumer reviews, and registering incidents. Discussions with the service, brokered providers, staff, consumers and representatives show improvements are ongoing.

Examples of recent improvement activities include, strengthen timely follow up to consumer feedback and concerns. Identified training to improve processes of documenting complaints, concerns and outcomes; conduct quarterly reviews of feedback and complaints, to identify trends and inform the services continuous improvement plan. Management has recently obtained advance care plan brochures that they are reviewing to reflect their services and will provide to consumers in the welcome packs.

Financial governance

The services financial governance is monitored by the finance team and reported to the executive leadership team. Quarterly financial reports are prepared and reported in council meetings and are combined in the grants total. Consumers accessing the programs receive a monthly invoice and payment options are available. The Aged Care and Disability Services Manager reports on the program’s finances at the end of each month to their Director.

Consumers are sent a statement for billing, and this is followed up six weeks later with an invoice. Correct monies owing is not possible for the statement, as the service relies on providers sending in their requests for payment based on the number of services the consumer has had provided. Until the request for payment have arrived from the provider, the service is unaware of any changes, and the statement reflects the hours agreed to in the consumer agreement. Consumers have expressed confusion on amounts owing.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Direct staff for the CHSP funded programs have position descriptions, access to online and face to face training, supervision and annual individual staff performance appraisal.

Regulatory compliance

Management said there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. Management advised they monitor changes to aged care law through subscriptions to government departments.

The service has service agreements in place with brokered service providers that provide domestic services. The service was able to provide meeting minutes and provide advice for ongoing monitoring of their subcontractors.

Feedback and complaints

Whilst organisational feedback and complaint data are reported to the executive leadership team as appropriate, the service was unable to demonstrate that appropriate outcomes are fully documented in response to complaints. The service has reference to open disclosure in their organisation and program complaints policies and procedures and can demonstrate and provide examples of open disclosure.

Requirement 8(3)(d)

While the council has a risk management framework inclusive of risk management policy and procedure, the CHSP program does not have a process for managing high impact and high prevalence risks.

In relation to managing high impact or high prevalence risks associated with the care of consumers, the service said they are a low risk organisation and provide low risk services.

In relation to managing and preventing incidents, a risk management software system is in place for the recording of incidents and staff of the service are guided by an incident reporting policy and procedure. The software system is accessible by office-based staff.

Brokered staff stated they call their team leader who guides them in reporting an incident. The incidents are then to be reported to the service. The assessment team noted that communication between the brokered provider and the Approved Provider regarding registration of incidents is not occurring.

The service provided their incident register upon request with the initial documents for this quality review. There are no incidents recorded in the organisation risk management software system as there were no incidents reported to the service from the brokered providers. Incident data is not currently collated or analysed or included in the Managers monthly report.

Response to Assessment Team report

Requirement 8(3)(a)

The Approved Provider’s PCI states that the Consumer Survey/Feedback form has been developed and delivered to consumer in May 2023. The complaint register has been updated to ensure all relevant information is recorded.

Requirement 8(3)(b)

The Approved Provider’s PCI states that the care plan has been updated to include advance care and chronic disease plan, language and if an interpreter is required. The MOU with subcontracted service providers has been updated with risk assessment requirements and formal notification to service of changes, feedback, complaints and incidents. Consumer survey feedback form developed and will be delivered during scheduled May 2023 home visits. Meetings have been scheduled in outlook. Provider will organise face to face meetings in May 2023 subscription completed two Ile S online training system. Training modules to commence in May 2023. The PCR indicates that this piece of work was completed on the 1st of May 2023 however there is a further clarification to say the May updated in draught form.

Requirement 8(3)(c)

The Approved Provider’s PCI states that the hard copy consumer file information has been uploaded to centralised management system (MYP) and this was completed on 8 April 2023. The MOU has been updated as previously stated and the provider is developing an improved system for client contribution by the 1st of July 2023

Requirement 8(3)(d)

The Approved Provider’s PCI states that the MOU has been updated with risk assessment requirements and formal notification to the Approved Provider of changes, feedback, complaints and incidents. This action was completed on 20 of April 2023. The Approved Provider has organised face to face meetings in May 2023. Incident data to be recorded in BVSC incident report online existence system. The information will be collected by manager. The PCI indicates a completion date of the 1st of July 2023.

It is acknowledged that the Approved Provider has been pro-active in addressing the identified non-compliances through its PCI. As part of its submission the Approved Provide supplied a number of attachments including a copy of the updated complaints log (attachment E). Unfortunately, the complaints log does not have any entries so it would appear that the Approved Provider has not undertaken a back capture of issues that could be used to improve its service delivery.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the four applicable requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section s57 – quality audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)