**Performance**

**Report**

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| Name: | Bellarine Community Health |
| Commission ID: | 300079 |
| Address: | 2 Nelson Road, POINT LONSDALE, Victoria, 3225 |
| Activity type: | Quality Audit |
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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: 1708 Bellarine Community Health Ltd  
Service: 18673 Bellarine Community Health Inc - HCP  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8677 Bellarine Community Health Ltd  
Service: 25781 Bellarine Community Health Ltd - Community and Home Support

**This performance report**

This performance report for Bellarine Community Health (**the service**) has been prepared by V Stephens, 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 on 5 June 2024.
* the provider’s Plan for Continuous Improvement prepared on 17 November 2023 and updated on 3 May 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Requirement 3(3)(e) Home Care Packages

* Embed systems to ensure consumer handover information is appropriately recorded and shared by departing staff.

Requirement 6(3)(d) Home Care Packages

* Embed systems to ensure feedback and complaints from consumers are consistently used to inform continuous improvement.

Requirement 8(3)(c) Home Care Packages

* Embed effective organisation wide governance relating to information management, feedback and complaints and continuous improvement.

# 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

Requirement 1(3)(e) Home Care Packages

The Assessment Team recommended Requirement 1(3)(e) was not met in relation to home care packages as recent communication to consumers has not been consistent, accurate or timely. Care managers are not returning calls and following through on requests. The Quality Audit report provides evidence relating to a single consumer who waited for several months for a response to their query. In addition, The Assessment Team found the provider ceased sending newsletters to consumers in October 2023.

In its response to the quality audit report, the provider states that monthly statements and 12‑monthly budget projections are consistently provided to consumers. Accompanying documentation was provided to support this claim. In relation to a consumer who waited several months for a response to their query, the provider submitted that this was a complex matter which took time to investigate and resulted in a subsequent complaint. Accompanying documentation submitted by the provider demonstrated communication between the provider and the consumer. I accept the provider’s argument that the matter was complex and took time to investigate and fully resolve. The provider has also resumed sending consumer newsletters and provided a copy of a newsletter sent to consumers on 30 May 2024.

In relation to this requirement, I have formed a different view to the Assessment Team. I give considerable weight to evidence submitted by the provider in its response to the quality audit report. Accordingly, I find the HCP service compliant with Requirement 1(3)(e).

There is no evidence before me that the communication issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 1(3)(e).

I am satisfied the remaining requirements of Standard 1 are compliant.

Consumers stated they are treated with dignity and respect and feel their culture is understood and valued by staff. Staff discussed how they support consumer dignity and how it is part of their role to be respectful of consumer identity and culture. Management said employees and contracted care workers are subject to standards as outlined in the organisation's code of conduct. The organisation has a number of policies and procedures to guide staff in treating consumers with dignity and respect across different functions including intake, case management and service delivery.

Consumers and representatives stated the care and support consumers receive is culturally safe. Management demonstrated an awareness of a consumer base with different cultural needs and linguistic backgrounds and explained assessment processes which consider cultural backgrounds and preferences. Cultural considerations were observed to be embedded within assessments and care planning processes.

Consumers and representatives stated the organisation supports consumers to exercise their own choice, independence and decision-making regarding how care and services are delivered. Care workers stated they support consumer choice and support consumers to remain as independent as possible. Management stated conversations are held with consumers to understand their choices in the way care and services are delivered during the assessment process. Care documentation includes information on individual choices and preferences.

Consumers and representatives described their satisfaction with how the organisation supports consumers to live their best lives. Management and staff demonstrated how consumer rights to take risks are balanced with safety considerations. Risks are discussed and alternatives are offered as appropriate. The organisation has a supported decision making and dignity of risk policy and procedure to guide staff on how to support consumer autonomy in making informed decisions about their own health care where those decisions carry risk, as well as the steps to take when it is necessary to involve an alternative decision maker. The ‘supported decision making form’ is completed where consumers make decisions about their lives that carry some element of risk.

Consumers stated they are confident their privacy is maintained by the organisation. Care workers provided examples of how they protect consumer privacy. Management explained staff and contracted workers do not have access to any personal information unless it is related to their role. The organisation has a privacy policy and procedure to guide staff on information collection, storage and use.

# 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

Requirement 2(3)(a) Home Care Packages

The Assessment Team recommended Requirement 2(3)(a) was not met in relation to home care packages as they found inconsistencies or missing information in care file documentation for two sampled consumers.

In its response to the quality audit report, the provider submitted updated care plans for the two consumers sampled by the Assessment Team. Both care plans are clear, comprehensive and rectify the specific deficits identified by the Assessment Team. Accordingly, I find the HCP service compliant with Requirement 2(3)(a).

These issues did not extend to the CHSP service as the Assessment Team found consumers receiving these supports had their needs addressed as per recommendations and eligibility, with risks appropriately identified and documented. Accordingly, I find the CHSP service compliant with Requirement 2(3)(a)

I am satisfied the remaining requirements of Standard 2 are compliant.

Consumers and their representatives said consumer needs, goals and preferences are discussed during intake and onboarding, with information about advance care planning offered in the service welcome pack. Clinical managers explained that on admission, applicable to the service provided, consumers are assessed using validated screening tools to inform care provision, and they are encouraged to consider future planning. Consumers and their representatives said they were involved in the assessment and care planning process, and their choices in relation to care provision were discussed and documented in their care plan.

Case managers said during intake contact information is sought from services involved with the consumer. Program managers described how the service’s network of clinicians and allied health professionals are included in consumer care planning. Documentation reflected consumer care preferences including the frequency of visits, preferred times and days, and support worker preferences.

Consumers stated they received a copy of their service and care plan after their initial intake and assessment. Case managers said they support consumers and their representatives with developing and understanding care plans. Case managers described how changes or updated information on the digital health information system is shared with brokered suppliers and others involved in care and services.

Consumers and their representatives stated in most cases there is adequate contact with case managers and program support officers. Reference was made to the high turnover of staff, however a timely response occurs when calls and/or messages about changing needs and circumstances are reported. Case managers stated reassessments occur when consumer circumstances change or where a need is identified, such as upon hospital admission, allied health input, or upon request by the consumer or their representative. Consumer file review indicates staff are generally following procedures in relation to reassessment and 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. | Not 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

Requirement 3(3)(b) Home Care Packages

The Assessment Team recommended Requirement 3(3)(b) was not met in relation to home care packages as not all clinical incidents were entered into the incident system as only falls occurring within a direct contact shift were recorded. In addition, while a clinical risk management committee reviews incidents monthly, meeting minutes did not reflect individual consumer discussions.

In its response to the quality audit report, the provider stated incidents are reported directly into the Quality Management System which triggers automatic workflows to relevant staff and informs reporting which is discussed at meetings. The provider stated this incident management system captures both incidents that occur during direct service provision and incidents which occur when services are provided by sub-contractors. The provider submitted minutes from HCP clinical review meetings from July 2023 to December 2023 which demonstrate discussion of individual consumers, ongoing review of a register of high-risk consumers and in September 2023, specific discussion and corresponding action items related to unwitnessed falls occurring outside service delivery by direct employees. The provider also submitted the May 2024 risk register which contained consumer risk information.

Noting conflicting evidence between the quality audit report and the provider’s response, I have given significant weight to sampled consumers expressing satisfaction to the Assessment Team that the service appropriately manages identified areas of risk. I also note evidence form the quality audit report that risk strategies are reflected in sampled care plans. Accordingly, I find the HCP service compliant with Requirement 3(3)(b).

There was no evidence the incident and risk management issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 3(3)(b).

Requirement 3(3)(e) Home Care Packages

The Assessment Team recommended Requirement 3(3)(e) was not met in relation to home care packages as consumers were not satisfied with the continuity of communication when case managers changed. Several consumers referred to repeat requests for follow up of specific issues and the recurring need for assessments when a new case manager was appointed. Delays in response to referrals and recommendations were also areas of concern. Two examples are presented in the quality audit report in which two consumers expressed dissatisfaction with communication when case managers changed.

In its response to the quality audit report, the provider acknowledges that there has been a large turnover of staff, commensurate with workforce challenges across the sector. The provider relies on its response to other requirements recommended as not met to demonstrate compliance with Requirement 3(3)(e). The provider’s response draws attention to two entries in May in the service’s plan for continuous improvement which relate to incomplete handovers by departing staff. Further work is being undertaken to utilise system features to ensure workflow notes are retained in the central system to support handover. Staff training on progress notes is scheduled for August 2024. The provider also provides a communication log used following the recent resignation of a case manager.

I note the provider’s submission that the service implemented a new client management system in the second half of 2023 and that not all aspects of the system have been fully implemented. I acknowledge that the provider plans to rectify handover communication issues through enhanced use of their client management system with staff training in August 2024. However, I find these improvements are yet to be fully implemented and tested. Accordingly, I find the HCP service is not compliant with Requirement 3(3)(e).

There was no evidence continuity of communication issues extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 3(3)(e).

I am satisfied the remaining requirements of Standard 3 are compliant.

Consumers and their representatives spoke of receiving attentive individualised service. Case managers described how they tailor care to the needs of individual consumers. Program managers explained clinical care is provided based on consumer needs, preferences and outcomes of assessments, and are detailed in consumer care plans. Two examples are provided in the Quality Audit report demonstrating care is tailored to individual needs.

Consumers and representatives said they had the opportunity to discuss future planning including advance care planning at their initial consultation. Case managers explained that information regarding advance care planning and online links to advocacy services were included in the service’s welcome pack. Program managers said consumers nearing the end of life are referred to the community palliative care team.

Consumers and their representatives said they felt confident staff knew consumers well and could identify deterioration or change. Brokered services care staff demonstrated knowledge of their responsibilities reporting consumer deterioration, change, or an incident to their immediate managers. Managers for brokered services stated care staff are reliable in reporting hazards and incidents promptly. Documentation in consumer care files reflected that procedures for reporting deterioration align with staff practice. Meeting minutes from the HCP clinical review meeting evidenced discussion of making improvements to monitoring vulnerable consumers, incident investigation and reporting processes.

Consumers and their representatives expressed satisfaction the service initiates appropriate referrals and involves relevant external providers with their consent. Documentation demonstrated appropriate and timely referrals to medical practitioners, district nursing services, podiatry, occupational therapy, cardiac rehabilitation and counsellors.

Consumers and their representatives expressed satisfaction with the actions staff take to prevent infection, including wearing gloves and/or masks and performing hand hygiene. Management provided the organisation’s outbreak management plan and emergency procedure plan, which includes situational awareness committee meetings and the appointment of an emergency control team to respond to an infectious outbreak.

# 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

Consumers reported supports received help them to remain independent and that improvements in their quality of life have helped them return to activities they enjoy. Case managers demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into care and service delivery. Care planning documentation provides relevant information across the range of services to promote consumer independence in a safe and effective manner.

Consumers and their representatives reported how the service supports the emotional or psychological well-being of consumers. Case managers and support workers described how they provide reassurance to consumers and monitor and assess their needs. Care planning documentation contains details of the emotional needs of consumers and documents where further clinical assessment and escalation of services are implemented for consumers experiencing low mood or depression.

Consumers and their representatives consistently stated consumers are assisted to participate in the community and in activities of their choice. Case managers described individual consumer lifestyles and preferences which inform the basis of care plans and focus on consumer capability and engagement. The manager for social services outlined how the activity register is consumer-led. Care planning documentation prioritised important personal relationships and demonstrated consumers are supported to access transport to attend scheduled appointments and activities.

Consumers receiving allied health services expressed satisfaction with the referral process and felt staff were well-informed. Case managers explained that they discuss reports from external service providers with consumers.

Consumers and their representatives confirmed they are actively participating in discussions about necessary referrals and can specifically request services where appropriate. Staff outlined that when a consumer need is outside of their scope of practice, they will make a referral. Case managers also explained that financial aspects are discussed with consumers before obtaining consent to make a referral.

Consumers receive assistance from the service to source their choice of prepared meals and meal delivery is partially funded through home care packages. For consumers receiving delivered meals, those interviewed expressed satisfaction with the choice, quality, and quantity of meals. Consumer care files detailed food allergies and dietary requirements.

Consumers stated the service supports them in purchasing equipment and are confident the service would assist them in accessing repairs and maintenance when required. Case managers and care documentation demonstrates consumer equipment needs are assessed and evaluated.

# 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

Consumers stated the service environment where they attend classes and consultations is welcoming and clean. Management described how the design of the service optimises consumer experience. The Assessment Team observed suitable seating, equipment and an environment that was accessible for consumers of varying levels of mobility.

Consumers reported the service to be clean and well maintained. The Assessment Team observed safe, clean, comfortable and well-maintained spaces. Passageways were observed to be uncluttered and wheelchair accessible. The service manager advised that all maintenance, including repairs, vehicle servicing and routine maintenance is conducted by appropriate personnel and/or external providers in accordance with maintenance schedules or in response to maintenance requests.

Consumers advised the furniture and equipment in group spaces is always in good working order. The Assessment Team observed equipment to be well maintained, suitable, clean and safe, with tagging and testing evident. Clinical consultation rooms contain necessary seating, examination and treatment equipment.

# 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. | Not Compliant | Compliant |

Findings

Requirement 6(3)(c) Home Care Packages

The Assessment Team recommended Requirement 6(3)(c) was not met in relation to home care packages as consumers and representatives stated feedback and complaints are not actioned in a timely manner. One example is presented in the quality audit report in which a sampled consumer representative stated that despite speaking out, most services had ceased due to the four-month absence of a case manager. Management acknowledged a high turnover of case managers contributed to communication difficulties and that they are working towards developing and implementing a handover process between case managers to facilitate better transfer of client information when staff leave the organisation.

In its response to the quality audit report, the provider states there was never a period where the sampled consumer did not have a case manager and submits there is an extensive email trail on file documenting the work done to implement services and clarify changes for this consumer. The provider further states that the not met recommendation is based on the experience of one consumer and is not representative of consumer experience more broadly, as evidenced in Requirement 6(3)(a). In the absence of further examples of the service failing to take appropriate action in response to complaints, I accept the arguments put forward by the provider. Accordingly, I find the HCP service is compliant with Requirement 6(3)(c).

There was no evidence the issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 6(3)(c).

Requirement 6(3)(d) Home Care Packages

The Assessment Team recommended Requirement 6(3)(d) was not met in relation to home care packages as complaints are not followed up. HCP recipients indicate they are not kept informed, and no improvements result from feedback given. Management acknowledged there are shortfalls in current processes and that the planned implementation of a digital health information system is aimed at improving the ability to trend data and make relevant improvements.

In its response to the quality audit report, the provider submits that continuous improvement activities are imbedded at the service yet acknowledge that record keeping could be enhanced. The provider submits additional documents in support of this requirement, including evidence that feedback has informed improvements regarding the creation of a quarterly newsletter. However, the document submitted states that the newsletter was already planned prior to consumer feedback being received. Separate documentary evidence demonstrates an email template was reviewed and amended based on a consumer’s feedback. A ‘Plan, Do, Check, Act’ (PDCA) spreadsheet was also attached as evidence of continuous improvement at the service, however this document appears to only contain feedback initiated by the Assessment Team during the quality audit, or suggestions from staff at the service. No consumer complaints or feedback are included on the provided PDCA. I note improvements planned by the service including a ‘contemporary Quality Management System’ due for completion in July 2024, however with the exception of amending an email template, there is no evidence before me that feedback and complaints from consumers are consistently used to inform continuous improvement. Accordingly, I find the HCP service is not compliant with Requirement 6(3)(d).

There was no evidence the continuous improvement issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 6(3)(d).

I am satisfied the remaining requirements of Standard 6 are compliant.

Consumers and representatives stated they feel comfortable providing feedback or making complaints. Management outlined how consumers are supported to provide feedback, and staff described how they support consumers to raise concerns. Documentation demonstrates consumers are provided with the information and means to submit feedback.

Consumers and representatives said they are aware of their rights and how to access advocates and interpreter services if required. Management said the welcome pack includes a ‘have your say’ information sheet which informs the consumer about various methods for providing feedback including contacting advocates and external pathways such as the Aged Care Quality and Safety Commission. ‘Have your say’ forms are available in the foyer of the service and can also be accessed online.

# 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

Requirement 7(3)(a) Home Care Packages

The Assessment Team recommended Requirement 7(3)(a) was not met in relation to the HCP service due to consumer concerns regarding staff availability. The quality audit report prepared by the Assessment Team also stated consumers and representatives indicated services are generally reliable, with limited cancellations. In addition, service management demonstrated that there were no unfilled visits in the month preceding the quality audit.

In its response to the quality audit report, the provider acknowledges that a high turnover of staff is not ideal, however this is the reality facing the sector. The provider states staffing has been maintained at the level required to provide case management support to clients at any given time and subcontracted case managers are used to cover any gaps.

I accept the provider’s arguments and have placed considerable weight on evidence from the quality audit report that consumers indicated services are generally reliable and that there were no unfilled visits in the month preceding the quality audit. Accordingly, I find the HCP service is compliant with Requirement 7(3)(a).

There was no evidence the issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 7(3)(a).

I am satisfied the remaining requirements of Standard 7 are compliant.

Consumers stated staff treat them respectfully, kindly and that their culture and diversity is respected. Management explained how consumer information is gathered at initial assessments. Care planning documentation includes individualised information about consumer values, background and cultural needs.

Consumers and representatives expressed satisfaction that staff are competent and effectively perform their roles. The service has dedicated human resource staff to review certifications, qualifications and police checks.

Consumers and representatives are satisfied staff are competent. Management explained the recruitment, onboarding and induction process. Staff described completing mandatory education including infection control. The service provides additional face-to-face and online training specific to job roles and identified training needs. Management currently monitors completion of mandatory training on a monthly basis.

Performance reviews are conducted annually for all staff employed directly by the provider. Staff stated they have both informal discussions and formal appraisals including written goal setting and employee experience discussions. The service has a peer review policy and procedure to guide staff.

# 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. | Not 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

Requirement 8(3)(c) Home Care Packages

The Assessment Team recommended Requirement 8(3)(c) was not met in relation to home care packages as governance systems are not always used effectively in relation to information management, financial governance, continuous improvement and feedback and complaints.

In its response to the quality audit report, the provider refutes the Assessment Team’s recommendation in relation to financial governance, arguing that information presented by two consumers on complicated matters does not warrant an assessment that financial governance deficits are systemic. I accept this argument.

In relation to information management, the provider argues issues relate to efficiency, not a lack of effective record keeping. While the provider acknowledges the current electronic system could be improved, the system is considered sufficient to support safe, effective and high-quality care. I do not accept this argument as my findings in Requirement 3(3)(e) relate to incomplete handovers by departing staff on a large scale.

In relation to feedback and complaints and continuous improvement, in its response to the quality audit report, the provider considers it has responded to this and provided relevant supporting evidence in Requirement 6(3)(d). As per my finding in Requirement 6(3)(d), with the exception of amending an email template, there is no evidence before me that feedback and complaints from consumers are consistently used to inform continuous improvement.

I find the HCP service does not have effective organisation wide governance relating to information management, feedback and complaints and continuous improvement. Accordingly, I find the HCP service is not compliant with Requirement 8(3)(c).

There was no evidence the issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 8(3)(c).

Requirement 8(3)(d) Home Care Packages

The Assessment Team recommended Requirement 8(3)(d) was not met in relation to home care packages due to inadequate recording of incidents, specifically falls. In its response to the quality audit report, the provider relies on its response to Requirement 3(3)(b). As per my finding in Requirement 3(3)(b), in the face of conflicting evidence, I gave great weight to the testimony of sampled consumers in relation to the service effectively managing risks and incidents. I have also given weight to other evidence presented by the Assessment Team in this requirement, namely that individual risk assessment is conducted by the case manager at initial intake and any changes are recorded as they occur thereafter. I have also considered evidence from the Assessment Team that incidents are discussed at the clinical management committee and where a risk is identified a decision is made regarding action to be taken. The quality safety and risk manager prepare a report for the board with any changes recorded in the risk register. Accordingly, I find the HCP service is compliant with Requirement 8(3)(d).

There was no evidence the issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 8(3)(d).

Requirement 8(3)(e) Home Care Packages

The Assessment Team recommended Requirement 8(3)(e) was not met in relation to home care packages as while the organisation has a newly developed clinical governance framework including policies and procedures relating to antimicrobial stewardship and open disclosure, there is no evidence the framework has been implemented.

In its response to the quality audit report, the provider states the audit report does not adequately represent the service and how it has implemented its clinical framework. The framework has relevant key milestones which are tracked and reported at monthly meetings. Documentary evidence is provided to support the claims the framework is operational, including clinical governance reporting for April and May 2024. I accept the evidence presented by the provider. Accordingly, I find the HCP service is compliant with Requirement 8(3)(e).

There was no evidence the issues described above extended to consumers receiving care and services under the CHSP. Based on the evidence available to me, I find the CHSP service compliant with Requirement 8(3)(e).

I am satisfied the remaining requirements of Standard 8 are compliant.

Consumers and representatives believe the organisation is well run and they feel comfortable providing feedback. Consumers are involved in the assessment and care planning process. Management described how they seek feedback from consumers and representatives through various feedback mechanisms including an exit survey.

The board meet monthly to discuss reports received from numerous committees including the safety and risk committee and the governance committee. The governing body maintains oversight of the quality of subcontracted services. The board monitors incident reporting and reviews the vulnerability register.

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)