**Performance**

**Report**

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| Name of service: | BHCG Case Management Services |
| Service address: | 37 Havlin Street East BENDIGO VIC 3550 |
| Commission ID: | 300461 |
| Home Service Provider: | Bendigo Health Care Group |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 06 November 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 BHCG Case Management Services (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* BHCG Community Care Services, 18724, 37 Havlin Street East, BENDIGO VIC 3550
* BHCG Community Care Services, 18611, 37 Havlin Street East, BENDIGO VIC 3550
* BHCG Community Care Services, 18684, 37 Havlin Street East, BENDIGO VIC 3550
* BHCG Community Care Services, 18685, 37 Havlin Street East, BENDIGO VIC 3550
* BHCG Community Care Services, 18686, 37 Havlin Street East, BENDIGO VIC 3550

**CHSP:**

* Care Relationships and Carer Support, 24680, 37 Havlin Street East, BENDIGO VIC 3550
* Community and Home Support, 25236, 37 Havlin Street East, BENDIGO VIC 3550

# 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 08 September 2023.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP/STRC | 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

The service demonstrated that Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) and Short-Term Restorative Care (STRC) consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers/representatives advised in different ways, that they are treated with dignity and respect and valued as individuals with their own identity and culture. Staff and management demonstrated they are familiar with the identity, culture and diversity of each consumer and spoke about consumers in a respectful way. Documentation reviewed by the Assessment Team demonstrated the service captures adequately each consumer’s culture, identity, and diversity with respect to their care, services, and unique circumstances.

The service demonstrated care and services are culturally safe. CHSP, STRC and HCP consumers/representatives advised that the support workers who provide services, regularly know of their cultural background, and provide care and supports that reflects their needs and preferences. When interviewed by the Assessment Team staff and management demonstrated they are familiar with the consumers individual cultural and language needs and preferences. Care documentation sighted by the Assessment Team showed staff are provided with information on the cultural background of the consumer, the things that are important to them and the language they prefer to speak.

The service demonstrated that each CHSP, STRC and HCP consumer is supported to exercise choice and independence, including to make and communicate decisions about care, service delivery and those they wish to be involved in their care, and to maintain relationships of their choice. Consumers and representatives interviewed by the Assessment Team described in various ways how they are supported to maintain relationships and connections with others that are important to them. Staff provided examples of how they support and encourage consumers to maintain and make decisions about their care.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. CHSP, STRC and HCP consumers/representatives described in various ways their satisfaction that the service supports consumers to live their best life. Staff and management were knowledgeable in how to support consumers to take risks and participate in things of their choosing. The service also has dignity of risk protocols in supporting consumers to take risks and live their best life.

The service demonstrated information provided to each CHSP, STRC and HCP consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers and representatives interviewed by the Assessment Team advised they are provided with verbal and written information, charter of aged care rights and financial statements. Staff advised that information is communicated to consumers who are from CALD backgrounds, and interpreters are used through the TIS service for consumers, to support the local Karin speaking community in Bendigo. Documentation reviewed evidenced all CHSP, STRC and HCP consumers are provided with an information pack inclusive of the charter of aged care rights, compliments, suggestions, internal and external complaints information, my healthcare rights, community and allied health services form, allied health – elder rights advocacy, community services, notice of collection form, accessing personal information, advocacy.

CHSP, STRC and HCP consumers and representatives interviewed by the Assessment Team, were satisfied that their privacy and confidentiality are respected. Consumers are consulted prior to any information being referred to other services such as Allied Health. When interviewed by the Assessment Team staff and management advised that they always seek consumers’ consent before sending a referral for that consumer to another provider of services. Documentation reviewed included the service’s privacy and confidentiality policy and lists the ways that consumer information is to be maintained and handled.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1- consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | 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

The service demonstrated that assessment and planning processes for HCP, CHSP and STRC consumers, including consideration of risks, inform all aspects of the delivery of safe and effective care and services. Consumers and representatives interviewed by the Assessment Team said the staff undertake home visits and discuss the care and supports they need. Documentation review by the Assessment Team evidenced that risk assessments such as an elderly falls risks assessment is undertaken at entry and repeated if consumers have recurrent falls.

The service demonstrated assessment and planning for HCP, CHSP and STRC consumers, identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning if the consumer wishes. Consumers and representatives interviewed expressed in various ways that consumer care has been planned around what is important to them. Advance care planning is discussed at entry to the service and at ongoing home visits or reassessments and reviews. Care staff interviewed were able to discuss what is important to the consumer and how they would like their services to be delivered. Care documentation sighted by the Assessment Team showed evidence of advance care forms being provided to consumers and discussion on end-of-life are undertaken.

The service demonstrated that assessment and planning for HCP, CHSP and STRC consumer’s, is based on partnership with the consumer and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services. Consumers and representatives interviewed by the Assessment Team confirmed participation in assessment and care planning processes and the ongoing communication with care coordinators. Staff interviewed by the Assessment Team discussed how they work in partnership with consumers, representatives and other individuals and organisations. Care documentation sighted demonstrated assessment and planning involves the consumer, and relevant others with consent and as appropriate.

The service demonstrated that the outcomes of assessment and planning for HCP, CHSP and STRC consumers, are communicated to the consumer, and documented in a care and services plan that is provided to the consumer, and accessible where care and services are provided. Consumers and representatives interviewed by the Assessment Team recalled receiving a copy of their care plan. Documentation reviewed confirmed that care plans are created and provided to consumers. Care staff interviewed stated that they get a copy of the care plan on their ‘app’ and directives such as a personal or general tasks that are to be completed.

The service demonstrated care and services for HCP, CHSP and STRC consumers are reviewed for effectiveness regularly, when a consumer’s circumstance changes or when an incident may impact on the needs, goals, or preferences of the consumer. Consumers and representatives said in different ways that communication about their care and services occurs, and changes are implemented as needed when their needs and conditions change. Care coordinators interviewed by the Assessment Team discussed ongoing contact with consumers including formal annual reviews and quarterly discussions to confirm that the current services are suiting the consumer’s needs. Care documentation sighted by the Assessment Team showed regular and as needed reviews occur.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 – ongoing assessment and planning with consumers.

# Standard 3

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

Findings

The service demonstrated that for HCP, CHSP and STRC, each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers and representatives interviewed described overall satisfaction with the personal and clinical care provided to them and in various ways described how the care and services they receive are safe and right for them. Care staff interviewed described ways they provide care that is safe, effective, and best practice by implementing support plans or task lists and by tailoring care to the needs, capabilities, and preferences of each consumer.

The service demonstrated the effective management of high impact, high prevalence risks associated with the care of each consumer for HCP, CHSP and STRC. Consumers and representatives interviewed by the Assessment Team were satisfied that consumer care is safe and right and said in different ways that risks associated with their care are managed. The incident register documents fall risks, pain and wounds and risks associated with blackouts resulting in falls experienced by consumers. Management and staff demonstrated that high impact high prevalence risks associated with falls and wounds are monitored by allied health, and nursing services.

The service demonstrated the needs, goals, and preferences of HCP, CHSP and STRC consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity is preserved. Documentation sighted by the Assessment Team showed that a review of consumers nearing the end of life is undertaken and allied health and nursing staff undertake assessments to provide directives on how to support the individuals care and provide them comfort. Care staff when interviewed by the Assessment Team stated that they are supported to provide care for consumers nearing the end of life.

The service demonstrated 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 for HCP, CHSP and STRC consumers. Consumers and representatives interviewed by the Assessment Team expressed confidence that staff would know if a consumer’s health or condition changed and would respond. Care staff interviewed discussed shift notes or notes on their ‘App’ that are provided to the service or their team leaders at the end of the shift or if they identify deterioration. Care documentation sighted by the Assessment Team showed examples of service recognition of deterioration and service response.

The service demonstrated in that information about HCP, CHSP and STRC consumers is communicated within the organisation and with others responsible for care. Consumers and representatives interviewed by the Assessment Team stated that they were linked with other services and that the care staff were knowledgeable about the way services were to be delivered. Care staff interviewed stated that they get clear directives about how to support consumers especially consumers who have special needs. Documentation sighted by the Assessment Team provided evidence of nursing and allied health reports clearly outing and providing recommendations on how to support consumers.

The service demonstrated appropriate and generally timely referrals to individuals, other organisations and providers of other care and services. Consumers and representatives interviewed commented positively on the consultation, timeliness, and outcomes of any referrals. The care coordinators discussed ongoing referrals to allied health, nursing, and medical practitioners. Documentation sampled provided reports from district nursing, wound consultants and nurses, and allied health clinicians.

The service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers/representatives interviewed were satisfied with the measures staff take to protect HCP, STRC and CHSP consumers from infection. Staff interviewed said they perform hand hygiene, wear personal protective equipment appropriate to their roles, participate in infection control training, have required vaccinations, and do not work with illness. The service has an Infection prevention and control unit that guides the minimisation of infection related risks including staff education and immunisation.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | 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

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs and optimise their independence, health, well-being, and quality of life. HCP, STRC and CHSP consumers/representatives interviewed described ways that the services and supports for daily living enhance the consumers’ well-being and quality of life. Staff interviewed from programs across the service demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into the care and services delivered.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers receiving HCP, STRC or CHSP services and representatives interviewed gave examples of ways consumer services and supports promote consumer wellbeing. Staff interviewed described how they support consumers wellbeing and quality of life, including providing reassurance, listening to them and talking with them during care and service provision.

The service demonstrated the provision of services and supports to assist consumers to participate in the community, have social and personal relationships and do things that interest them. Consumers interviewed receiving social support and respite services and their representatives said consumers can participate in community life, maintain relationships, and do things of interest to them. Consumers receiving other services, including personal care, nursing supervision with meals and medication, exercise group and allied health services reported enjoying the interactions with staff and said care supported them to live independently. Staff described ways they provide services and supports for daily living.

Information in relation to the condition, needs, and preferences of the consumer is communicated within the organisation and with others where care is shared. Consumers receiving HCP, STRC or CHSP services and representatives interviewed were satisfied that clinician including consultants, direct care workers and social support group staff have the right information to meet consumer needs and preferences. Staff interviewed across the service confirmed they receive sufficient information about the consumer and described ways information is communicated through care management systems, electronic devices, emails, and phone applications.

The service demonstrated that referrals are undertaken to individuals, organisations, and other providers of care. Consumers/representatives interviewed were satisfied with any referrals to services and supports for daily living. Staff sampled described referrals processes based on the consumer’s needs.

The service does not provide meals to consumers under the HCP program. Consumers receiving home care packages can source prepared meals for which they contribute 30% of the cost of the meal. The other 70% preparation and delivery costs are paid through the package. Meals currently provided at social support group are currently light meals as provided by the former service to transferred consumers. CHSP consumers interviewed said they would like more variety in relation to meals at social support group and would like to go out to local venues for some meals. Relevant staff said the meal service is under review.

The service demonstrated that equipment purchased through HCP funding for consumers is safe, suitable, and well maintained. Consumers/representatives interviewed stated that they were satisfied with the safety and suitability of their equipment, and they would call the office if the equipment was not working appropriately. Equipment is serviced and maintained through package funds. Staff reported that equipment is implemented according to allied health recommendations to ensure suitability. Allied health staff maintain a small store of equipment which can be loaned to CHSP and HCP consumers during an equipment trial. Documentation evidenced staff receive manual handling training.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – services and supports for daily living.

# Standard 5

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

Findings

The service demonstrated a welcoming, easy to understand environment that optimises consumers sense of belonging, independence, and function. A social support group is held four times per week from Monday to Thursday. The social support group is run out of a multipurpose room behind the local library. The Assessment Team observed a welcoming, light filled environment where consumers were engaged, laughing, and discussing a virtual word game on a large projector screen.

The service demonstrated that the social support group environment is safe, clean, well maintained, and comfortable, with consumers able to move freely indoors and outdoors. Consumers interviewed were satisfied with the safety and cleanliness of the environment and said they can move freely. The social support room includes a pin board with the days theme for activities, a large footy tipping ladder on an adjacent wall and an area that consumers were comfortably sitting using a large projector screen. The assessment team observed unlocked doors and were able to enter an outdoor garden space that had tables and chairs set up on an even patio next to a garden area.

The service demonstrated that the furniture, fittings, and equipment are safe, clean, well maintained, and suitable for all consumers who attend the service. Consumers interviewed were satisfied with the safety and cleanliness of the furniture, fittings, and equipment. Management and staff described how the equipment meets the consumer’s needs, and how cleaning is maintained during and after each activity.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 – Organisation’s service environment.

# Standard 6

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

Findings

The service demonstrated how consumers, their family, friends, carers, and others are encouraged and supported to make complaints and provide feedback. Overall, CHSP, STRC and HCP consumers/representatives said in different ways they are encouraged to provide feedback or raise complaints; and would feel comfortable with contacting the service should the need arise. In general, consumers and representatives speak directly to the staff at the service. Staff interviewed described how they would support a consumer to complain and provide feedback. Management and staff gave examples of encouragement and supports for consumers and others to provide feedback and make complaints, such as direct staff approach, various feedback pathways including feedback and complaint forms, and actively seeking feedback from consumers.

The service demonstrated that CHSP, STRC and HCP consumers are made aware of and have access to advocates and interpreting and translation services and other methods for raising and resolving complaints. Consumers/representatives interviewed for this requirement were satisfied they could raise a complaint with the service and with others to help them raise complaints. Staff interviewed said they can help consumers with feedback and complaints, and if required, support them with access to advocacy groups and services.

The service demonstrated that appropriate action is taken in response to complaints and that an open disclosure process is used is used when things go wrong. STRC, CHSP and HCP consumers/representatives reported how the service is responsive to all kinds of feedback and queries. Staff including care coordinators, outlined how they action complaints such as listening and offering solutions, and the practice of open disclosure principles.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives interviewed for this requirement did not provide examples of how their feedback is used to improve the quality of care and services. Complaints and relevant actions taken, are documented in the organisation’s complaints register. Management outlined how feedback and complaints, including escalated complaints, are analysed and trended, and that these issues are collated and presented to the Board.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – Feedback and Complaints.

# Standard 7

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| Human resources | | HCP/STRC | 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

The service is planning the workforce to ensure the delivery of safe and quality services for consumers. Consumers/representatives advised in various ways that the service communicates and delivers safe and quality care and services. Direct care staff advised they have time to complete required tasks during their shifts.

The service demonstrated a commitment to kind, caring and respectful staff interactions with consumers. Consumers/representatives interviewed said in various ways that staff are kind, caring and respectful. Staff gave examples of ways they show kindness and respect to consumers, including talking slowly and keeping sentences short for cognitive declining consumers and ensuring consumers can hear and understand what the staff member is there for. Management advised that they utilise interpreting services for culturally and linguistically diverse (CALD) backgrounds and that that have direct care staff that are bilingual to assist with the cultural diversity of their consumer groups.

The service is demonstrating that staff are competent, qualified and have the knowledge to undertake their roles. Consumers/ representatives said in different ways that staff are good at their jobs. Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. The Assessment Team evidenced all staff members position descriptions that documents the qualifications and/or registrations required for their roles.

The service demonstrated the workforce is recruited, trained, and equipped to deliver the outcomes required by the Aged Care Quality Standards. Staff interviewed said they were satisfied with the support the service provides to equip them to carry out their roles and confirmed they participated in mandatory training requirements. Staff stated they can access training and request further training opportunities provided through the service. Management stated they follow the recruitment guidelines and described the recruitment, onboarding, and induction process of all staff.

The service demonstrated staff performance is regularly monitored. Consumers/ representatives said in different ways that they were satisfied with staff performance.

Management and staff stated the service conducts annual performance reviews. Staff members advised that they complete annual reviews where they can discuss any training required and are provided feedback on their performance.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – Human Resources.

# Standard 8

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

Findings

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services through surveys, verbal feedback, and written feedback forms.

The service has a consumer reference group made up of two HCP, two CHSP consumers and a representative that is split into two regions, north and south. Management advised that the reference group is used as an avenue to work with consumers and help them understand the aged care reforms. The organisation works with the reference group to engage feedback into the services internal operating systems.

The service is demonstrating the governing body promotes and is accountable for the delivery of a culture of safe, inclusive, and quality care and service. Senior Management sub-committees, the CEO and the Board satisfy itself that the Aged Care Quality Standards are being met through the use of management reports that include quality reporting inclusive of data analysis of incidents, feedback, complaints, and financial reporting.

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

The service has a risk management framework inclusive of a risk management policy and procedure for managing high impact and high prevalence risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. In relation to managing and preventing incidents, a risk management system is in place for the recording of incidents and staff of the service are guided by an incident reporting policy and procedure.

The organisation’s governing body has developed a clinical governance framework inclusive of an infection control and Covid-19 policy. In relation to antimicrobial stewardship, the service has a has a Good Antimicrobial Prescribing (GAPP) Protocol that it utilises to ensure staff minimise the potential for drug resistance and comply with the National Safety and Quality Health services Standards for Antimicrobial Stewardship. Nursing staff that are administering medications have a guideline to follow to ensure safe administration processes are followed. In relation to minimising the use of restraint, the organisation has a restrictive practices procedure and policy inclusive of chemical, environmental, mechanical, and physical restraint as well as seclusion. In relation to use of open disclosure, this approach is documented in the open disclosure and statutory duty of candour protocol.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – Organisational Governance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)