**Performance**

**Report**

**1800 951 822**

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| Name: | BKV Home Services |
| Commission ID: | 301114 |
| Address: | 436 Warrigal Road, ASHBURTON, Victoria, 3104 |
| Activity type: | Quality Audit |
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| Performance report date: | 28 June 2024 |

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: 9257 BKV Aged Care Pty Ltd  
Service: 28304 Boost Care - NSW  
Service: 28307 Boost Care - VIC  
Service: 28278 Rosewood Gardens

**This performance report**

This performance report for BKV Home Services (**the service**) has been prepared by Monika 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.

# 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 3rd June 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# 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 |
| 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Consumers and representatives interviewed said consumers are treated with dignity and respect and valued as individuals with their own identity and culture. Consumer information documented identifies what is important to each consumer concerning their identity, care preferences, culture, and background. Staff gave examples of ways they implement dignity and respect in practice that included being respectful, ensuring consumers are comfortable, having and respecting their choice.

Consumers and representatives interviewed said in various ways that staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff interviewed showed they are familiar with the cultural needs of individual consumers. Staff interviewed the services has a large culturally and linguistically diverse community they deliver services to.

Consumers and representatives interviewed said they are satisfied they can independently make and communicate choices and decisions about how services are delivered and who participates in their care. Management advised there are multiple methods and pathways staff utilise to support consumers to make decisions about the services provided.

Consumers and representatives interviewed stated the service encourages them to do things that they otherwise might not feel confident to do. Consumer care planning documentation sighted showed risks associated with care delivery are documented. Management interviewed said the service ensures consumers are informed of risks and possible consequences in making decisions about their care and services. There is the identification of risk through observation. Risk mitigation strategies are in place including falls risk assessments, referrals to allied health clinicians for equipment and recommendations. Staff interviewed described how they help consumers to take risks to maintain their independence and do things that are important to them, including discussing risks and suggesting options to minimise risk while supporting consumers to continue to do the things that are important to them. Care documentation reviewed included strategies to support consumers to exercise their right to take risks.

Consumers and representatives interviewed said they receive adequate information and assistance to make decisions about their care and services. Consumer care documentation demonstrated budgets and monthly statements are clear, easy to understand and itemised, with package management and coordination fees clearly described.

Consumers and representatives discussed their monthly statements stating they receive monthly statements that are itemised and easy to understand. Management and staff interviewed described the various ways they communicate information to consumers who face challenges communicating, including the use of interpreter services, and speaking slowly and clearly.

Consumers and representatives provided feedback that staff respect their privacy, and their personal information is kept confidential. Management and staff stated that they maintain consumers’ privacy when delivering services to consumers who may feel vulnerable by explaining what they are doing in a private environment and not discussing consumers with others. Management advised the organisation has a privacy policy and privacy information is provided.

Based on the information summarised above, 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 |
| 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 |
| 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 |
| 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 |
| 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. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives interviewed stated that care needs are discussed, and a ‘Help plan’ (care plan) is created at commencement of services. Home risk assessments are undertaken. Support workers interviewed said they receive ‘help plan’ information and care directives through an “app” on their electronic devices. Consumer files reviewed showed assessment and goals of consumers is captured in a ‘help plan’. The ‘help plan’ documents information around consumers background, culture, personal care directives, nutrition, continence care, skin integrity, health, vision hearing and mobility status.

Consumers initial assessment identifies consumer needs, and they are discussed with consumers and representatives. The care manager undertakes an assessment that includes consumers goals, and the care directives to support the consumer achieve the goals. Care directives in the ‘help plan’ though mainly generic identify the tasks support workers need to undertake when providing the different services such as clinical care that includes wounds and medication, personal care, domestic assistance, respite, or shopping. Representatives interviewed stated that advance care planning is discussed with them, and they are referred to general practitioners if they wish to action an advance care plan.

Consumers and representatives discussed how the service involves them in the assessment and planning of their services. My Aged Care (MAC) summaries and support plans were only viewed on one consumer file therefore assessed needs of the consumer are captured through discussion with the consumer and representatives. The assessment and planning staff interviewed all stated how they encourage consumers to have representatives and family involved in planning their care. Documentation reviewed identified consumers and representatives are involved in the assessment and care planning of the consumers.

Consumers and representatives interviewed stated that they receive an electronic copy of their help plan. The care manager discussed uploading the consumer information in the electronic client management system that can be accessed by management and staff and is provided electronically to consumers and/or representatives. Support workers interviewed stated that they can access the electronic care documentation of consumers who live in the supported accommodation. Support workers providing care in the consumers home stated they receive care plan information and care directives through an “app” on their electronic devices.

Consumers and representatives interviewed stated that review visits undertaken and discussion on care needs or changes to care and support are discussed. Management advised that the service undertakes reviews when consumers need change such as consumer deterioration and hospital discharge. The organisations electronic documentation record of the ‘Help plan’ does not have the ability to save the original assessment and care plan. Changes in services logged by the case manager, nurses or staff updates in the ‘help plan’ are difficult to identify specifically as to what changes have occurred to the consumers care needs since they commenced services.

Based on the information summarised above, 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 |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for the service.

The service demonstrated that it provides safe and effective personal care to consumers, however the service could not demonstrate that consumers clinical care was safe and effective. Consumers and representatives interviewed said personal and clinical care that the service has assessed their needs and provides them with personal care that meets their choice of how they wish to be supported. The Assessment Team made findings that clinical care is not consistently escalated when the clinical care is not meeting the needs of the consumers. Staff and support workers interviewed stated that they provide personal care as identified in the care directives and noted in the ‘help plan’. Various consumers interviewed confirmed that they receive care that aligns with their wants, needs and preferences.

The service could not demonstrate that clinical care is best practice and optimises the health and wellbeing of the consumer. A consumer file reviewed showed the consumer was bed bound, has type 2 diabetes and severe neuropathy on his feet, wounds were noted to be many and be infected. A review undertaken of the file showed notes that the wounds were healed. The wounds on the consumers feed were noted to have deteriorated even after being cleaned and debrided daily. Clinical care of the consumers wounds has not been supported and optimised the consumers health and wellbeing. The issue of clinical oversight was discussed with management who stated that the consumer was refusing to have medical interventions or go the hospital to have their wound care needs reviewed. However, there were no file notes to demonstrate that the consumer or their representatives had refused clinical care regarding the wounds on their heel and toes.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. In relation to consumers wounds and dignity of risk the service held a case conference with relevant members and the consumers representatives. Medical experts and the representatives of the consumers family have addressed the risks associated with the consumers care and have mitigated immediate risks to the consumer. The consumer is now receiving medical assistance and documentation reviewed showed the service has taken all relevant steps to ensure the consumers care and risks are addressed and managed appropriately.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

The service could not demonstrate that it has effective management of high impact or high prevalence risks associated with the care of each consumer. While there is clear though generic directives for supporting consumers receiving personal care there is a breakdown in supporting consumers with wounds and needing clinical care. The service could not demonstrate that when wounds escalate how much support needs to be provided to manage the high impact high prevalence risks associated with the care of the consumer. The Assessment Team noted that management of catheter care and some wounds were managed, evidence analysed the service has no identified clinical management processes to identify when wounds deteriorate and causing discomfort to consumers. Staff interviewed stated that they have asked for training in wound management however this has not been implemented. The Assessment Team discussed this issue with management along with the importance of providing appropriate training and clinical oversight of wound and clinical care needs.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The service currently does not have any consumers receiving palliative care. Management advised if a consumer requires palliative care, the service supports them through their home care package and can provide personal care in line with the service’s provision of personal care services linking in with community palliative care services where required.

Consumers and representatives interviewed said they have not been ill while staff are present and providing care, however, are confident staff would recognise and respond to their deterioration appropriately. Support workers interviewed demonstrated their knowledge and understanding of their reporting responsibilities related to consumer changes and deterioration. Documentation analysed by the Assessment Team demonstrated appropriate policies and procedures are in place to inform and respond to deterioration.

The service demonstrated it has systems and processes to ensure the consumers conditions and preferences are documented and communicated within the organisation and with others where responsibility for care is shared. Consumers stated that they receive a ‘help plan’ in electronic format when the assessment is undertaken. They provide consent to share their information with general practitioners and other providers of care and services, as necessary. Staff interviewed stated that they have access to consumers information through the electronic client management system.

The service demonstrated that timely referrals are undertaken to allied health and general practitioners when care and service need of consumers change. Consumers and representatives interviewed stated that they have been referred to allied health services such as occupational therapists, podiatrists, dietitians and physiotherapists. The case manager interviewed discussed how home risk assessments are undertaken at assessment and review meetings and modifications or support for consumers such as handrails, walkers, or support for consumers in pain through physiotherapy are identified and consumers are then referred to the appropriate allied health service. All nursing serving services are undertaken through internal staff. Referrals are sent to general practitioners when consumers deteriorate or their needs change.

The service could not demonstrate that the staff have had current refresher training on infection control, hand hygiene and the appropriate monitoring of antibiotics to support and reduce the risk of consumers increasing resistance to antibiotics. Consumers and representatives stated that currently staff use gloves and sometimes masks while providing care and services. Staff ask if the consumer is feeling well and ensure the consumers are supported appropriately. Management and staff interviewed were unaware of antimicrobial stewardship and restrictive practices and how to support and monitor consumers receiving anti-psychotic medication. Management advised that they do not monitor medications of consumers living at home.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has delivered training to staff and now has a policy in place to manage restrictive practices and medication management relating to antimicrobial stewardship.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the information summarised above, 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 |
| 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 |
| 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. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for the service.

Consumers and representatives interviewed said the service listens to them and provides them with the services and supports their need, in a way that helps them to continue to do things independently. Consumer documentation reviewed consistently outlines the consumers’ needs, goals, likes and dislikes to optimise the consumer's health, well-being and improves quality of life. A review of care planning documentation identified examples of services that support consumers to maintain their independence and quality of life in line with their goals. Staff described how they support independence, health and wellbeing through providing support to access the community, including social support services and support to access mobility aids and equipment to increase independence. Care managers described how their care, services and programs meet consumers’ independence, health and wellbeing goals. Support workers were able to describe the ways they support consumers to maintain independence and do the things they like or want to do.

Staff described how they support independence, health and wellbeing through providing support to access the community, including social support services and support to access mobility aids and equipment to increase independence. Care managers described how their care, services and programs meet consumers’ independence, health and wellbeing goals. Support workers were able to describe the ways they support consumers to maintain independence and do the things they like or want to do. Staff interviewed described how they support consumers who were feeling low, including taking time to discuss any concerns and supporting each consumer to access the appropriate services. Support workers report any concerns they observe while delivering services to management.

Consumers and representatives interviewed expressed various ways the service enables the opportunity to do things that are meaningful to them, including offering community activity groups and supporting their social interaction and relationships. Consumers and representatives interviewed talked about how the service supports them in their relationships and completing activities of interest. Consumer documentation provides information regarding the consumer's likes, interests, and preferences and provides goals and actions to support their engagement in participation in their interests. Staff interviewed explained the importance of services to consumers, to support their connection to the community and do things of interest to them.

Consumers and representatives interviewed stated they are comfortable talking to staff if they want any changes to their services and explained this is as simple as making a telephone call to their case manager. Support workers advised they are satisfied they receive updated information when a consumer’s condition changes. Care managers stated that they become aware of the condition or changes in consumer needs through consumer discussions and care planning and review. Staff advised they ensure information related to services and supports for daily living are documented on the consumer's ‘help plan’ and shared with the support worker.

Consumers and representatives stated they are referred to other lifestyle services they may require, and My Aged Care (MAC). Care documentation showed examples of referrals to a range of services and supports for daily living where appropriate, including MAC. Information on supports for daily living are provided, and referrals are undertaken, for services including social support groups, and language services. Management also confirmed referrals to Dementia Australia and Carers Gateway are completed informally, and numbers to external service provided.

Management confirmed meals are not provided under the home care package, however, if consumers wish to use funding to purchase a prepared meal the consumer pays the food component and HCP will cover the preparation and delivery only. This is normally 30% by the consumer and 70% by the package. While few consumers require delivered meals, options of suppliers are available.

Consumers and representatives confirmed that the equipment they have is safe suitable and maintained. Support workers said they have access to equipment to support consumers such as wheelchairs, lifting hoists, shower chairs and mobility devices for use in the home as required. Any faulty equipment is made safe for the consumer in the first instance and reported to their case manager.

Based on the information summarised above, 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 |
| 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 service does not provide community social support services therefore this requirement is not applicable.

# Standard 6

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

Findings

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

Consumers and representatives interviewed stated they feel supported to provide feedback about their care and services. Staff and management described the ways they encourage consumers and their representatives to provide feedback, including directly contacting consumers to seek feedback, engaging with consumers and their representatives within the residential services and offering feedback forms. Staff interviewed noted they report feedback and complaints to management and document in the consumer file. The documentation sighted such as: complaints and feedback records, and consumer files, showed consumers can provide feedback on their services.

Consumers and representatives interviewed stated they feel safe to raise their concerns, and generally reported that staff have provided them with information regarding alternative complaints resolution methods and supported them to access advocacy and language services when required. Staff interviewed were able to describe the process and steps they would take to ensure consumers can access advocacy, language or complaints resolution services. Management advised the service provides information to consumers and their representatives about how to make a complaint and access advocacy and interpreter services through information contained within the agreement document and direct communication with consumers with an identified need for advocacy services.

Consumers and representatives interviewed advised when they provide feedback the service keeps them informed of how it is being followed up and are satisfied with the action taken in response to their feedback and complaints. Staff interviewed described how they record consumer complaints regarding care and services into the consumer file and report complaints to management to action. While staff were not aware of open disclosure a review of complaints received by the service demonstrate that open disclosure is being practiced.

While consumers and representatives described improved service changes as a result of their complaints and feedback the service was unable to evidence effective review of complaints and feedback to improve the quality of care and services. Staff described areas for improvement including wound care management and changed behaviours management though these have not been adequately reviewed and used to improve service delivery. Staff explained when a complaint is received it is documented in the consumer’s individual file rather than the complaints and feedback register.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has provided evidence to demonstrate trending and reviewing of complaints to improve services is part of the feedback and complaints procedure. The service has since the quality audit undertaken a review to ensure the document reflect best practice and have provided staff with training in relation to recording and documenting complaints and feedback in the complaints and feedback register to ensure adequate trending and associate action. Post the Quality audit the service has issued an electronic survey to all consumers and staff.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the information summarised above, 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 |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives interviewed expressed satisfaction that staff arrive on time, are not late or rushed and have enough time to complete their tasks. Consumer service schedules reviewed showed services are generally permanently allocated to ongoing, regular staff. Staff reported in various ways how the service allocates adequate time to complete their work effectively. Management explained that the service undertakes workforce planning to understand the number and mix of staff they require through seeking feedback from staff and review of the electronic client management system to identify staffing availability within a geographical area.

Consumers and representatives interviewed described staff as kind, gentle and caring during service delivery. Consumer documentation reviewed showed consumer culture and background are identified and accessible to staff to support their delivery of considerate and respectful care. Staff interviewed described how they treat consumers with respect, through listening, seeking permission when delivering care and services and respecting each consumer’s preferences and individuality.

While consumers and their representatives generally reported satisfaction that the staff delivering their care and services are competent, the service was unable to evidence adequate processes to ensure staff are appropriately qualified to undertake their roles. Internal staff interviewed advised they are required to provide their relevant qualifications and appropriate registrations; the Assessment Team found the service was not monitoring the qualifications of subcontracted employees. The Assessment Team provided feedback to management regarding requirements to ensure staff, including allied health clinicians and support workers providing personal care services, have the appropriate qualifications and current probity checks to provide services. Management acknowledged the gap in ensuring staff are appropriately qualified to deliver services and advised they will seek evidence of competency from all subcontractors providing services.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has undertaken an internal audit to ensure all staff and sub-contractors have the relevant compliance checks and minimum qualifications as outlined in staff’s position descriptions. Relevant documentation and evidence have been provided to the Decision Maker.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Staff interviewed advised they do not receive adequate training that would enable them to deliver the care and outcomes as required by these Quality Standards. Staff interviewed advised that upon commencement with the service they are provided with a staff handbook and complete an induction, however advised they do not receive training on elder abuse and neglect, identifying deterioration, restrictive practices, open disclosure, dementia awareness and the aged care code of conduct.

Management acknowledged inconsistencies in training and the communication with staff regarding changes in aged care legislation across their workforce, with staff providing services in the Rosewood Gardens residential service receiving more information and informal training then staff providing services in the consumer’s home. Management confirmed training regarding the Serious Incident Response Scheme (SIRS) and Incident Management Systems (IMS) has not been provided to staff. A review of the service’s training documentation shows that while staff are provided various practical training including the use of fluid thickener and electric wheelchair use there is not adequate training provided to ensure staff are equipped and supported to provide safe and quality care. The Assessment Team provided feedback regarding the inadequacy of training and advised the service will provide the required training within the coming four weeks.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has undertaken an education needs analysis and is implementing an education and training framework for their organisation. A new education calendar has been designed and share that includes mandatory training programs with essential topics and competencies for staff to ensure workforce is training and equipped to deliver safe and effective care. The education calendar has been implemented immediately and staff compliance on this training is closely monitored by management.

While consumers and representatives interviewed inconsistently reported that the service specifically requests their feedback on the staff that deliver their care and services, consumers advised they feel confident to contact the service to advise of any concerns regarding staff attending. Management described the process for monitoring and reviewing staff performance through annual performance reviews undertaken with management and/or the director, and informal meetings with staff occurring within the residential service sites.

Based on the information summarised above, 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 |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives interviewed reported being able to provide feedback and input into the development and provision of their care and services through speaking to staff or management. Staff interviewed reported that in their own experience they find the service to be well run. Management described how they seek feedback from consumers and representatives to feed into broader service improvements through encouraging consumers to contact management or liaise with staff to provide feedback. Management noted the service has commenced an improvement action to provide a survey to consumers every three months to engage them with service improvements.

At the time of the Quality Audit the service did not demonstrate that the governing body is accountable for the delivery of a culture of safe, inclusive and quality care and service. Staff interviewed described areas of training they have not been provided despite the identified need, including wound care management, restrictive practice and managing changed behaviours. Management advised that as a new service they have been working to meet the Quality Standards though recognise gaps in their governance systems including effective oversight of workforce compliance and trending and analysing incident and complaints trends. The service does not have a board, with all governing body responsibilities sitting with management and the two directors. The service is not effectively or consistently utilising the complaints and feedback register and incident register. The directors explained that while the two monthly governance meetings contain standing agenda items to discuss incidents and complaints inconsistent use of the registers limits their oversight.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has initiated a comprehensive plan moving forward for continuous improvement to strengthen organisational oversight and governance. The service has established an Advisory Board which encompasses a multidisciplinary qualified professionals from the banking and finance, health and clinical, human resources, and other relevant industries. The service has clearly defined the purpose and scope of the Advisory Board as stipulated in the terms of reference. A newly introduced process of bi-monthly board reporting from the executive management has been commenced, aided by a ‘board report template’ which ensures the governing bodies are informed of the service specifics to amplify its accountability, and safeguard the quality care and services. The monthly board report template includes information around the clinical indicators, risk register, feedback and complaints, and other legal and regulatory requirements. In addition, the service has also set up a clinical governance sub-committee which comprises 2 internal staff as well as 2 external members from medical and nursing backgrounds to review clinical outcomes, incidents and the management of high impact high prevalence risks.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

At the time of the Quality Audit the service did not demonstrate it is using effective organisation wide governance systems relating to information management, financial governance, feedback and complaints, workforce governance and regulatory requirements. The Assessment Team identified that the service does not have a consistent or secure process to manage and monitor consumer information. The organisation undertakes continuous improvement through identifying needs and opportunities, recording these in the continuous improvement plan with required actions, progress, who is responsible and an expected completion date. Financial governance is overseen by management and the two directors. When asked the risk-based questions management stated there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. While the service has a feedback and complaints register that supports the pursuit of improved outcomes for consumers, this is not consistently utilised. Management explained the controls they have in place to monitor the performance of workers, including sub-contracted staff, as completing annual reviews.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team. The service has designed and implemented a continuous improvement plan to explore options in relation to further advance their record keeping in a digitalised system and where possible avoid the use of paper-based records to ensure information is timely and accurate. In relation to financial management, the service has revised and implemented new monthly statements that include itemised item costs, this has adequately been communicated to consumers and implemented for practice.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

At the time of the Quality Audit the service did not demonstrate it has effective risk management systems to manage and prevent incidents, including the use of an effective management system that identifies and responds to abuse and neglect and manages high-impact or high prevalence risks. In relation to managing high-impact or high-prevalence risks associated with the care of consumers, management stated, and documentation reviewed shows, they undertake clinical assessment for all level consumers. The service demonstrated it does not have effective systems and practices in place to identify and respond to abuse and neglect of consumers. In relation to supporting consumers to live the best life they can, the service assists consumers to access relevant aged care services including interpreter services, advocacy and community services, and undertakes allied health referrals where appropriate, supports consumers to attend religious centres if requested and provides lifestyle services to consumers residing within the residential service setting. In relation to managing and preventing incidents, the service has an incident management register, though this is not consistently used. Management advised the expectation for staff recording incidents is to record in the consumer’s individual file and report to management, which impacts the oversight the governing body has on incidents.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

At the time of the Quality Audit the service did not demonstrate it is utilising an effective clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service demonstrated it maintains an infection control and open disclosure policy, staff interviewed noted that they are not aware of the service’s policies regarding infection control, the use of restraint and open disclosure. While the service demonstrated it has a clinical governance framework document the scope is limited, including a focus on falls and infections. The clinical governance framework does not contain enough information to clearly identify the roles and responsibilities to manage the provision and oversight of clinical care.

In response to the Assessment Team Report the service submitted a comprehensive response outlining the actions undertaken to address the deficiencies outlined by the Assessment Team.

The Decision Maker notes the services responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. On this occasion the additional details and evidence provided by the service in their response was sufficient for the Decision Maker to find the requirement compliant.

Based on the information summarised above, 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)