**Performance**

**Report**

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| Name: | Brotherhood Community Care Services |
| Commission ID: | 300759 |
| Address: | 67 Brunswick Street, FITZROY, Victoria, 3065 |
| Activity type: | Quality Audit |
| Activity date: | 28 May 2024 to 30 May 2024 |
| Performance report date: | 19 July 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: 285 Brotherhood of St Laurence  
Service: 18694 Brotherhood Community Care (Northern)  
Service: 23533 Brotherhood Community Care - Southern  
Service: 18696 Brotherhood Community Care EACH Packages  
Service: 18697 Brotherhood Community Care Packages (Southern)  
Service: 18698 Brotherhood Community Care Packages (Southern) - EACH Dementia  
Service: 18699 Brotherhood Community Care Western Metro Region  
Service: 18701 Brotherhood Of St Laurence - Peninsula  
Service: 18702 Brotherhood Of St Laurence Housing Linked - Northern Metro  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8252 Brotherhood of St Laurence  
Service: 24301 Brotherhood of St Laurence - Care Relationships and Carer Support  
Service: 25970 Brotherhood of St Laurence - Community and Home Support

**This performance report**

This performance report for Brotherhood Community Care Services (**the provider**) has been prepared by A.Cachia, 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 services, 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 was informed by a site assessment, observations, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s report received 2 July 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Majority of consumers said staff treat them with dignity and respect, with five consumers sharing in different ways how they feel treated well by staff. However, three consumers described how they felt disrespected and intimidated by staff. Staff explained how they treat consumers with dignity and respect, sharing how they ensure they are aware of individual, actively listening to their needs and what they value. Management said, and documentation showed that each service has a code of conduct framework to support staff in the provision of inclusive, safe and consumer led services and to promote values including respect and compassion. Sampled care plans identified what is important to each consumer, including their identity, care preferences, culture and background.

Consumers and their representatives said that consumers cultural needs and background are understood by staff, including knowing each individual. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff and management advising how staff complete mandatory training on delivering culturally safe services. Staff provided examples of how they have embedded their learnings into practical delivery of services. Management said they have bicultural staff present at the social support groups and ensure staff are available to support consumer communication during groups. Management discussed and documentation showed consumers social and cultural needs are addressed through the use of cue cards and translation applications, particularly for consumers who attend the overnight cottage.

Consumers and their representatives said they are supported to actively make decisions about their care and delivery of services, and described how outcomes of care and services enabled consumers to connect with others and maintain relationships. One representative shared how they make all decisions about the consumers care and services due to being appointed in a legal capacity to support the consumer. Staff were knowledgeable and explained how they support consumer decisions and provide options when undertaking services. Management said consumers are encouraged to have a representative at assessment and care planning meetings. Documentation included information outlining consumer choices about care and services, and relationships, including support persons and representatives involved in supporting consumers decision making.

Consumers and their representatives advised consumers are supported to live the best life they can by doing things they otherwise might not feel confident to do. Staff explained how they listen to consumers and provide support and encouragement to help them maintain their independence by safely taking risks and participate in what is important to them. Where consumer risk is identified, staff and management said they consult with the consumer regarding risk management strategies.

Consumers and their representatives said they are frequently provided with service information in various ways, which is easy to understand. One consumer said they receive monthly statements on time, which clearly outlines itemised services and how staff would assist in understanding information provided. The Assessment Team identified all HCP and CHSP consumers receive information packs, however some inconsistencies in information provided to consumers were identified. Management explained how the Charter of Aged Care Rights is not provided to all consumers due to information outlined in the provider’s service agreements. Management said they are reviewing information packs across all services for consistency and currency, and demonstrated adjustments to consumer service agreements to ensure consumers are provided with the Charter of Aged Care Rights.

Most consumers and their representatives said consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. Three of 20 consumers and/or representatives said they did not feel staff always respected consumer privacy. Staff said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, including discussing personal matters in a private area away from others, and when delivering personal care, ensuring doors are closed. Management said staff participate in online privacy and confidentiality training and the organisation has a policy and procedure along with expectations outlined in the code of conduct.

Based on the information summarised above, I find the provider, in relation to each 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 | 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

Consumers and representatives are satisfied with how services support consumer independence and quality of life, which was captured through the services assessment and planning process. Staff said, and documentation showed consumer information was readily available to guide staff in delivering services safely through the effectiveness of the assessment and planning processes, including risk assessment considerations and assessments. Management said the service undertakes assessment and care planning collaboratively with consumers and chosen representatives in their home, to ensure safe and effective service delivery. Each service demonstrated current assessment and care planning, including consideration of risks to consumer’s health and well-being. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified and non-response instructions are documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals. One representative described how they have an advance care plan in place in place to support the consumers wishes. Staff said they access information about consumer’s needs, goals and preferences documented in the care plan. Management explained the providers process for advance care planning as part of the initial assessment and care planning process and information is provided as part of the information pack. The service has policies and procedures to guide staff on how to support and manage consumers nearing end-of-life.

Consumers and representatives said they are actively involved in the decision-making process when developing a care plan that meets consumers’ needs, including one consumer and representative who said they feel like a partner in consumers’ care planning. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including their representatives.

Consumers and representatives described the care and services they receive and some recalled being provided with a copy of the consumer care plan. Staff described how they provide services and support in alignment with the consumers care plan, and sub-contracted staff explained how they receive tasks lists to follow and take directions from consumers. Management described how task lists are provided to sub-contracted providers, however acknowledged insufficient information is provided at times and are trialling a new service request and task list to ensure adequate information is gathered. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services. Management said consumers’ care and services are reassessed regularly or when a change in circumstances occurs. Furthermore, all consumers receive a monthly telephone call, and face-to-face home visits quarterly and annually. Management described how all review dates are stored in the client management system, and monthly reports are reviewed to monitor consumer reviews during regular supervision with staff and monthly case conferencing.

Based on the evidence summarised above, I find the provider, in relation to each 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 | 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

There are processes in place to ensure consumers across all services receive effective personal and/or clinical care provided by subcontracted providers. Staff demonstrated familiarity with consumer needs, including high impact or high prevalence risks associated with their care and describing how consumers are assessed as individuals. Management discussed high impact and high prevalence risks, advising how staff use a vulnerable persons in emergency screening tool to determine consumer risk and document alerts on consumers files. Sampled consumer documentation demonstrated comprehensive detail outlining instructions for the delivery of personal care, wound care management and use of equipment, as well consumer sensitivities to optimise consumer health and well-being.

Each service demonstrated processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Management were knowledgeable and provided examples of consumers currently palliating, sharing how they regularly communicate with palliative care teams to ensure the consumer is at the forefront of care delivery. Sampled consumer documentation demonstrated that advance care planning is addressed and discussed with consumers to guide staff on consumers’ needs, goals and preferences when nearing the end of life. The organisation has policies and procedures to guide staff around assessment and planning considerations for consumers nearing end of life and advance care planning directives.

Consumers and representatives said staff would identify and respond to consumer deterioration and change and explained how the service has assisted numerous consumers to access increased services. Staff, including sub-contracted staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of most recent significant changes that occurred in their assigned consumers personal or clinical care needs. Documentation showed, and management said deterioration in consumers’ health conditions is recognised and responded to in a timely manner and recorded on the consumer file.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Numerous consumers said they have consistent staff and never need to repeat instructions or direct staff in how to deliver services. Staff and management said the service ensures all staff have access to sufficient detail and information to enable staff to deliver personal and clinical care and have regular case management meetings.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Staff demonstrated an understanding of referral networks and described the referral processes to support the consumer’s needs. One representative provided an example of how a consumer was referred for an occupational therapy assessment to be assessed for equipment to support safer mobilisation. Staff and management said the service refers promptly when involving My Aged Care and utilises an internal referral process following identifying a consumer need. Documentation showed evidence of referrals were made in response to needs identified, including to nursing and various allied health services.

Consumers and representatives said staff always take measures to protect consumers from infection. Staff said they are vigilant in their adherence to hygiene practices, including use of personal protective equipment and have access to rapid antigen tests if needed. Sampled documentation outlined one consumer who lives with a life-threatening condition requires staff to not enter the home if staff are symptomatic, to minimise compromising their immune system. The service has infection prevention and control policies and procedures in place to guide practices of infectious disease and mandatory infection control training completed by staff.

Based on this evidence, I find the provider, in relation to each 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 | 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 said and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received. Staff said they support consumers independence, health and well-being through providing support to access the community and access to mobility aids and equipment to increase independence. Sampled care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers and their representatives confirmed their general well-being is supported and provided examples of how staff would recognise if they were feeling low. Sampled documentation outlined consumer information did not outline specific emotional, spiritual and psychological support strategies, however one consumer shared how staff support consumers in practice, and said they are supported to attend church in line with their religious values and social activities.

Consumers and representatives described how the service enables opportunity for consumers to participate in meaningful activities, including attending centre-based and cottage respite services and receiving support to stay connected through social interaction and building relationships. One representative said the consumer they support attends the centre-based and overnight cottage respite at the service centre, and enjoys the programs, especially Saturday outings. Staff and management described the importance of identifying services during the assessment process for consumers to allow them to remain connected to their community and to do things of interest. Sampled documentation demonstrated goals related to care and services for consumers to access social support, including individual, centre-based and overnight cottage respite.

Consumers and representatives said they are comfortable talking to staff about their care and services, advising that staff are aware of consumer conditions, needs and preferences. Staff said they are aware of changes in care through consumer assessments and care plan reviews, and subcontracted providers said they are provided with service requests and task lists. Staff said they also ensure information related to services and supports for daily living are documented on consumer’s files and shared with other staff involved in the consumer’s care. Management said staff, including subcontracted staff have access to appropriate systems to add and maintain progress notes and records, while some subcontractor providers send feedback forms when changes in consumer care changes. Sampled care plans demonstrated care planning and reassessments completed annually with quarterly face-to-face check ins and monthly telephone contact; maintaining open communication with all services involved in consumer care needs to ensure continuity of care is maintained.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely and support the needs of the consumer. Management said, and documentation showed how the organisation refers consumers to services, including for dementia specific and carer assistance services. The service has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers and representatives said they receive food that is of suitable quality and quantity, with consumer information relating to allergies, dietary requirements, likes and dislikes reflected in their care documentation. Staff demonstrated, and the Assessment Team observed staff actively seeking feedback from consumers and monitoring meals to ensure suitability and that needs and preferences were met. Management said all staff are provided with food handling and food safety training. The Assessment Team sighted a menu on display with a selection of three food options available.

Consumers and representatives said they are satisfied with equipment provided to consumers, that is safe, suitable, and maintained to assist consumers in their daily lives. Staff said they complete safe manual handling techniques to best support consumers in using a variety of equipment available, including mobility equipment, wheelchairs and shower chairs. Staff were knowledgeable in what processes to follow in the event the service needs to organise repairs for faulty equipment. Management said equipment and modifications are purchased based on allied health assessments conducted and sought through appropriate suppliers, following allied health recommendations.

Based on the information summarised above, I find the provider, in relation to each 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 | 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

Consumers and their representatives said they are satisfied and always feel welcome, sharing how they find it easy to navigate and understand the social support group and overnight cottage respite service environments. Staff described ways they ensure the environment is welcoming and supports consumers, such as an open plan kitchen, activities area and quiet room for consumers to relax. The Assessment Team observed service environments to be accessible, with ramps and rails to assist mobility, with signage and functions observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely, with consumers and staff sharing how they can move freely to the outside areas. Staff said they maintain the cleanliness of the service environments by utilising cleaning schedules, and clean equipment between use as appropriate.

Consumers said they are satisfied with the furniture, fittings and equipment provided by the service, describing them as clean, safe and well-maintained. Staff explained how fittings and equipment is well-maintained by reporting any faults and requesting the organisation’s maintenance to rectify any issues in a timely manner. The Assessment Team observed the kitchens at each service to have certification, and all equipment was tagged, tested and well-maintained.

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

# Standard 6

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

Findings

Consumers and representatives said they are encouraged, know how to provide feedback and feel safe to make complaints. Staff were knowledgeable of the feedback and complaints process, and said they support consumers and representatives by providing information to assist with providing feedback or to make a complaint. Management said the organisation has identified complaints trends relating to dissatisfaction with service providers, fees being too high, consumer monthly statements no longer outlining pending items and consumers not happy with their assigned case workers. Documentation showed information about the organisation’s internal processes and external complaints and feedback processes available.

Consumers and representatives said they were aware of ways to receive advocacy support, referring to friends and family. Staff and management said they support consumers and representatives by providing advocacy service and complaints information in their information pack. Management explained that the centre-based and overnight cottage respite programs have access to interpreting services and bilingual staff are employed across the services.

Consumers and representatives said they are satisfied that concerns raised are mostly actioned to their satisfaction in a timely manner. Staff and management described the open disclosure process with reference to the policies and procedures in place, although staff could not provide examples of when open disclosure was used. Management described the organisation’s complaints process, guided by the feedback and complaints handling policy and procedure, including the use of open disclosure processes.

Consumers said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Management said feedback received is recorded in the feedback and complaints register, monitored by senior management, the board and sub-committees. Management described improvements that they have actioned as a result of feedback and complaints and provided examples of service improvements made to the monthly statements to ensure information is accessible to all consumers. Evidence sighted by the Assessment Team demonstrated communication to consumers and their representatives through an annual consumer survey and quarterly telephone surveys conducted by staff to ensure the quality of care and services improves.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

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

Findings

Evidence showed workforce delivering the CHSP services provide care and support to consumers across all services. Consumers and representatives said they believe the organisation has an ongoing turnover rate, specifically in relation to case management services. Management discussed workforce planning and analysis of workforce needs, and said they are currently recruiting case managers due to a turnover of staff from extended leave issues and staff transitions, and to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services. Evidence sighted by the Assessment Team outlined that HCP case management services are internal, with all care and services provided by sub-contracted support workers.

Most consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs. However, six consumers described how they felt disrespected by some staff and felt staff did not understand or respect consumers identity, culture or diversity. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences. Management demonstrated responsiveness to the concerns raised to the Assessment Team and advised they would follow the issues up. Management advised they were aware of three of the six examples, explaining that the three identified consumers are in the process of moving to another provider.

While the Assessment Team have provided information demonstrating consumer and/or representative dissatisfaction, I have considered information in Requirement 1(3)(a), indicated most consumers and representatives are satisfied. Although deficiencies were identified, I have placed weight on evidence in the Assessment Team’s report indicating majority of consumers and representatives interviewed about this requirement. I also acknowledge that at the time of my decision, the provider’s response did not include any information in relation to this Requirement, however I find the providers posture demonstrated throughout the Assessment Team’s report as satisfactory and addresses the Assessment Team’s concerns.

Most consumers and representatives provided positive feedback that staff understood consumers’ needs, however three consumers and their representatives said that their appointed case managers were not competent and did not know how to support consumers to access services. Evidence showed staff have relevant qualifications, skills and knowledge to effectively perform their role, including policies and procedures and code of conduct. The provider demonstrated insufficiency of evidence when referring to sub-contracted staff in relation to current police checks, drivers’ licenses and vehicle insurance to safely provide care and support to consumers receiving HCP services.

Staff said, and the Assessment Team sighted that staff have access to training opportunities specific to the position of the staff member. Furthermore, staff explained that they receive communication reminders to advise when probity checks are required, which is monitored regularly by the organisation. A number of staff delivering the social support group explained to the Assessment Team that they have completed food safety and food handling certifications. Management said they are organising elder abuse and restrictive practice training for consumers.

Staff are required to undertake performance appraisals annually, with new staff completing six-month probation periods. Further support is provided to staff when there is a need for improvement. Management said they are guided by the services performance management and misconduct policy and procedure and explained that they have no staff who have formal underperformance being undertaken across all services. Evidence showed performance development plans, both informal and formal, are regularly completed through one-on-one meetings with staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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

Findings

Requirement 8(3)(b)

The Assessment Team reported the provider did not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for that delivery. The Assessment Team provided the following evidence relevant to my finding:

Subcontracted Provider Agreements:

* The provider is responsible for over 450 subcontracted service providers, however deficits in oversight for subcontracted services was identified under the HCP program.
* Sampled subcontractor documentation showed approximately 120 contracts had expired and not been renewed, with evidence demonstrating the provider had utilised subcontracted support workers to deliver care and services to consumers.
* The Assessment Team identified that currency of contractual agreements and service provision is not undertaken by the provider, including yet not limited to probity checks, ensuring staff are adequately trained, and monitoring of performance measurement is not completed.
* Following the Assessment Teams’ findings in relation to expired agreements, the provider responded by sending requests to subcontracted providers to complete agreements and provide probity documentation.
* As the Quality Audit came to a close, management updated the Assessment Team advising 63 contract agreements were pending ratification.
* The Assessment Team identified consumers receiving care and services from subcontracted service providers with expired contractual agreements included nursing services, allied health, personal care, domestic assistance, respite care, transport and shopping assistance.
* Evidence showed that all services provided un the CHSP program were provided by internal staff, therefore deficiencies remain isolated to the HCP program.

SCHADS Award:

* The Assessment Team identified the provider had contractual arrangements in place outlining subcontracted providers are required to provide a minimum two-hour shift, which was found to impact consumer funding.
* Management advised that this information was provided to the audit committee and investigated as they have found this challenging for the organisation

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised they have resolved all unsigned contracts with sub-contracted providers, including completion of signed contracts and receipt of probity documentation.
* The provider has implemented additional review processes to ensure improved risk management while an automatic contract compliance system is sourced by the provider.
* The provider has updated the renewal of notification timeframes from 1 to 3 months prior to expiry to allow sufficient time for the subcontracted provider to complete renewal processes and ensure minimal disruption to service provision should the subcontractor become non-compliant.
* Commencement of annual meetings between the provider and subcontracted providers has been initiated to review contractual agreements and ensure all requirements are being met.
* The provider has implemented a “Zero Tolerance Approach” whereby all subcontracted providers identified as not meeting their compliance obligations are suspended or blocked from delivering services until contracts are rectified.
* The provider has embedded mandatory monthly internal reporting of subcontractor management quality indicators.

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* The provider said they do not require consumers to have a two-hour shift, advising this is demonstrated through evidence of clients receiving a variety of scheduled services, and explained that care and services are consumer directed, hence not setting a minimum two-hour service requirement.
* The provider said that in instances where the consumer communicates that service options do not meet their care preferences, the provider will support the consumer to explore other available options.
* The provider acknowledged the limitation identified in the organisation’s Visual Care system, in the way services are displayed in the customer record system. Furthermore, the provider said the system can only reflect on service type being scheduled and delivered.
* To counteract the limitation, the provider said a care task list is utilised by case managers to outline separate tasks to be undertaken during agreed service timeframes, in consumer schedules.
* Evidence was provided by the organisation to demonstrate four examples of consumer rosters and detailed care tasks to outline care task lists reflecting two-hour shifts of combined service delivery.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the organisation’s governing body has oversight of subcontracted providers in order to promote a culture of safe, inclusive and quality care and services and is accountable for that delivery.

Although the Assessment Team have provided information demonstrating deficiencies in the oversight of subcontracted providers, I have considered all information available to me and place weight on the provider’s response. I find the additional information and actions taken by the provider in relation to this Requirement, as described in their response, satisfactory and addresses the Assessment Team’s concerns. I have also placed weight on evidence in the Assessment Team’s report indicating the provider’s posture to rectify 50% of expired subcontractor agreements during the Quality Audit as well as the overall consumer and representative satisfaction and feedback throughout the Assessment Team report.

In relation to the Assessment Team’s concerns that all consumers are required to have a minimum two-hour shift, the provider’s response included rostering calendars which show most consumers receive services in a two-hour block. For a few consumers selected by the provider, evidence was supplied to show that they receive multiple services during that time and the provider maintains the length of service delivery is driven by consumer choice. While the Assessment Team’s report states that this method is depleting consumers’ package funds, there was no evidence demonstrating where this had occurred or that this did not align with consumer choice.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirement 8(3)(b) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(c), 8(3)(d), 8(3)(e),

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through the consumer advisory committee and ongoing surveys. Evidence showed the provider the consumer advisory committee meets every six weeks to discuss issues and provided examples including ‘what loneliness looks like to a consumer’. Management explained how they engage consumers through various mechanisms, including involving consumers on the services consumer advisory body as well as regularly seek input and feedback from consumers through feedback forms and consumer surveys to improve care and services.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by the organisation’s aged care program manager to inform all staff and update policies and procedures for the programs.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks. Staff training records showed staff have completed training on the Serious Incident Response Scheme (SIRS) and were knowledgeable in the services reporting processes, including incident escalation. Management advised each service takes a balanced approach to risk management to enable safety, choice and maintaining a sense of self to ensures consumers live the best life they can, by understanding what’s important, which begins at the intake process where critical information is obtained. Management said that they do not have any consumers with suspected elder abuse, and are currently organising family violence training, including elder abuse.

Management said they have a clinical governance committee that oversee all clinical issues, and clinical governance is a standard agenda item to review clinical data and trends, which then informs the Boards view on strategic decision making and learning opportunities. The organisation has a clinical governance framework that identifies roles and responsibilities, along with clinical policies and procedures. Management advised they monitor and review the ongoing effect of risk associated with increased use of antimicrobial resistance and treatment effectiveness, with particular consideration of the overnight cottage respite service. Training documentation demonstrates staff are receiving training related to consumer deterioration, restrictive practice and open disclosure.

Based on the above evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 8 Organisational governance.

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