**Performance**

**Report**

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| Name: | Bucketts Way Neighbourhood Group Incorporated |
| Commission ID: | 200358 |
| Address: | 88 King Street, GLOUCESTER, New South Wales, 2422 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9688 Bucketts Way Neighbourhood Group Incorporated  
Service: 27658 Bucketts Way Neighbourhood Group Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7378 Bucketts Way Neighbourhood Group Inc  
Service: 26040 Bucketts Way Neighbourhood Group Inc - Care Relationships and Carer Support  
Service: 26041 Bucketts Way Neighbourhood Group Inc - Community and Home Support

**This performance report**

This performance report for Bucketts Way Neighbourhood Group Incorporated (**the service**) has been prepared by Gill Jones, 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 2 August 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Not Compliant** |

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

# Areas for improvement

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

*Requirement 3(3)(b)*

* Ensure high impact, high prevalence risk is being effectively managed particularly in relation to wound care and managing changed behaviours.
* Ensure staff are adequately trained and working within their scope of practice.

*Requirement 3(3)(e)*

* Ensure internal staff can access consumer support plans at the point of service delivery
* Ensure a process is established and implemented for sharing of information with subcontracted agencies regarding outcomes of referrals made and care provided.

Requirement 7(3)(c)

* Ensure all staff, including those provided through subcontracted agencies have the qualifications and knowledge to effectively perform their roles.

*Requirement 8(3)(a)*

* Ensure HCP consumers are involved in developing, delivering and evaluating care and services provided through a variety of mechanisms including a consumer advisory body.

*Requirement 8(3)(b)*

* Build a culture of safe inclusive quality care through the governing body’s commitment to safety and quality improvement.
* Ensure the governing body is in receipt of sufficient information to monitor and evaluate the organisation’s performance against the Quality Standards.

*Requirement 8(3)(c)*

* Ensure effective processes for information management, continuous improvement, financial and workforce governance and regulatory compliance to enable the provision of safe, quality care for consumers.

*Requirement 8(3)(e)*

* Ensure an effective clinical governance framework is in place to maintain and improve the reliability, safety and quality of clinical care provided.

# 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

All consumers (both Home Care Package (HCP) consumers and Commonwealth Home Support Program (CHSP) consumers) interviewed were satisfied the service treats them with dignity and respect and values their identity, culture and diversity. Staff and management confirmed the service has a culture and operating model that supports diversity and respects individual identity and culture. All staff interviewed confirmed the service is supportive and respectful of all members of the local community. Whilst care plans did not always contain information highlighting consumer cultural diversity or personal identity consumers were satisfied their identity, culture and diversity is valued.

All consumers interviewed were satisfied the care and services offered were culturally safe. All consumers interviewed who identified as having culturally diverse needs confirmed that their needs were taken into account and services were provided to ensure their cultural needs were met. Staff and Management interviewed confirmed the cultural needs of consumers were known and services were adapted to take account of different cultural needs.

All consumers interviewed felt the service supports them to exercise choice and independence in the delivery of their care and services, including when they wanted to involve friends or family in their care, and ensuring their decisions are communicated. Consumers felt the service supported them to make the connections and form relationships of choice. Staff confirmed that the service had a culture of supporting consumers to be in charge of their own lives as much as possible. A choice and control policy directed staff to support consumers to be independent and exercise choice.

All consumers believed the service would support them to take risks if they wanted to. Consumers stated they felt the service always had their best interest at heart and would always discuss risky behaviours but would never stop them doing what they wanted to do. Staff and management confirmed the service would support consumers to take risks with several staff noting *‘*it’s their life, it’s not for us to tell them what to do.’ However, all staff and management noted that they would always discuss all aspects of such requests with the consumers including alternatives and ways of reducing or mitigating risk. The service has policies and procedures to guide staff when dealing with personal choice and risk-taking behaviours.

All consumers confirmed that the information they are provided with by the services is current, accurate and timely and is easy to read and understand. Consumers receiving the Meals on Wheels (MOW) service said the menus and ordering information system was very good and easy to understand and follow. Staff confirmed that information provided to each consumer is accurate and delivered in a timely manner to ensure consumers have the opportunity and time to exercise choice. The service’s monthly newsletter provides detail of events and activities for consumersto keep them informed of what is happening.

All consumers interviewed felt their personal privacy was respected by staff and by the service. Consumers felt able to speak freely to staff knowing that private information would not be repeated. Several consumers said staff had become close and trusted friends. Staff confirmed the service had a strong culture of privacy and respect for personal information and that systems were in place to ensure personal data is protected at all times.

Based on the information before me, as six out of the six requirements are compliant for both HCP and CHSP, I consider Standard 1 to be compliant.

# 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

Generally, consumers/representatives considered assessment and care planning delivered safe and effective care and services. The Registered Nurse (RN) and Management described the assessment, care planning and review process including the undertaking of risk assessments. Generally, care planning documentation reviewed identifies, manages and monitors potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity. The service has policies available to guide staff practice in the assessment and care planning process.

The service demonstrated and consumers/representatives said consumers are receiving care and services that meet their needs, goals and preferences. Staff and Management provided examples of supporting consumers in advanced care planning (ACP) and through the end of life (EOL) care planning process. Whilst some consumers/representatives said they have discussed ACP, others could not recall, staff and management confirmed discussion occurs at a minimum during the annual care planning review process which is evidenced in care planning documentation.

Consumers/representatives confirmed they have participated in the planning and review of their care and services. The RN described how they work in partnership with the consumer, other organisations, individuals and service providers in assessment and care planning and communicate regularly regarding the changing needs of consumers. Documentation evidenced consumer/representative involvement in the planning of services and in ongoing reviews.

All consumers/representatives reported being satisfied with the information they receive about their care and services and said they felt they could access a copy of their care plan from the service if they chose to. Staff interviewed said they are informed of any changes to consumers’ care and service needs in a timely manner through the daily scheduling notes or on the services’ mobile application. Staff advised if they had any concerns with service delivery or changes in a consumer’s condition or circumstances, they would contact the service. The service maintains care planning information on their information system and in consumer paper based folders. Management and the RN said care plans are updated with any changes to care needs annually or as changes occur.

Generally, all consumers/representatives said the service is responsive and reviews their care and services needs when the consumer’s circumstances have changed, or incidents have occurred. Staff said they are aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitors clinical incidences, including pressure injuries, medication incidents, skin integrity and falls at regular service meetings. The service has been unable to review all CHSP consumer care plans in the required timeframe of 12 monthly. Whilst no direct consumer impact was identified for the consumers sampled who had not had a 12 monthly review a potential risk existed for consumers who did not receive timely annual reviews.

In their response to the Assessment Team’s report the service identified that the 44 CHSP consumers who had not had an annual review where consumers whom had not received services for 6 plus months. Since the quality audit the service has created a new leave type in their electronic management system for CHSP consumers who do not require a 12 monthly review as on leave. This change will be fully implemented by end of Sept 2024. I have considered the response from the approved provider and consider this requirement to be compliant for CHSP as no risk was identified for consumers not reviewed within a 12 month timeframe as not receiving services.

Based on the information before me, as five out of the five requirements are compliant for both HCP and CHSP, I consider Standard 2 to be compliant.

# 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. | Not 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 | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant | Not 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

All consumers/representatives provided positive feedback about the care provided. Most staff demonstrated knowledge of consumers’ needs, goals and preferences and described how the service ensures care is best practice and tailored to the consumers’ needs.

Care plans accurately describe consumers’ personal and clinical care needs in sufficient detail to guide staff in the provision of care and services however staff can only access daily scheduling notes at the point of care. Management advised they ensure consumers get individualised personal and clinical care through reviews, and case conferences. The service has policies and assessment tools to guide staff practice in delivering personal and clinical care.

Generally, all consumers/representatives with high impact risks and identified as vulnerable said they receive the care they need. Review of care documentation demonstrates effective processes in place to manage individual consumer high impact, high prevalent risks for CHSP consumers. However, for HCP consumers, high impact , high prevalence risk was not being managed in relation to wound care and managing changed behaviours. Risk was identified following a review of wound management documentation. This demonstrated wounds were not being adequately documented, monitored and managed according to the service’s policies and processes or best practice. Additionally, risk was not effectively being managed as wound care was being provided by a support worker without appropriate supervision and training. In addition, the service did not demonstrate it consistently and effectively managed the risks to an HCP consumer experiencing changed behaviours. Staff said they were unaware of any alternative strategies for managing the consumer’s changed behaviours placing both the consumer and staff at risk. The service’s policies for managing changed behaviours were not being followed and a behaviour support plan was not in place.

In their response to the Assessment Team’s report the approved provider submitted a plan which included a review of their wound care practices and practices for managing changed behaviour. Further education is to be provided to staff including scope of practice and incident reporting. A new template is being introduced for wound management to capture product usage, infection rates and antibiotic usage.

HCP consumers/representatives said they felt confident staff would provide EOL care in line with consumers’ preferences to maximise dignity and comfort. The RN advised consumer’s current needs, goals and preferences, including ACD are identified when consumers support plan reviews are undertaken and reviewed when things change. Management and the RN provided examples of how care and services are adjusted for consumers nearing EOL. Staff said they monitor consumers for comfort during EOL and follow support plans for individualised consumer preferences. Documentation demonstrated palliative care pathways and care being provided to consumer’s that is individualised and person centred. This requirement was ‘Not Applicable’ for CHSP due to the entry level nature of the program.

All consumers/representatives said staff know them and would recognise deterioration in a consumer’s health or wellbeing. Staff were able to provide examples of changes in a consumer’s condition and what actions they took, including escalating to the service. A review of consumer care documentation confirmed that the service responds in a timely manner when deterioration in a consumer’s well-being is identified. Management advised they aim to provide consistent staffing so support workers can identify deterioration or change in a consumer’s condition quickly. The service has procedures to guide staff in the process for managing deterioration.

Consumers/representatives said staff provide consistent care and services and they are satisfied with how this is occurring but were unaware what information was shared between support workers and subcontracted service providers. SWs said they do not have access to all information about consumers’ care and service delivery and only have access to daily scheduling notes at the point of care. Consumers/representatives and staff confirmed when a staff member is not aware of a consumer’s needs and preferences staff will ask the consumer/representative. Management advised that staff know consumers’ needs and preferences by providing care and services to them. Review of documentation demonstrates care and service plans provide information to support the delivery of safe and effective care and services, however some support plans have not been reviewed annually. The service was not able to demonstrate effective processes are in place to ensure consumer’s information is documented, communicated accurately and is reflective of the consumer’s current care needs or preferences when the consumer is receiving care and services from a subcontracted agency. Management advised there were no arrangements in place for sharing consumer documentation with subcontracted services. Documentation was not consistently shared about both HCP and CHSP consumers internally as staff only had access to limited care planning information.

In their response to the Assessment Team’s report the approved provider submitted a plan which included ensuring care workers can access consumer support plans in the mobile app and create a procedure for sharing of information with subcontracted agencies regarding referrals made and care being provided for both HCP and CHSP consumers.

All consumers/representatives said the delivery of care, including referral processes, is timely and appropriate and they have access to a medical officer (MO) and other health professionals when needed. Consumer care documentation demonstrates referral to other health professionals, including MOs, podiatrists and occupational therapists (OT). Management advised referrals are generated through support workers informing the RN or through consumer reviews. The service has policies and procedures in place to guide staff practice in relation to the referral processes.

Consumers/representatives said staff follow standard infection control protocols, including handwashing and use of PPE when entering their homes. Staff described how they monitor the use of medications including antibiotics and demonstrated knowledge of antimicrobial stewardship. Training records demonstrate staff are trained in infection control practices and hand hygiene. The service has policies and procedures related to Antimicrobial Stewardship, Infection Prevention and Control and an Outbreak Management Plan to guide staff practice. Management advised that the service maintains a register of consumers that are known to be prescribed antibiotics.

Based on the information before me, as two out of the seven requirements are non-compliant for HCP and one requirement out of seven is non-compliant for CHSP, I consider Standard 3 to be non-compliant for both CHSP and HCP.

# 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. | Not Applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

All consumers interviewed stated they felt the services and supports they received were safe and effective in supporting their daily living needs. All consumers confirmed services received met their needs, goals and preferences, supported their health, well-being and quality of life and enabled them to be more independent. Staff informed they do regular welfare checks to ensure services are meeting consumers’ needs and preferences. Documentation reviewed confirmed that consumer needs and goals are taken into account during the development of care planning.

Consumers felt the services and supports they received promoted their emotional spiritual and psychological well-being. Staff provided examples of how the service supports consumers by adapting services to meet individual spiritual needs. Documentation observed confirmed that the consumer’s emotional spiritual and psychological needs are considered during the development of care planning and service delivery.

Consumers confirmed the services and supports they receive make a significant positive difference to their lives and supported them to live the way they wanted to. Staff confirmed that consumers are supported to have the social interactions they want, develop the relationships that are of interest to them and participate in the community when and how they want to. Documentation confirmed that the consumer’s social needs are considered during the development of care planning and service delivery is tailored to support consumers to have personal relationships and do the things that are of interest to them.

Consumers said they believed that information about their condition, needs and preferences is communicated well within the organisation and with others who may be providing care and services. Consumers said staff providing care knew all the information they needed and reported no incidents when staff providing care were unaware of important consumer information. Staff confirmed that they were able to access information about the consumers condition, needs and preferences from a variety of sources including through a mobile application however it was observed that staff were not fully able to access all information needed though it. Some evidence was found that important information about consumers’ needs and preferences that could impact care and services that was known to individual staff members was not recorded in consumer files and not shared with other staff involved in the consumer’s care. There was however, no impact identified for individual consumers from this while current staff remained in their roles.

Consumers interviewed confirmed referrals are made in a timely manner and to the appropriate person or organisation. Consumers who were or had received services from other organisations and providers said they were happy with the services they received, and the referral had helped support them to improve their quality of life. Staff interviewed confirmed that they had access to a number of external providers of specialist services they can refer to if needed. Documentation confirmed that consumers are referred to other organisations, individual and providers of other care and services.

CHSP consumers who received the service’s Meals on Wheels (MOW) food services informed that the meals were good and of high quality. Consumers said there was a varied menu to choose from each week and meals were always hot and had good sized portions. Staff who coordinated the MOW services confirmed that consumers receive varied meals of suitable quality and quantity and that food was always hot when delivered.This requirement is ‘not applicable’ for HCP.

HCP consumers informed that the service provides safe, clean and well-maintained equipment and has appropriate equipment cleaning and maintenance programs in place. Staff said consumers are always assessed by an allied health professional to ensure any equipment provided under the HCP is fit for purpose. This requirement is ‘not applicable’ for CHSP.

Based on the information before me, as seven out of the seven requirements are either compliant or not applicable for both HCP and CHSP, I consider Standard 4 to be Compliant.

# 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/representatives interviewed said they felt supported to make a complaint or provide feedback if they needed to. The recent consumer survey showed positive results regarding feedback and complaints. Staff interviewed said they would support consumers/representatives to provide feedback or make a complaint. The complaints register documented complaints received.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers advised they were provided with this information when they commence with the service. Written information provided to consumers on advocates, language services and how to make a complaint to an external body was sighted.

The service demonstrated appropriate action is taken in response to complaints from consumers. All consumers/representatives interviewed who had made a complaint were satisfied with actions taken to resolve their complaint. Staff and volunteers described what they would do when a consumer/representative made a complaint. The complaints folder showed appropriate action is generally taken however the use of open disclosure could not always be evidenced.

The service was able to demonstrate how feedback and complaints improve services and supports to consumers at both the individual level and at service level. Consumers/representatives who had made a complaint or provided feedback on the care and services they were receiving were satisfied with the changes made. Staff commented on changes made to supports and services based on complaints and feedback. The complaints folder documented a service level change made because of a recent complaint.

Based on the information before me, as four out of the four requirements are compliant for both HCP and CHSP, I consider Standard 6 to be Compliant.

# 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. | Not Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service was able to demonstrate the workforce is planned and the number and mix of staff deployed enables the delivery of safe, quality services and supports consumers. Consumers/representatives were satisfied with the amount of time staff had to provide their services and supports and said overall staff arrived on time. Staff said they had enough time to complete their work and did not feel rushed. Some consumers/representatives had made complaints previously about shifts being cancelled or rescheduled however were satisfied with the resolution of their complaint.

Interactions with consumers are kind, caring and respectful. Consumers/representatives spoke highly of the staff and volunteers who provide their services and supports. Staff and volunteers spoke in a respectful, kind, caring and compassionate way about consumers and were non-judgemental when they described the different circumstances of consumers.

The service demonstrated the workforce is competent, and members of the workforce have the qualifications and knowledge to effectively perform their roles for CHSP but not for HCP. Across both HCP and CHSP consumers/representatives described staff as being competent. In CHSP management could describe how they assessed the competency and capability of staff they employ and staff could describe the competencies they had been assessed for. However, in HCP staff were performing wound care without the relevant clinical oversight or competency based assessment. Additionally, the service does not have subcontracting agreements in place to provide for oversight of the subcontracted allied health workforce in terms of qualifications and competency and so have no way of knowing if staff have the qualifications and knowledge to effectively perform their roles.

In their response to the Assessment Team’s report the approved provider submitted a plan which included developing a scope of practice document setting out the responsibilities of staff when wound care is being delegated to a support worker. Training will be provided for support workers with competency based assessment and clinical supervision provided by the RN. Policies, procedures and service agreements are being drafted for use with subcontracted agencies which will outline the requirement on subcontractors with qualifications, police checks, training, competency and scope of practice.

The workforce is recruited and equipped to deliver the outcomes required by the Aged Care Quality Standards for HCP and CHSP however there are some gaps in training. The training matrix identified low compliance rates with some training with other training yet to be rolled out but overall staff felt they received the support and training they require and were satisfied with the induction and orientation process. Consumers interviewed said the workforce was adequately trained. Staff were satisfied with the orientation and training they receive. Whilst volunteers do not receive a formal orientation or any training they receive a volunteer pack that includes a volunteer agreement, handbook, and incident form. Recruitment processes are in place.

The service was able to demonstrate regular assessment, monitoring and review of staff occurs. Consumers/representatives said they provide feedback on staff at care plan reviews and in between time, if required. Staff could advise they had a performance development review (PDR) in the previous 12 months. The Human Resources Coordinator could describe the PDR process and there is a performance appraisal policy and procedure in place.

Based on the information before me, as one out of the five requirements are non-compliant for HCP, I consider Standard 7 to be non-compliant for HCP and compliant for CHSP.

# 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. | Not 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. | Not Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not 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. | Not Compliant | Not Applicable |

Findings

The organisation was able to demonstrate CHSP consumers are engaged in the development, delivery and evaluation of care and services. Several consumers interviewed commented on having participated in the recent consumer survey and saw this as a positive development. Although consumers could not provide examples of having input to broader service improvements, those interviewed about the organisation, thought it was well run and did not think any improvements were required at the time of the Quality Audit. For the HCP program, the organisation could not demonstrate how HCP consumers are involved in developing, delivering and evaluating care and services provided. Furthermore, the organisation has not met their obligations under the Aged Care Act 1997 regarding the governance responsibility to establish a consumer advisory body. A draft document has been produced by the organisation outlining the responsibilities of the consumer advisory group however letters have not been sent to consumers allowing them to express their interest in becoming a member.

In their response to the Assessment Team’s report the approved provider submitted a plan which included sending letters to consumers in August 2024 with the first meeting of the Consumer Advisory Body to be held by end December 2024.

The organisation was not able to demonstrate that the Board promotes a culture of safe, inclusive care and services and is accountable for their delivery. This is largely because the Board receives insufficient information to enable them to promote a culture of safe inclusive care and services and demonstrate accountability for the delivery of both the CHSP and HCP program. Documentation sighted showed the Board receives regular information regarding the workforce, service delivery, infection prevention and complaints for both CHSP and HCP but incident data and continuous improvement are not reported to the Board. Additionally, for the HCP program, the Board does not receive information about clinical outcomes for consumers and mechanisms are not in place to monitor the quality of care being provided to consumers by the subcontracted allied health services. Furthermore, with regard to the HCP program, the organisation has not met their governance responsibility to establish a clinical advisory body.

In their response to the Assessment Team’s report the approved provider submitted a plan which included modifying the Board meeting agenda to include continuous improvement, risk, compliance, incidents, audits and clinical data and improving their oversight of contracted services.

The organisation does not have effective processes for information management, continuous improvement, financial and workforce governance and regulatory compliance across both the CHSP and HCP program. With regard to information management, insufficient information is provided by the subcontracted allied health services back to the organisation to ensure the provision of safe, quality care for HCP consumers. Additionally, documentation was not consistently shared about both HCP and CHSP consumers internally as staff only had access to limited care planning information. The organisation does not have effective wide governance systems for continuous improvement for CHSP and HCP. There is a lack of evidence of continuous improvements being identified, actioned, or completed prior to 3 July 2024 and continuous improvement activity is not reported to the Board. Overall, the organisation has effective wide governance systems for financial management for CHSP however unspent funds are not currently being monitored for HCP and there is no threshold, formal requirement, or process for staff to discuss unspent funds with consumers. The organisation does not have effective wide workforce governance systems in place. There is a lack of oversight of the subcontracted allied health workforce in terms of their qualifications and competency as processes are not in place to manage and a lack of processes to ensure the competency of employed staff providing clinical care. The organisation provides relevant training to staff but is not always delivering this in a timely manner, for example, Code of Conduct training. Whilst the organisation has an effective regulatory governance system in place for CHSP, the organisation has not met its responsibilities under the Aged Care Act 1997 regarding the new governance responsibilities which include establishing a consumer advisory body and clinical advisory body.

In their response to the Assessment Team’s report the approved provider submitted a plan which included steps to address issues regarding the subcontracted agencies, a review of the continuous improvement process, processes to oversee and manage unspent funds and provide training in the Code of Conduct.

The organisation has effective processes for managing high impact or high prevalence risks, abuse and neglect, and managing and preventing incidents in CHSP and HCP programs. Whilst the Assessment Team identified issues with the management of high impact, high prevalence risks in relation to wound care and behaviour management I am satisfied these concerns have been addressed in other requirements and the approved provider has submitted a plan to address.

The organisation does not have an effective clinical governance framework in place. Whilst the clinical governance framework includes open disclosure and there are policies and procedures for restrictive practice and antimicrobial stewardship these policies need review and promotion to staff who seemed to have little or no knowledge of them. There is insufficient oversight of the clinical care provided to consumers as clinical data is not currently reported to the Board. Furthermore, the clinical governance framework refers to ‘contractors’ being accountable for the quality and safety of care provided and ensuring it aligns with professional standards, however, there is no mechanism in place to monitor this at present. Additionally, the clinical governance framework does not specify the role and responsibility of clinicians in providing clinical care.

In their response to the Assessment Team’s report the approved provider submitted a plan which included reviewing the Clinical Governance Framework, their policies and procedures for open disclosure, restrictive practice and antimicrobial stewardship and providing staff training to address knowledge gaps.

Based on the information before me, as four out of the five requirements are non-compliant for HCP, and one non-compliant in CHSP, I consider Standard 8 to be non-compliant for both HCP and CHSP.

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)