**Performance**

**Report**

**1800 951 822**

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| Name: | Bundaleer Care Services Community Care Program |
| Commission ID: | 200220 |
| Address: | 142a Cameron Street, WAUCHOPE, New South Wales, 2446 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 751 Bundaleer Care Services Ltd  
Service: 17386 Bundaleer Care Services Community Care Program  
Service: 17387 Bundaleer Care Services EACH Program

**This performance report**

This performance report has been prepared by Julia Durston, 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 it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 9 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 | **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** |

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

# Standard 1

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

Findings

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

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found the HCP service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers advised staff were kind, caring and know what is important to them and provided examples of how staff treated them with respect and knew what was important to them. Staff described how care and services are person-centred and staff and management in the office were observed to speak respectfully when talking with consumers on the telephone.

Requirement 1(3)(b)

The Assessment Team found the HCP service demonstrated care and services are delivered in a culturally safe way. This was confirmed by feedback from sampled consumers. Consumers provided examples of how staff deliver care and services in a culturally safe way. Staff interviewed demonstrated care and services are person-centred and gave examples of how care and services delivered are culturally safe. One representative said their consumer is an Aboriginal, staff always deliver culturally safe care and the consumer enjoys yarns with one of the service providers when they mow their lawns.

Requirement 1(3)(c)

The Assessment Team found the HCP service demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, the way services are delivered and the involvement of family, friends or carers in their care, and to make connections with others and maintain their relationships of choice. Consumers provided examples to demonstrate they are supported to exercise choice and independence in decision making, including one consumer who said they decided to cancel their meal service so they could prepare their own meals which has increased their independence. Documentation demonstrated representatives support consumers to make decisions as required and there are relevant policies and procedures to guide staff practice.

Requirement 1(3)(d)

The Assessment Team found the HCP service demonstrated consumers are supported to take risks to enable them to live their best life. This was confirmed by feedback provided by sampled consumers. One consumer advised they recently decided to decline clinical oversight services, choosing to access the services independently when they need too. The consumer’s case manager said they discussed the risks and strategies to mitigate risks with the consumer, including documenting relevant case management notes to address again at care plan reviews or if the consumer’s health deteriorates. The service has a dignity of risk policy and procedures.

Requirement 1(3)(e)

The Assessment Team found the HCP service demonstrated each consumer receives information that is current, accurate and timely and communicated in a way that they can understand and enables them to exercise choice. This was confirmed by feedback provided by sampled consumers. Consumers and their representatives confirmed they were provided with a copy of their care plan and budget and receive monthly statements in a timely manner, and the information pack provided on commencement with the service is comprehensive. The Assessment Team reviewed consumer statements and found the information to be clear and easy to understand.

Requirement 1(3)(f)

The Assessment Team found the HCP service generally demonstrated each consumer’s privacy is respected and personal information is kept confidential. This was confirmed by feedback provided by sampled consumers. Consumers and representatives advised they are aware of the ‘The Charter of Aged Care Rights’ which includes their right to personal privacy and to have their personal information protected. Electronic records are password protected. Consumer agreements and staff contracts include detailed privacy and confidentiality clauses. Staff demonstrated their understanding of their privacy and confidentiality responsibilities.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

**Compliant Requirements**

Requirement 2(3)(a)

The Assessment Team found the HCP service demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. Consumers and representatives advised their care is well planned and addresses their needs. Electronic care plans showed that the assessment and planning process considers a comprehensive range of risk assessments and mitigation strategies to effectively manage consumers’ health safety and wellbeing in areas such as social isolation, clinical care, falls, skin integrity, diet, nutrition and weight loss, dementia, behavioural, and environmental. Review of one consumers’ care documentation included a skin integrity assessment and wound management plan and registered nurses providing wound care to the consumer advised they follow the instructions of the wound management plan that is informed by directions of the consumer’s vascular consultant. The consumer said the service discussed the wound management documents with them during the assessment and planning process.

Requirement 2(3)(b)

The Assessment Team found the HCP service demonstrated assessment, care planning and review addresses consumers’ current needs goals and preferences including advance care planning and end of life planning if the consumer chooses. However, staff advised consumers often did not want to talk about end-of-life care. Evidence of current needs, goals and preferences was found in consumer care plans as well as evidence of discussions with consumers regarding advanced care planning. Staff were able to describe what is important to consumers regarding how their care is delivered.

Requirement 2(3)(c)

The Assessment Team found the HCP service demonstrated assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. All consumers and representatives gave positive feedback about how the service worked together with them in planning their care. Care documentation showed that the service is including the consumer, their nominated representatives, and other organisations, such as the RSL for veterans, in the assessment and planning process. The representative of one consumer advised the service involves them in their consumer’s assessment and planning process and they met the new case coordinator the previous week.

Requirement 2(3)(d)

The Assessment Team found the HCP service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. All sampled consumers and representatives confirmed they have copies of their care plan in the consumers’ home. The case manager advised that paper copies of all care plans and any other plans, such as domestic care plans and clinical plans, are also kept in hardcopy in the consumers’ home, in a folder described as a ‘blue book’. As noted in Requirement 2(3)(a), the service discusses care planning documents such as those concerning wound management with consumers.

Requirement 2(3)(e)

The Assessment Team found the HCP service generally demonstrated care and services are reviewed for effectiveness when circumstances change, incidents occur or when circumstances change impacting the needs, goals and preferences of the consumer. Consumers described how they communicate with their case managers when changes occur that impact their needs, or when they want to request additional services. The case manager said care plans are reviewed every 6 months, or when consumer circumstances and or their needs change. Review of care plans and progress notes for some consumers showed there were instances where care plans were reviewed in response to consumers’ changing needs and circumstances, evidenced in progress notes, but the review dates on the care plans were not changed to reflect a review discussion had occurred. On review of consumers’ electronic files and progress notes, it was evident that ongoing assessment and planning was being conducted with the consumer and others sharing their care, but the care plans were not updated to reflect the correct review date. Based on the fact that reviews have occurred except for date entry, on balance I find this requirement met.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# Standard 3

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

Findings

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

**Compliant Requirements**

Requirement 3(3)(a)

The Assessment Team found the HCP service generally demonstrated each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs and optimises their health and wellbeing. All sampled consumers and representatives said they were receiving clinical and/or personal care that was safe and tailored to their individual needs, situation and preferences. Registered and enrolled nurses described how they provide tailored clinical care to consumers, such as diabetes management and clinical observations, to optimise consumers’ health and well-being. Care workers described how they provide personal care in accordance with the consumer’s preferences. Management and registered nurses explained that relevant documents, such plans and observations charts are kept within the ‘blue book’ in consumers’ homes and the service has clinical policies and procedures for staff to follow.

Progress notes for one consumer receiving monthly clinical services by a registered nurse, showed the registered nurse performed observations in line with the care plan, including weight, skin integrity and discussed any clinical concerns of the consumer when they arose, taking appropriate responsive action when necessary. The representative who is a registered nurse and shares in their consumer’s diabetes management including insulin administration in the mornings and afternoons said they were very satisfied with the management of the consumer’s Type 1 diabetes.

A care worker described the strategies they use to support a consumer who was becoming anxious about showering, and how they avoid triggering the consumer’s shower anxiety. The consumer’s electronic file did not contain a behavioural assessment or behaviour support plan. However, the representative told the Assessment Team that the support provided by the care workers, and also the recent purchase of a shower chair, are ‘so much better’ for the consumer.

Having considered the evidence, although there appears to be a lack of documentation in some areas of consumers’ care particularly in the electronic files available to the Assessment Team, I put weight on the reported evidence of positive and safe health and wellbeing outcomes for the sampled consumers to meet their needs and preferences. Accordingly, I find that on balance Requirement 3(3)(a) is compliant.

Requirement 3(3)(b)

The Assessment Team found the HCP service generally demonstrated effective management of high impact high prevalence risks associated with consumers’ care. Sampled consumers with complex care needs, such as wounds or falls risk, and their representatives said that they were satisfied with the service’s management of their care. Registered nurses described how they identify, assess and manage high impact, high prevalence risks for consumers, such as providing wound care in accordance with wound management plans or directions from other health professionals, such as their treating doctor and vascular consultants. The service maintains a register of consumers with complex care needs including their high impact high prevalence risks.

Interviews with one sampled consumer who had an open wound following surgery in November 2023, and their registered nurse, and review of care documentation, showed the registered nurse provided wound care that followed the vascular consultant’s documented wound management instructions. The consumer’s electronic file also contained wound photos, with the final wound photo dated 15 April 2024, showing a healed wound. The consumer advised they were very happy with the wound management provided by the service and confirmed that the wound has healed.

The service demonstrated that it supported dignity of risk for one consumer who is a veteran, had 9 falls (occurring out of service) since 30 August 2023 with increasing hospitalisation and had a signed dignity of risk form. Care and incident documentation identified alcohol consumption as a contributing factor to the consumer’s falls and that the consumer had chosen not to reduce their alcohol consumption. The service held a case conference with the case manager, a welfare support person from the RSL and the consumer to devise a strategy to minimise the consumer’s falls risk going forward. Occupational therapist and physiotherapist assessments were arranged by the RSL to determine further falls mitigation strategies, given the consumer’s choice to continue alcohol consumption.

The service demonstrated a lack of effective clinical follow-up for a consumer who experienced rib pain after a fall. The registered nurse attended and performed clinical observations at the request of the representative as the consumer had fallen on the weekend and was experiencing some rib pain and had sustained superficial wounds to their knuckles. Care documentation showed the registered nurse reported the consumer was doing well and recorded BSL and blood pressure readings. The nurse noted the consumer had some rib pain but would not allow them to look at that area. There was no additional information in care documentation that further action was taken by the service to mitigate risks such as pain assessment and referral to the general practitioner for follow-up regarding rib injury.

Having considered the evidence, I note the lack of follow-up for the consumer with rib pain who refused assessment by the registered nurse post fall was not in line with best practice clinical risk management. However, there is no evidence of significant negative impact to the consumer. On balance the evidence provided demonstrates overall effective management of high impact high prevalence risks associated with consumers’ care. Accordingly, I find Requirement 3(3)(b) compliant.

Requirement 3(3)(c)

The Assessment Team found the HCP service demonstrated the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. The service is not currently managing any consumers nearing the end of life or receiving palliative services. However, the Assessment Team found the service has processes in place to implement support for consumers requiring palliative care, and care plans showed end of life and palliative care are discussed with consumers and their preferences are documented.

Requirement 3(3)(d)

The Assessment Team found the HCP service demonstrated deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. This was confirmed in positive feedback provided by sampled consumers and representatives. Staff demonstrated an understanding of the signs of deterioration, provided examples and described escalating their concerns to the case manager as soon as possible. Progress notes showed that deterioration of consumers’ condition is responded to in a timely and appropriate manner. Several examples were provided of care workers calling ambulances in a timely manner when consumers showed signs of deterioration.

Requirement 3(3)(e)

The Assessment Team found that on balance the HCP service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. Consumers and representatives expressed high satisfaction with the service’s communication about consumer’s clinical conditions and needs. Registered nurses confirmed all clinical information, such as diabetes and wound management plans, and clinical monitoring charts are contained in the ‘blue book’ in consumers’ homes and are regularly updated each time clinical care is provided. Clinical data and observations are also documented in electronic progress notes which are uploaded onto the consumer’s electronic file. Consumers electronic files also contained information received from third parties and other health professionals, such as wound management procedures and medication lists from GPs. The representative noted in Requirement 3(3)(a) who share diabetes care of their consumer with the service, said they have set up a white board in the consumer’s home where nurses and care workers note the consumer’s insulin levels, and what they ate for breakfast. The representative described the communication as excellent.

However, the Assessment Team found that information from the hard copy blue files in consumers’ homes is not always scanned and transferred to their electronic file. Wound management files and observation plans are not transferred until wounds are healed. The diabetes management plans for 2 consumers were not uploaded from their blue files to the electronic file. Management acknowledged that all relevant clinical documentation should be uploaded to the electronic system to ensure all relevant information can be accessed by all those within the service who are responsible for consumer care and services. Management committed to reviewing their processes around the scanning of clinical documentation into their electronic systems. The Assessment Team did not identify any instances of significant negative impact caused by the incomplete transfer of clinical documents to the electronic system.

Requirement 3(3)(f)

The Assessment Team found the HCP service demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. All consumers and representatives said that the service responds quickly to requests for referrals for additional care and services. Registered nurses and care workers described how they identified needs of consumers and how they made appropriate referrals to satisfy those needs. The Assessment Team provided several examples of timely referrals made by the service, including one consumer who advised their case manager identified they may require a safety pendant due to their increased falls risk, and a referral was sent for the pendant via email within 5 days.

Requirement 3(3)(g)

The Assessment Team found the HCP service demonstrated there are effective processes and practices in place to minimise infection related risks including standard and transmission-based precautions and anti-microbial stewardship. All sampled consumers and representative said that care workers engage in appropriate infection precautions such as wearing masks and sanitising regularly on shift. Staff were able to describe measures they take to minimise infection related risks. The service’s training records show that all staff have undertaken relevant infection control training and progress notes show that staff are conscious of infection related risks while on shift. The service has an Antimicrobial Stewardship policy which sets out the service’s commitment to supporting appropriate antibiotic prescribing and a monthly Antimicrobial Stewardship Report is completed.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as six of six specific requirements are compliant for the service, with Requirement 4(3)(f) not applicable.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found the HCP service demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. Consumers and representatives said they are satisfied with the services and supports provided by the service, such as social support, and that these help them do the things they want to do. Care plans consider and outline consumers’ needs, goals and preferences in relation to services and supports for daily living and progress notes made by care workers show how they deliver services and supports in accordance with consumers’ needs and preferences. A representative said that their consumer is very happy with the effectiveness of the daily support and services provided and that their gardens look ‘sensational’.

Requirement 4(3)(b)

The Assessment Team found the HCP service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. This was confirmed by positive feedback provided by sampled consumers and representatives. Care workers and management were able to demonstrate the importance of supporting the emotional, psychological well-being of consumers and described what they have done to promote this. Care plans include consumers’ emotional and psychological needs and how the service can help support them. Progress notes showed that care workers are reporting on the emotional and psychological wellbeing of consumers.

Requirement 4(3)(c)

The Assessment Team found the HCP service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. Consumers and representatives said they participate in activities that interest them and the service provides social enjoyment, such as eating meals at cafes and going to rivers and parks.

Requirement 4(3)(d)

The Assessment Team found the HCP service demonstrated information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Consumers said their services and supports are consistent and that different care workers were knowledgeable about their needs and preferences, and care workers have accurate and up to date information to provide them with quality support and services. Care plans contained details about changes to consumer’s needs and preferences and progress notes made by care workers and case managers showed that consumers’ changing preferences and needs are being documented and communicated throughout the organisation.

Requirement 4(3)(e)

The Assessment Team found HCP services demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives advised the service promptly actions their requests for services from third parties and that they are satisfied with the services and supports delivered by those third parties. Progress notes showed the service made timely referrals in response to consumer requests.

Requirement 4(3)(f)

Although meals can be accessed through a Home Care Package and some components of them can be claimed, such as administration and delivery, the food component cannot be included under Home Care Package funds, therefore this requirement is not applicable.

Requirement 4(3)(g)

The Assessment Team found HCP services demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. This was confirmed in positive feedback provided by sampled consumers and representatives. Consumers and representatives advised that the service arranges for occupational therapists to visit their homes to assess the suitability of equipment, and any functional issues with equipment are promptly followed up by the service.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), and 4(3)(g), with Requirement 4(3)(f) not applicable.

# Standard 6

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

Findings

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

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found the HCP service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers advised they are supported to provide feedback and make complaints. They described the different methods by which they could do so and said they felt comfortable raising matters with staff and management. Consumers said they can raise matters with their case managers, they can provide feedback to care workers, or refer to complaints information located in their in-home information folder. Several consumers said they also feel comfortable to contact the roster staff who immediately resolve many of their issues and queries immediately. Information about the feedback and complaints process is provided to consumers and their representatives on commencement with the service. Information packs, brochures, forms for feedback and information in consumer agreements provide information about internal and external complaints mechanisms.

Requirement 6(3)(b)

The Assessment Team found the HCP service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. This was confirmed by consumer feedback. Brochures advertising the Older Persons Advocacy Network (OPAN) are readily available to consumers and representatives in different languages. The Charter of Aged Care Rights is provided and explained to consumers to ensure they know their rights to have a person of their choice, including an aged care advocate, support them or speak on their behalf. The consumer handbook has been updated to include information on language services.

Requirement 6(3)(c)

The Assessment Team found the HCP service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. This was confirmed by consumer feedback. Complaints documentation evidenced appropriate action is taken and open disclosure processes are applied. Training participation records and the education calendar confirmed staff received education on open disclosure.

Requirement 6(3)(d)

The Assessment Team found the HCP service demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services. This was confirmed by feedback from sampled consumers, representatives and interviews with management. Two consumers who sit on the consumer advisory board advised they have attended meetings and provided feedback and suggestions and that the service has been responsive to their feedback and implemented improvements.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# Standard 7

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

Findings

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

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found the HCP service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Sampled consumers confirmed there were sufficient staff to meet their care and service needs and preferences. One consumer interviewed said staff are always on time. Care workers advised they have enough time with each consumer to provide quality person-centred care and to check their physical and psychological wellbeing. The service employs 7 enrolled nurses, and a second case manager has been employed recently to improve outcomes for consumers. There had been no unfilled shifts for the service’s Mid North Coast consumers for two months and no unfilled shifts for at least 2 weeks for the service’s New England consumers.

Requirement 7(3)(b)

The Assessment Team found the HCP service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives confirmed staff treat them in a kind and caring way and care and services are delivered in a culturally safe way and in accordance with consumers’ needs and preferences. They said staff know what is important to them and build relationships with them to ensure their changing psychological and physical needs are being addressed in a culturally safe way. Care workers said they receive regular training about person-centred care, diversity, inclusiveness and delivering culturally safe care and services.

Requirement 7(3)(c)

The Assessment Team found the HCP service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Sampled consumers confirmed staff are competent and deliver safe, quality care and services. The service ensures staff meet current minimum qualifications and compliance requirements and has agreements with contracted service providers that include clauses requiring the same. Compliments recorded on the feedback register reflected the high competency of contracted staff.

Requirement 7(3)(d)

The Assessment Team found the HCP service demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Staff advised they receive comprehensive training including orientation, mandatory, competencies, online mandatory training and buddy shifts. The service records staff participation lists for most courses undertaken. The calendar has flexibility to ensure education required urgently can be delivered. Management said education includes specific training about the Quality Standards, consumer directed care, serious incident response scheme, mandatory reporting, complaints, advocacy and person-centred care. However, the service did not record checks as to whether new employees were included on the Aged Care Banning Order list. Management confirmed no employees or contracted staff were on the list and immediately updated the new employee check list to include a task checkbox to confirm the search result for each employee.

Requirement 7(3)(e)

The Assessment Team found the HCP service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. Management and staff confirmed there is a system of regular performance assessment, monitoring and review in place including an annual performance appraisal. A new staff member said they are currently on probation and have a performance appraisal booked for September 2024 with the home case manager. The homecare manager described how the service is supporting an employee to address a performance issue, including performance goals outlined in their annual appraisal document that are regularly reviewed.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# Standard 8

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

Findings

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

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found the HCP service’s consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers said they provide ongoing feedback about how care and services are delivered and the service has sought their input in a variety of ways, including regular phone calls, annual consumer experience surveys, care plan reviews and face to face discussions. The organisation implemented a consumer advisory body in November 2023. An invitation to all consumers and representatives is extended at least annually and is promoted in the organisation’s newsletter and on their website.

Requirement 8(3)(b)

The Assessment Team found the HCP service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s published strategic plan, policies, and other documents guide management and staff and inform consumers and others on how culturally safe, inclusive and quality care is to be achieved. The organisation has a care (including clinical) governance framework that establishes accountability from the clinical case manager, case managers, home care manager and general manager independent living to the governing body for culturally safe and quality care. The Assessment Team observed proactive governance from the chief governance officer during the Quality Audit, who actively promoted the service’s culture of providing safe quality and inclusive care and services. Several documents including meeting minutes, newsletters and feedback processes that evidenced the chief governance officer’s involvement reflected this. Regular reports are submitted by the service to the governing body through the general manager independent living which include information about clinical and quality indicators, risk, consumer experience, incidents, feedback and complaints, and continuous improvement.

Requirement 8(3)(c)

The Assessment Team found the HCP service demonstrated there are effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, complaints and feedback. Consumers and representatives said they felt the service is well run overall, and staff were able to describe key principles of the organisation-wide governance systems, such as feedback and complaints and regulatory compliance. The organisation has policies and procedures for each area of governance.

**Information management**

Consumers, representatives and staff were satisfied that they could access information as needed and said information provided was clear, timely and accurate. Staff are provided with password protected access to electronic systems according to their roles. The service currently uses 2 systems to record consumer care and service information, including care plans. There is a hard copy consumer folder at point of care and an electronic consumer management system (ECMS) that contains consumers’ progress notes and some care documentation. The ECMS and hard copy care file on site are not simultaneously updated, resulting in the risk that care decisions and provision may be based on inconsistent, outdated information accessed by those responsible for consumers’ care and services who are not located at the consumer’s home. However, this was considered in Requirement 3(3)(e).

**Continuous improvement**

The Assessment team found continuous improvement activities are informed by a variety of sources, including consumer/representative feedback and complaints, consumer experience survey results, regular analysis of clinical and incident data, and internal and external audits. The service’s plan for continuous improvement identifies planned improvements, the source of the improvement, personnel responsible, progress reports, planned completion dates and outcomes/evaluations. There was evidence of ongoing review of the plan for continuous improvement.

**Financial governance**

The home care manager said there are financial delegations set to control expenditure and purchases, and expenditure beyond financial delegations requires approval from the governing body. Financial outcomes are monitored to ensure ongoing sustainability in the provision of quality care and services.

**Workforce governance**

All staff interviewed were aware of their roles, accountabilities, and responsibilities in line with their position descriptions. Staff are provided with adequate training, both mandatory and ongoing, to support them in their roles. There are processes in place to monitor the quality of subcontracted care and services and ensure required minimum qualification and probity checks are completed for employees and by the subcontractor.

**Feedback and complaints**

The Assessment Team found the service has effective systems and processes in place to ensure consumer, representative and staff feedback is captured, and that information is used by the organisation to inform and improve care and services. Consumers confirmed they feel comfortable providing feedback, both positive and negative, to care workers, case managers and management. Feedback and complaints are discussed at various meetings within the organisation and information is communicated to management and the governing body for monitoring, trending, analysis and resolution where required.

**Regulatory compliance**

The service has comprehensive regulatory compliance policies and procedures. Management and staff demonstrated knowledge regarding the code of conduct for aged care, serious incident response scheme reporting for home services, minimising use of restrictive practices, governance reforms and other recent and upcoming home services legislative reforms.

However, the Assessment Team found the service did not meet regulatory requirements in relation to the composition of its regulatory advisory board, specifically that under *Part 7A 53B(2) of the Accountability Principles 2014 of the Aged Care Act 1997* regarding thecomposition of a quality care advisory body (QCAB), the Chief Governance Officer did not meet the membership criteria.

In their response to the Assessment Team report the provider stated the organisation’s Chief Governance Officer does meet the legislative criteria to be a member of the QCAB as they are a degree qualified nurse who has overall responsibility for nursing services and is the chair of the Home Care Clinical Governance Committee. I am satisfied that the Chief Governance Officer meets the criteria for membership under *Part 7A 53B(2)(b)* of the *Accountability Principles* 2014 that refers to a member who is ‘(i) directly involved in the delivery of aged care or (ii) if the provider delivers clinical care – the provision of clinical care. The Aged Care Quality and Safety Commission’s *Provider responsibilities relating to governance – Guidance for approved providers document* notes as an example of (ii) ‘the person responsible for the nursing services, a registered nurse or allied health practitioner, etc’.

The Assessment Team found the February 2024 and May 2024 minutes of the Quality Care Advisory Board did not include any activities in relation to this service or home services in general. The chief governance officer advised the agenda items are applicable to home services as well as the residential aged care services and other businesses of the approved provider. The provider supplied several documents in its response to the Assessment Team Report to show that home care services are considered in QCAB meetings. I have reviewed the Chief Governance Officer’s quarterly report for January to March 2024 (report date 10 May 2024 and meeting date 15 May 2024) noted as reviewed on the QCAB meeting minutes. I am satisfied that although the report is more focused on the organisation’s residential aged care facilities, there is mention of the HCP service’s recent external audit results, complaints data, SIRS reports (of which there were none) and its infection prevention and control status.

Requirement 8(3)(d)

The Assessment Team found that the HCP service demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system. The organisation uses a comprehensive electronic incident management system and has a high-risk consumer register which is currently being developed to include a risk rating for all consumers. Risk management is driven by a subset of corporate risk management processes that identifies, analyses, treats and monitors key related risk within the overall risk appetite articulated by the board. The organisation’s approach to risk management is articulated in a board approved set of risk management policies and procedures. Care related risk is monitored and reported through the care governance committee. It is also reported to the risk and internal audit committee via the chief executive officer. Operational and executive staff demonstrated their knowledge and understanding of SIRS requirements. Staff were able to provide relevant examples of how high impact high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers can be identified and responded to, consumers are supported to live the best life they can, and incidents are managed, in line with the organisation’s policies and procedures.

Requirement 8(3)(e)

The Assessment Team found the HCP service demonstrated where clinical care is provided there is a clinical governance framework. The organisation has a care governance framework (including clinical governance) that includes antimicrobial stewardship, minimising the use of restraint, and open disclosure, and staff demonstrated their awareness of these areas. Management provided accurate definitions and examples of when these have been relevant to consumer care, and explained where staff access additional information when required. The governance framework is supported by a comprehensive range of clinical policies and procedures. Support for antimicrobial stewardship and minimising use of restraint is available for the service when necessary. Use of open disclosure was evident throughout service and organisation documentation and staff demonstrated their knowledge of open disclosure to the Assessment Team. The governing body includes members who have clinical qualifications and experience, providing clinical oversight for the care and services provided by the organisation.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)