**Performance**

**Report**

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| Name of service: | Central Coast Primary Care |
| Service address: | 167B The Entrance Road ERINA NSW 2250 |
| Commission ID: | 201164 |
| Home Service Provider: | Central Coast Primary Care Limited |
| Activity type: | Quality Audit |
| Activity date: | 15 March 2023 to 17 March 2023 |
| Performance report date: | 17 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Central Coast Primary Care (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24768, 167B The Entrance Road, ERINA NSW 2250

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Aged Care Act 1997 (Cth)
* Aged Care Quality and Safety Commission Act 2018 (Cth)
* Aged Care Quality and Safety Commission Rules 2018 (Cth)
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-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 | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 1(3)(b)
* Standard 6
* Requirement 8(3)(c)

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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 | Non-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. | Not applicable |
| 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

The Assessment Team reports that the Approved Provider is treating consumers with dignity and respect. It is providing information which enables the consumer to make decisions, including who is to be involved in their care whilst supporting them to act independently and make their own decisions. The Provider is respecting consumers’ privacy and ensuring information provided to consumers is communicated clearly, easy to understand and enables them to exercise choice. However, the Provider could not demonstrate that the delivering services are culturally safe.

Requirement 1(3)(b)

The Assessment Team reports that from the consumers contacted as part of the audit none were from diverse backgrounds. Therefore, cultural values and beliefs did not have an impact on services delivered.

Consumers/representatives interviewed by the Assessment Team said staff did know about their background and what’s important to them. For example, the daughter of one consumer who receives dietician services stated about staff. ‘Definitely do. Made sure they had a full picture with family background and right story. Yes, Mum is really happy that’s she’s listened too’. When interviewed a staff member interviewed demonstrated that they are aware of providing care in a culturally safe way and demonstrated that they can do this in practice.

When management were interviewed by the Assessment Team, they advised that the service has launched their First nations cultural safety framework last year and provided staff education. Although the service said they’re relying on ‘Optimum Intake’ to provide this to the dietician contracting staff.

Management (CCPC) have also advised both they and the contractor (Optimum Intake) are both members of ACON (Aids Council of NSW) and CCPC provides diversity and inclusion training to staff. Management also provided details of ongoing development of their Diversity and Inclusion Committee and policy, with inclusion of consumers on committee now being sought. When interviewed by the Assessment Team, Management for ‘Optimum Intake’ advised that cultural safety training hasn’t been provided to their dietary staff as yet.

In reference to information provided by the service there is no policy or procedure regarding Cultural Competence.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) state that the Intent of this requirement 1(3)(b) is Delivering culturally safe care and services is about recognising, respecting and supporting the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights. An understanding of a consumer’s cultural identity can lead to better care and service outcomes for consumers.

What is culturally safe for one consumer can be different to what is culturally safe for another consumer. This can be true even among people who identify as being from the same group. Delivering care and services that are culturally safe, means working with the consumer, and any other people they want to involve, so that their cultural preferences and needs can be understood. It goes further than just respecting diversity. It means that organisations know what to do to make each consumer feel respected, valued and safe. Achieving culturally safe care and services means that an organisation must demonstrate its inclusive care and support for cultural diversity for each consumer throughout the Quality Standards.

Further to this, page 4 of the Guidance states ‘Subcontracted services will not be separately accessed against the Quality Standards. The organisation that received the funding directly from the Australian Government is expected to ensure that its workforce (including subcontractors) meets its responsibilities. This is because ultimately the funded organisation will be held responsible for the delivery of safe and quality care and services in accordance with the Quality Standards.

It is noted that as an Approved Provider Central Coast Primary Care Limited (CCPC) receives consumer referrals for dietary services from My Aged Care. CCPC then refers those clients to Optimum Intake. In reviewing the information provided by the Assessment Team it is clear that a consumer feels that the CCPC is providing them with culturally safe services and one staff member was able to demonstrate their knowledge in how to provide such services. CCPC has indicated that it is developing its Diversity and Inclusion Committee and policy with a targeted completion date of 1 December 2024. It is acknowledged that Optimum Intake is a separate legal entity however, as indicated earlier the actions or inactions of Optimum Intake will not be assessed separately, with the Approved Provider being held responsible for contractors under its control for compliance with the Aged Care Quality Standards.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied requirement 1(3)(b).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five applicable requirements have been assessed as non-compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

The Assessment Team reports that the Approved Provider is completing assessment and planning in conjunction with consumers/representatives, which includes consideration of risks to the consumer. This is used to inform the delivery of safe and quality care to consumers. Care assessments are developed to including planning and monitoring. The Assessment is completed in partnership with the consumer. Care plans are being reviewed as required, which involves consumers, representatives and if required external providers.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | 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 |
| 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. | 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 |
| 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

The Assessment Team reports that the Approved Provider is providing safe dietary and nutritional care that reflects the needs of the consumer. The Provider has developed effective communication about consumer’s care both within and external to the organisation, referrals are made to other health professionals when the need for this is identified, namely My Aged Care or a General Practitioner There is also a documented process to monitor and manage infection prevention and control (IPC).

However, the Approved Provider is not identifying and responding to high impact and high prevalence risks for individual consumers 3(3)(b).

Requirement 3(3)(b)

When interviewed the Manager of care staff described that malnutrition is generally prevalent in the consumers referred to them. This results in loss of strength and reduces their independence at home. The assessment team asked how the risks are managed, the manager of care staff advised “there is no risk policy”. Manager (CCPC) explained that they received a My Aged Care (MAC) referral - reports in the self-assessment tool (SAT), the contractor (Optimum Intake) works with clients to mitigate and navigate risks to failure of outcomes.

The assessment team reviewed the Clinical Dietitian Position Description and it does not include risk management as a skill or competency or refer to working within the guides of a risk-based policy. The plan for continuous improvement (SAT) states that CCPC are in process of implementing risk and quality management software - this will manage and report risk, incidents, complaints to better support or staff and services.

In considering this issue I note that the Guidance states that ‘Each organisation should interpret the Guidance material considering its own service delivery model’. The Guidance also requires that ‘Quality assessors are proportionate in how the Quality Standards are applied to different types of services. Quality assessors consider the size and type of services and the relevance of the requirement to the service provided. The strategies used to achieve the outcomes will vary in complexity, scope and scale, based on the type of organisation, the consumer profile, and the risk to the safety, health and well-being of consumers’

The Guidance defines clinical care as ‘Care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to make sure it is best practice, meets the consumer’s needs, and optimises the consumer’s health and well-being.’ It is clear that the Provider is providing clinical care and therefore must comply with Standard 3. In reviewing the Provider’s compliance with the Standards, the Assessment Team reported that in relation to Standard 2, the Provider had met all its obligations under that Standard and in particular requirement 2(3)(a) which involves the Provider assessing and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

I am cognisant of the fact that under its funding agreement with the Department of Health and Aged Care the Approved Provider must comply with the Commonwealth Home Services Programme Manual. Chapter 6.1 of the manual states that the Approved Provider is responsible for ensuring that services delivered to clients are in line with individual goals, recommendations and assessment outcomes as identified in their individual My Aged Care (MAC) support plan. It is clear that the Provider receives consumer referrals from MAC as the consumer has been identified as suffering from malnutrition, the consumer is then referred to a qualified dietician in accordance with the consumer’s MAC support plan. Therefore, the Provider is only required to provide services that are needed by the consumer to meet their MAC support plan.

In reviewing the contractual agreement that the Provider has with its sub-contracting agency, it is clearly stated in Annexure D to the contract that the contractor must provide certain services. Of relevance to requirement 3(3)(b) is the requirement for the contractor to ‘liaise and care coordination with clinical and / or community supports as required and Regular auditing may be randomly conducted the CCPC to ensure compliance with the administrative and communication processes for the program. To monitor its compliance with the Standards the Provider has developed ‘quality standards self-assessment tool’. In response to requirement 3(3)(b) the Provider has noted ‘contactor works with clients to mitigate and navigate risks to failure of outcome’.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | | 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| 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. | Not applicable |

Findings

The Approved Provider does not provide services and supports for daily living therefore this Standard is not applicable

# Standard 5

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

Findings

The Approved Provider does not provide a service environment therefore this Standard is not applicable

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is not providing information to consumers to have access to advocates, language services and other methods for raising and resolving complaints. The Provider is not encouraging and supporting consumers and others to provide feedback and make complaints. Feedback from consumers is not being used to inform improvements to care and services.

Requirement 6(3)(a)

Most consumers/representatives interviewed by the Assessment Team advised they do not have any concerns as they are satisfied with the service and they would be comfortable raising issues if they arose although they haven’t had to. However, most consumers were not aware of any complaint or feedback information provided. With some indicating it may be in the information pack provided by the service, but they were not sure. A dietician staff member when interviewed regarding how consumers are encouraged to provide feedback on their care and services received, advised there was talk about a feedback form for aged care clients – which they were looking at implementing it this year.

When the Provider was interviewed in relation to how they support consumers to make complaints and provide feedback about the care and services provided, they stated as part of the contract (with Optimum Management) is to provide consumers with feedback details via website, there is paper feedback form in the pack, and direct phone call details should be in the pack as well. However, when Optimum Management were interviewed in relation to how they support consumers to make complaints and provide feedback about their care and services, they advised that they could improve on this as no formal complaint form or feedback sheet is provided. However, the Dietetics Contract Agreement does states (Annexure D Heads of Agreement 2. Service Delivery) that at the completion of the final output the contractor will provide and ask the client to complete a ‘Client Feedback Questionnaire’. It would appear that this feedback questionnaire is primarily designed to assess the service delivery of the brokered service and not for the purposes of Standard 6. Given the service did not demonstrate sufficiently that consumers, family and others are encouraged and supported to provide feedback and make complaints there is insufficient evidence to find that the Provider has complied with this requirement.

Requirement 6(3)(b)

Consumers/representatives interviewed by the Assessment Team advised they feel safe raising any concerns with the service. Although they indicated they weren’t aware of other supports available in making complaints. A dietician staff member when interviewed by the Assessment Team advised that they have never had to help a consumer to connect with advocacy or language services or make a complaint to the Commission.

When Management were interviewed by the Assessment Team about what information they provide to consumers and their representatives about how to make a complaint or access advocacy and interpreter services, they advised each consumer is given the Charter of Aged Care Rights. They added that the HCCC (NSW Health Care Complaints Commission) and Commission have complaints details on their website. The Assessment Team viewed the services policy regarding Complaints & Incidents which details Translator and Advocacy Services are available to consumers if required. However, given the service did not demonstrate that consumers are made aware of access to advocates, language services and other methods for raising complaints. I have reasonable grounds to form the view that the Provider has not complied with this requirement

Requirement 6(3)(c)

Consumers/representatives interviewed by the Assessment Team said they haven’t needed to raise issues and were happy with their services currently. A dietician staff member interviewed and questioned regarding their understanding of ‘Open disclosure’, they advised that they hadn’t heard of the term. Management advised that they ensure complaints are promptly addressed as they have a complaint manager and services policy, in which they have to acknowledge the complaint within 24 hours and answer it within 7 days or request extra time if appropriate. They also stated that the service has an Open Disclosure policy that sits on its own. Management also added that no complaints have yet been received regarding the Coast Nutrition dietic service for CHSP consumers. Although, every quarter they discuss with the contractor (Optimum Intake - providing dietician staff) as part of the contract management process any complaints received as part of the dietic service. The Assessment Team viewed the services policy regarding Complaints & Incidents which includes an Open Disclosure policy. However, given that there is no complaint or feedback process in place for consumers using the dietic service of ‘Optimum Intake’ I have reasonable grounds to form the view that the Provider has not complied with this requirement.

Requirement 6(3)(d)

Consumers/representatives interviewed by the Assessment Team said they’ve never had to provide feedback or complain about their care and services received. A dietician staff member interviewed advised they haven’t had a consumer complained or provided feedback about their services to them. Although they have received positive feedback from consumers which was communicated to them from their administration support staff. Management interviewed by the Assessment Team advised due to no complaints received about the dietician services, there have been no trends identified. Although, every quarter they discuss with the contractor (Optimum Intake - providing dietician staff) regarding any complaints received as part of the Coast Nutrition dietic service for CHSP consumers. The Assessment Team viewed the services policy regarding Complaints & Incidents which includes an Open Disclosure policy. However, given that there is no complaint or feedback process in place for consumers using the dietic service of ‘Optimum Intake’ I have reasonable grounds to form the view that the Provider has not complied with this requirement.

In considering this matter, it is noted that for Requirements 6(3)(c) and 6(3)(d) that the Assessment Team formed a view that the Provider was non-compliant due to the fact that there was no complaint or feedback process in place for Optimum Intake. Although this is of concern, the obligation to comply with the Aged Care Quality Standards still falls on the Provider as the Guidance states that subcontracted services will not be separately assessed against the standards.

The CHSP manual also clarifies the Provider’s responsibilities with the following statement ‘Service providers are also responsible for the services provided by subcontractors, including resolving any complaints made about that organisation. Should a complaint regarding a subcontractor be made, the service provider retains responsibility for liaison with the Aged Care Quality and Safety Commission and ensuring the subcontractor complies with all reasonable requests, directions and monitoring requirements requested.’

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1)(a) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider as established a complaints resolutions mechanism, the system it has in place has not been fully developed or implemented to a level where it complies. with its legal obligations.

Having regard to the Assessment Team’s report, comments made by the Approved Provider at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Age Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as four of the four specific requirements have been assessed as non-compliant.

# Standard 7

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| Human resources | | 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 |
| 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

The Assessment Team reports that the Approved Provider is ensuring the workforce is planned that enables the delivery and management of safe and quality care and services. During its interactions with consumers the workforce are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers are being supported by ensuring and monitoring members of the workforce have the qualifications and knowledge to effectively perform their roles. The workforce is being recruited, trained, and supported to deliver the outcomes required by these standards. Regular assessments, monitoring and reviewing the performance of each member of the workforce are be conducted.

Having regards to the Assessment Team’s report and the comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Non-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. | Not applicable |

Findings

The Assessment Team reports that the Approved Provider is promoting consumers access and engagement with them through their care planning. Further to this the Provider was able to demonstrate its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement.

However, the Provider is not providing clinical care in a clinical governance framework or has effective risk management systems and practices.

Requirement 8(3)(c)

All information related to the consumers are maintained confidentially and backup systems are in place to ensure information is not lost in the event of an IT issue. Access is password protected to log in with access levels based on roles and responsibilities. The assessment team evidenced the Information Management Policy release date 01/07/2015 review date 20/10/2017.

Continuous improvement

The service has strategic planning and annual business plans and continuous improvement processes in place for the broader CCPC business. The CHSP business was not expected to continue this year and has no specific continuous improvement plan. The self-assessment tool includes the following information, Executive Manager CCPC to accompany contract staff on home visits to assess service delivery and gather customer feedback annually. Development of appropriate customer feedback system in conjunction with new QMS system. Implementation of new QMS and further integration of contractors into CCPC HRIS. Continue to develop and manage contractor and referrer relationship through quarterly review meeting. CCPC are in the process of implementing risk and quality management software – this will manage and report risk, incidents, complaints to better support or staff and services. CCPC are in the process of relaunching CoC – launch in March 2023.

Workforce governance

Management and staff at Optimum Intake (the contractor) are provided with a job description and have a clear understanding of their roles and responsibilities. The service has processes in place for onboarding new staff, training & conferences that are specific to the diet and nutrition sector, provide monthly coaching and support for dieticians to deliver safe and quality care and services.

Regulatory compliance

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies on regulatory information which is monitored by the program leadership and implements changes as needed.

Feedback and complaints

Processes are not in place to address feedback and complaints.

Requirement 8(3)(d)

Managing high-impact or high-prevalence risks associated with the care of consumers. Please refer to 3(3)(b) where the assessment team was advised that there is risk management processes in place.

Identifying and responding to abuse and neglect of consumers, the assessment team evidenced the Abuse and Neglect policy for CCPC; release date 15/02/2017 review date 16/09/2019. Evidenced Reporting Abuse and Neglect Procedure release date 15/02/2017 review date 31/01/2018.

Supporting consumers to live the best life they can, complaint and feedback processes will be developed through March and will feed into continuous improvement. Consumers interviewed said they are pleased with the services they receive, systems and processes are yet to capture this information. Managing and preventing incidents, including the use of an incident management system. There is no incident management or reporting process in place for the CCPC diet and nutrition CHSP Program.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards.

The Guidance states that the intent of requirement 8(3)(c) is in part, Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers. To achieve compliance with the requirement the Provider must show that it has a feedback and complaints system in place. Unfortunately, the Provider could not demonstrate compliance with this element of requirement 8(3)(c).

The Guidance states that the intent of requirement 8(3)(d) is Organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers. This statement is tempered by the other references within Standard 1 of the Guidance in that ‘the level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning than an organisation providing residential aged care services’.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have also taken into consideration the fact that the Provider was found to be compliant with Standard 2 and my comments in relation to Standard 3, I have reasonable grounds to form the view that the Approved provider has not complied with requirement 8(3)(c) but it has complied with requirement 8(3)(d).

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four applicable requirements have been assessed as non- compliant.

1. The preparation of the performance report is in accordance with section s57 – quality auditof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)