**Performance**

**Report**

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| Name of service: | Central Gippsland Health and Community Services |
| Service address: | 155 Guthridge Parade SALE VIC 3850 |
| Commission ID: | 300227 |
| Home Service Provider: | Central Gippsland Health Service |
| Activity type: | Quality Audit |
| Activity date: | 4 July 2023 to 7 July 2023 |
| Performance report date: | 14 September 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 Gippsland Health and Community Services (**the service**) has been prepared by M Abjorensen, 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

**Home Care:**

* CGHS - Home Care Package Program, 22807, 155 Guthridge Parade, SALE VIC 3850

**CHSP:**

* Care Relationships and Carer Support, 24187, 155 Guthridge Parade, SALE VIC 3850
* Community and Home Support, 25254, 155 Guthridge Parade, SALE VIC 3850

# 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
* the provider’s response to the assessment team’s report received 3 August 2023

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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.

Standard 2 Requirement (3)(a)

* When two or more organisations share the care and services for a consumer, or where there are integrated care and services, there need to be arrangements in place to share and combine relevant information. This includes information about any risks to the consumer’s safety, health and well-being.

Standard 7 Requirement (3)(c)

* Apply the same expectations for probity checks, qualifications, knowledge and skillset required for internal service delivery staff for brokered service delivery staff
* Complete service agreements for all brokered services, in accordance with the improvement plans for supplier management

# Standard 1

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

Findings

Consumers and representatives described staff as respectful, engaging, responsive and Consumers and representatives described staff as respectful, engaging, responsive and attentive to consumer needs. While consumer documentation did not contain information related to consumers’ culture and diversity, staff demonstrated how the identity and culture of consumers is taken into consideration to personalise the delivery care and services. Observations showed kind and respectful interactions between staff and consumers.

Interviews with staff, and training records showed, the service delivers mandatory training on cultural awareness, and diversity and safety. Staff stated they are familiar with the cultural preferences of consumers. Consumers and representatives described how consumers’ background, culture and important life events are known by the service delivery staff.

Consumers stated the service supports them to make choices, decisions and involves others in accordance with the consumer’s preference. Staff explained, and documentation showed, consumer choices and decision making preferences are recorded during assessments and inform consumer scheduled services. The service engages interpreters, or primary carers, for consumers with barriers in communicating.

Consumers and representatives described how the service supports consumers to continue living life in the way they choose, including where consumers decline services for assessed needs. Staff reported, and documentation showed, strategies implemented to support consumer independence and safety, through consultation and tailored care delivery.

Consumers advised, and documentation showed, activity calendars, schedules and monthly statements are timely, itemised, easy to understand and queries raised are promptly answered. For consumers who experience barriers in communication, staff and representatives described how information is tailored in accordance with the needs of the consumer.

Consumers and staff are informed of the privacy policies regarding the collection, use, storage, and disposal of consumers’ private information Staff showed how consumer files are securely stored and described practices to respect consumer privacy and share information within the guidelines of service policies. Observations showed allied health treatment rooms with privacy curtains and signage.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

Requirement (3)(a)

The Assessment Team was not satisfied the assessment and planning considers risk to consumer’s health and well-being or informs the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding for both CHSP and HCP programs:

* Consumer risks, and management strategies, for falls management, changed behaviours, sensory impairment and mobility support needs are not always captured in documentation accessed by service delivery staff
* Service delivery staff advised they rely on guidance from consumers and training received to support consumers, and do not access care planning documents
* Care documentation is not collated and validated assessment tools used for allied health services are stored separately, not visible to other staff delivering care and services
* Information and evidence under (3)(d) in this Standard shows eight consumer files contained inconsistent or incomplete care documentation that did not reflect the scope of care needs, such as, barriers in communication, dietary needs or preferences, incomplete medication care plans or summaries with service frequency with relevant care directives
* Managed advised the service is aware of the identified deficits and explained how planned improvements to update data through the implementation of an electronic planning system

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, but are not limited to, the commencement of an electronic care management system to collate consumer care documentation and streamlined assessment tools across all services. Progress and effectiveness of these improvement actions is being monitored through service stream management teams.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that assessment and planning does not consistently identify risks to consumer health and wellbeing to inform care and service delivery.

I acknowledge actions taken by the provider to address identified deficits, however, at the time of my finding, all actions have not yet been implemented.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(a) Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(b)

The Assessment Team was not satisfied the assessment and planning identifies and addresses the consumers current needs and preferences related to advanced care planning. The Assessment Team provided the following evidence relevant to my finding for both CHSP and HCP programs:

* While consumers and representatives reported that the services they receive are meeting consumers’ current needs and preferences, they could not recall discussions relating to advanced care planning and end of life planning
* Staff stated advanced care planning discussions occur when initiated by the consumer or their representative
* Assessment and care planning template prompts staff to indicate whether an advanced care plan has been developed, without further details recorded.
* Management advised workforce planning strategies to educate staff in prompting discussions around advanced care preferences to address staff reluctance to broach the topic

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, but are not limited to, monitoring for the completion and details of advanced care planning fields, brochures included welcome packs for all services, palliative care trained staff to support consumers’ discussions around advanced care planning. Additionally, the provider’s response corrected inaccuracies relating to the functionalities of the care planning system and information provided to HCP consumers regarding advanced care planning.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning identifies the current needs, goals and preferences, including discussions related to advanced care planning and end of life planning.

I acknowledge the Assessment Team report did not accurately reflect the care planning system to capture greater details and information was proactively provided to consumers receiving HCP services, which has now been extended to consumers receiving CHSP services.

I have considered the service has applied for funding to further support staff in discussions relating to advanced are planning. Further, the service was able to demonstrate assessment and planning meets the expectations relating to current needs, goals and preferences of consumers relating to services, while balancing the budgets of packages with consumer needs and preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b) Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team was not satisfied the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is available to the consumer, and where care and services are provided. The Assessment Team provided the following evidence relevant to my finding:

* Some consumers and representatives could not confirm whether a care plan had been provided but were satisfied care and services are communicated
* Some staff described reliance on consumer input at the point of care in absence of access to care directives,
* Management explained the transfer of consumer information to the streamlined electronic care management system has commenced with plans to expand access to paper based disciplines, including allied health and nursing services
* Eight consumer files contained inconsistent or incomplete information relating to consumer care needs, preferences and medication.

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, but are not limited to, allocation of key staff to review care plans (across both HCP and CHSP programs), evidence of staff training to access care plans via mobile devices and confirmation that consumers receive care plans as part of assessment and planning processes.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates the outcomes of assessment and planning are effectively communicated and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

I have considered the deficits in collated, clear and complete care directives to guide staff through assessment and planning under Requirement (3)(a) in this Standard. As the service has demonstrated outcomes of assessment and planning is accessible to relevant staff and provided to consumers and representatives.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(d) Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(c), (3)(e)

Consumers and representatives reported the service maintains regular contact through phone calls and involves consumers and others, in assessment and care planning. Staff feedback, regarding partnership with consumers and involving others, was consistent with consumer feedback and consumer care plans. Care documentation showed involvement of consumers, and others relevant to the care of consumers, are recorded in care plans.

Consumers and representatives were satisfied that consumer care and services were reviewed regularly, including in response to a change in need or circumstance. While challenges relating to workforce numbers has impacted scheduled reviews, the service demonstrated care and services reviews occur in response to changing needs, condition and deterioration of consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(c) and (3)(e) Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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

Findings

Consumers and representatives are satisfied with the quality of personal care and clinical care delivered to consumers Staff described the ways care delivered is tailored to the needs of consumers and informed through guidance and evidenced based practices. Care documentation showed the service monitors the care delivered through regular contact with consumers and the involvement of other health professionals in accordance with consumer care needs.

High impact and high prevalence risks associated with the care of consumers include falls, wounds, pain and skin integrity.. Staff described strategies to manage consumer risks and documentation showed incidents prompt appropriate, and measured, responses to adapt care in line with consumer’s changing needs. Additionally, the provider has implemented a revised assessment tool to identify, and manage, consumer risk and vulnerabilities.

Nursing staff initiate discussions with consumers regarding their needs, goals, and wishes and liaise with relevant medical practitioners and palliative care organisations. For consumers receiving palliative care, care files contained the needs, goals and preferences of consumers nearing end of life, including individual care and comfort needs. The service has palliative care guidelines that are used in conjunction with clinician assessment at the end of life.

Consumers and representatives reported staff would recognise and provide support in response to a change in consumer health or condition. Staff described, and documentation showed, consumer deterioration is recognised and responded to in a timely manner through effective communication protocols, staff meetings and workforce education.

Consumer feedback that staff know their care needs, was consistent with information provided by staff involved in their care. Staff explained relevant information relating to wound care or allied health treatment plans is communicated through program managers. Care documentation contained progress notes showing relevant communication between involved parties delivering clinical care and personal care.

Consumer and representatives were satisfied with the referrals received through the service. Staff feedback, and documentation showed, the service has effective systems and processes to action timely, and appropriately referrals for consumers related to clinical care.

The service delivers mandatory infection control training to the workforce and monitors mandatory vaccination of service delivery staff. Consumers and representatives were satisfied with their observations of the infection control measures used by staff to prevent the spread of infection. Staff advised they use hand sanitiser and personal protective equipment as part of infection control measures during service delivery.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives described how services and supports for daily living promote consumer independence and quality of life. Staff demonstrated an understanding of what is important to each consumer, consistent with information recorded in care documentation.

Consumers reported their spiritual, emotional and psychological wellbeing is supported through meaningful interactions with others at social support groups and staff attuned to their wellbeing. Care documentation, while general, identified the consumer’s support network and where they are experiencing grief and loss.

Consumers and representatives reported consumers are assisted to do the things they like to do, have social and personal relationships, and are encouraged to participate in the community. Staff provided examples of ways they encourage consumers to do things of interest to them, including attending social support groups and or community based activities. Care documentation identified consumer interests, and relationships of importance to them.

Consumers and representatives stated care is delivered consistently through staff that know consumer care needs. Staff demonstrated they access the consumers information relevant to the services they provide. Consumer documentation showed that communication with others responsible for care, including representatives, staff and clinicians and medical practitioners occurs with consumer consent.

The service has processes to support the timely and appropriate referrals regarding supports for daily living, including, exercise classes, social support groups and home modifications. Consumers and representatives were satisfied with referrals arranged through the service. Staff stated, and documentation showed, how referrals are arranged and monitored through a centralised intake service.

The service provides meals of appropriate quality, quantity and variety through social support groups with alternatives offered to support consumer preferences and dietary requirements. The service seeks, and responds to, consumer feedback regarding pre-prepared meals, partially subsidised through the home care package to provide alternative options.

The service provides equipment based on the recommendations of allied health clinicians. Consumers were satisfied with the equipment they have been provided. Staff monitor the safety and cleanliness of consumer equipment during scheduled services and equipment suppliers are engaged for repair and maintenance.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment supports independence and function with shaded outdoor areas, navigational signage and accessibility features such as handrails. Consumers provided positive feedback in relation to the service environment.

All consumers can access the service entry is at ground level that supports and promotes accessibility. Staff stated the service environment is cleaned regularly, following each scheduled activity. Hand sanitisers and wipes are available throughout service environment.

Furniture, fittings and equipment are maintained and cleaned regularly through daily staff procedures and maintenance procedures. Consumers were satisfied with the furniture and fittings.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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

Findings

Consumers and representatives described feeling comfortable to provide feedback and make complaints through staff. Staff stated they encourage consumer feedback and provide feedback on behalf of consumers. Management advised, and documentation showed, consumers are provided information on feedback processes with an option to make complaints anonymously. Feedback is accepted in paper-based and electronic formats and encouraged through newsletters, websites, brochures and consumer welcome packs.

Consumers and representatives advised feeling safe and confident to approach the service for options regarding advocacy or alternatives for complaints resolution. Consumer information packs contain contacts for advocate groups, external complaints, interpreter services and services for consumers experiencing hearing difficulties.

Consumers and representatives reported appropriate actions is taken to resolve complaints. Staff stated actions taken to resolve complaints, consistent with open disclosure principles. Staff receive training in open disclosure and complaints management. Management described processes to prioritise complaints, particularly those related to staff. Feedback registers showed timely response, investigations with resolution actions communicated to consumers prior to complaint closure, in accordance with complaints policies and procedures.

Consumers were satisfied with improvements made in relation to feedback provided. Management identified key complaint trends and planned improvements relating to scheduling. The feedback system has functionalities to review trends and inform improvements.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not applicable | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Requirement (3)(c)

The Assessment Team were not satisfied the service could demonstrate the subcontracted workforce is competent and have the qualifications and knowledge to effectively perform their roles. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives reported staff are competent in delivering care and services
* Management advised knowledge, skills and competency of staff directly employed through the service are monitored through systems and processes.
* CHSP consumers do not receive services through subcontracted providers, however, brokered staff are engaged through the service, or selected by consumers for HCP subsidised services
* Subcontractor agreements have not been established for all brokered providers.
* Management advised actions to address the deficits had commenced with service agreements requested with a deadline of 30 July 2023 and showed the information requested, including current police checks, first aid certificates and vaccinations
* Information and evidence under (3)(c) in Standard 8 shows:
  + 96 subcontracted service providers have not returned the new service level agreement.
  + Management advised, and documentation showed 3 service providers returned service level agreements on the register created to record approved subcontracted service providers.

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, evidence of CHSP care worker probity checks and credentials and documents required prior to working directly with consumers for internal staff.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which shows the service was unable to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The information and evidence does not demonstrate the same deficits in relation to consumers receiving CHSP subsidised services, as brokered services are not engaged for this program.

I have considered the provider’s response explains brokered staff credentials are monitored through service agreements. Return of an agreement prompts the service to request evidence of qualifications, probity checks, insurance and vaccinations. At the time of the provider’s response, 20 per cent of service agreements were received. Therefore, a majority of the subcontracted workforce are delivering services without evidence of suitability to do so.

I have considered the intent of the Requirement expects organisations to have systems to monitor whether the workforce has the skills, qualifications and knowledge they need for their role to provide care and services. I find this does not occur as the majority of active brokered providers have not provided the requested agreements required to obtain the credentials of brokered staff. However, I acknowledge deficits relating to staff competency delivering care and services were not detected through evidence collected by the Assessment Team.

I acknowledge actions taken by the provider to address identified deficits, however, at the time of my finding, all actions have not yet been implemented.

Based on the information summarised above, in relation to HCP, I therefore find the provider, in relation to the service, non-compliant with (3)(c) Standard 7, Human resources.

In relation to CHSP, I therefore find the provider, in relation to the service, compliant with Requirement(3)(c) Standard 7, Human resources.

Requirements (3)(a), (3)(b), (3)(d), (3)(e)

Management stated, and documents showed, the uses risk based lens to prioritise shifts while balancing workforce shortages. Workforce planning occurs with oversight from executive management to inform recruitment, and retention strategies, with consideration the skillset and numbers of staff. The service has engaged third party providers to manage unplanned leave and preserve service continuity. Staff reported having enough time to complete tasks and flexibility to request additional time if required during service delivery.

Consumers described joyful and kind interactions with staff. Management said staff complete mandatory diversity training. Diversity and inclusion polices outline the organisation’s commitment to respectful and kind care and services. Feedback registers are reflective of compliments from consumers about kind and caring staff interactions.

Staff stated, and documentation showed, effective orientation and induction processes support new staff in performing their role and an online training system monitors the completion of mandatory training. Management advised training needs are identified through discussions with staff and documentation demonstrated regulatory changes are included in training calendars.

The service has policies and procedures to monitor and manage workforce performance. Management advised, and documentation supported, staff performance is monitored, and managed through probationary periods, scheduled performance reviews and feedback from consumers. Performance improvement plans are implemented to address performance concerns and investigations occur in relation to staff conduct.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 7, Human resources.

# Standard 8

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

Findings

Requirement (3)(c)

The Assessment Team reported the service has organisational wide governance systems to monitor, continuous improvement, financial governance, regulatory compliance, feedback and complaints. However, the Assessment Team were not satisfied the service demonstrated effective information management and workforce governance processes. The Assessment Team provided the following evidence relevant to my finding:

* Information management:
  + Security of information management systems include electronic and paper-based files. Staff access electronic information through remote devices
  + Management could not provide information regarding staff qualifications and vaccination records
  + Staff and consumers reported care plans or care directives were not always accessible
  + Care documentation varies in detail and format for in-home and clinical services
* Workforce governance:
  + workforce planning process, specific staff roles and functions, methodologies for the number and mix of staff and recruitment drives
  + 96 subcontracted service providers have not returned the new service level agreement
  + Management advised a register has been created to record approved providers and the Assessment Team evidenced 3 service providers who have returned service level agreements on the register
  + Information and evidence under Requirement (3)(b) shows improvement plans to update brokered service contracts with compliance requirements

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, implementation of an electronic care management system, evidence staff access to care directives reinforced through communication with staff and plans to strengthen workforce governance.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate ineffective governance wide systems of information management or workforce governance.

I have considered the commencement of improvement actions for both information management and oversight for subcontracted services, and I do not find it proportionate to find governance systems as ineffective based on deficits already identified, and managed, through governance actions.

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

Requirements (3)(a), (3)(b), (3)(d), (3)(e)

The organisation has an overarching strategic framework and consumer engagement framework inclusive of a community liaison committee, where bi-monthly meetings review actions and timeframes to promote aged care consumer, and broader community, engagement. Management advised consumers are invited to approach the organisation directly and consumer feedback is sought through scheduled services, local newspapers, social media platforms and community open days.

The Board of Governance, supported by subcommittees for clinical governance, risk and audit, and safety and quality committees, meet regularly to review input from financial reports, incident and feedback trends and workforce governance. Board decisions are discussed at executive leadership management meetings and communicated at staff meetings.

* Management showed internal reviews identified improvements for subcontracted service providers, where the governing body has been engaged in process improvements to establish, and monitor, subcontracted service providers.
* Information and evidence under (3)(c) in Standard 7 and (3)(c) in this Standard shows there are outstanding subcontractor agreements with deadlines imposed to return information requested. Systems, and processes, have been developed to monitor and record completed agreements

The provider’s response further demonstrates the engagement, and oversight, of the governing body through engagement and oversight in improvement actions to related to deficits in assessment and planning and human resources.

The organisation has processes in place for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents

Clinical governance is monitored through audits, monthly governance committee meetings and deployment of registered nurses to oversee assessments and clinical care delivery. Policies open disclosure, infection control and minimising restrictive are supported through in workforce training to guide clinical care delivery.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8, Organisational governance.

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