**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | CHSA Barossa Hills Fleurieu - Mount Barker |
| Service address: | Wellington Road MOUNT BARKER SA 5251 |
| Commission ID: | 600054 |
| Home Service Provider: | Barossa Hills Fleurieu Local Health Network Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 12 May 2023 to 16 May 2023 |
| Performance report date: | 16 June 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 CHSA Barossa Hills Fleurieu - Mount Barker (**the service**) has been prepared by A. Grant, 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:**

* Country Health Connect - Adelaide Hills Home Care Packages, 18455, Wellington Road, MOUNT BARKER SA 5251
* Country Health Connect - Inner North Community Health Service, 18523, 29 North Street, ANGASTON SA 5353
* Country Health Connect - Inner North Community Health Service, 18523, Country Health Connect - Inner North, 21 Hutchinson Road, GAWLER SA 5118

**CHSP:**

* Care Relationships and Carer Support, 27608, Wellington Road, MOUNT BARKER SA 5251
* Community and Home Support, 27607, Wellington Road, MOUNT BARKER SA 5251

# 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 5 June 2023.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP/STRC | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives described staff as kind, caring and respectful. Staff described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect. Management described, and documentation confirmed that staff received online training in dignity and respect and have access to relevant policies on consumer engagement, including the Caring for the Patient at Home or in the Community policy.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed said that staff understand their needs and preferences and deliver services with this in mind. Staff demonstrated understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team confirmed this through training records and other documentation reviewed. The Assessment Team viewed staff training records which verified staff must undertake Respectful Behaviour, Code of Ethics and Aboriginal Cultural learning modules, management advised these modules ensured a holistic approach to client centred care, including individual social cultural considerations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice. Consumers and representatives said the service involves them in making decisions about their services, and management spoke of their intake process which aims to tailor services to each consumer. All consumers and their representatives’ advised consumers were supported to make choices and the service involved others in the decision-making process. Staff members interviewed advised they discussed risks and offered alternatives, which allow the consumer to make informed decisions about their care. Staff explained they review all information provided to them by Allied Health and medical specialists and have many options to support each consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers and/or their representatives described undertaking activities they enjoyed safely with appropriate supports. Staff and management were able to describe the concept of dignity of risk and demonstrated how consumers are supported to safely take risks. This was confirmed through documents provided to the Assessment Team. Staff advised they make recommendations and provide guidance to support consumer choice and take reasonable care to avoid risks without limiting the ability of consumers to make their own decisions and choices. Staff described consumers on their caseload who are supported to make decisions, and this was confirmed by case notes on consumer files and the consumer choice and risk conversations documented in consumer files.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Staff and management described how they provided information to consumers in various ways. This was confirmed through documents provided to the Assessment Team. The Assessment Team viewed the inaugural BHFLHN Community Aged Care and Disability Team - Newsletter dated April 2023 that will be circulated to consumers quarterly and aims to provide regular information and updates to consumers. The April edition provided guidance to both CHSP and HCP consumers on who to contact if they have invoicing concerns, provided information on giving feedback to the service, the Aged Care Quality Standards and the steps they can take to decrease risk of falls.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers interviewed described their confidence in the service protecting their personal information. Staff and management described their privacy and confidentiality procedures. Management advised staff were respectful of personal information and demonstrated they have effective systems in place to protect consumers privacy and personal information. This was confirmed through observations of the Assessment Team. Management explained SA Health has alerts to the electronic file system to prevent inappropriate access, and all electronic file access is password protected. Management also stated all staff received mandatory training on privacy and confidentiality.

# Standard 2

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

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Consumers and/or representatives sampled confirmed in various ways that consumer’s care and services were planned, and the service understood how to support the consumers’ risks and needs. Staff and management described how they assess consumer’s risks at commencement of services, at reviews and/or as required. Care planning documentation viewed for sampled consumers evidenced that assessment and planning were undertaken, which included consideration of risks to inform safe care and services delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences. Consumers and/or representatives sampled confirmed, in various ways, that consumer’s needs, goals, and preferences were discussed with them, and informed the provision of current care and services. Staff and management described, and provided evidence showing, how they assessed consumer’s needs, goals, and preferences, in consultation with consumers and/or their representatives, at commencement of services and at reviews; including consideration of advanced care and end of life planning if they wished.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Staff and management described how consumers, their representatives, family, and carers are involved in assessment and planning of care and services. This was confirmed through care planning documentation viewed for sampled consumers. Care planning documentation showed ongoing partnership with consumers, representatives including for internal clinical care, allied health assessment and therapy, and external service providers and health professionals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumers’ care plan was provided, which staff have access to at the consumers’ home. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to Community Support Workers and volunteers in a folder at the point of care and/or service delivery.

Overturned Recommendation

In respect to Requirement 2(3)(e) in particular the CHSP component the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed for CHSP consumers, the service was not able to demonstrate that care and services are reviewed regularly, when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Management confirmed that the service has not completed annual reviews for CHSP consumers and for one CHSP consumer, care and services had not been reviewed following recent hospitalisation and the requirement for increased care. However, the service was able to demonstrate that for HCP consumers, care and services did undertake annual and timely reviews following changes to circumstances and/or incidents to assess and mitigate risks associated with these consumers.

The services response shows the following actions have been implemented to remediate the deficiencies identified by the Assessment Team. The service provided detailed substantial and detailed evidence to substantiate these statements and claims in their response.

* Annual reviews of all consumers take place to identify any unidentified acute change in care needs and goals and complete required actions.
* Site leaders to review the current report and organise for the completion of overdue reviews ASAP by the relevant designation (Allied Health, Nursing Optimal Aging staff). For 600 of the 1200 outstanding to be completed by 6/6/2023 remaining 600 to be completed by 12/7/2023. Evidence within the services response shows the service is ahead of this proposed timeline and all overdue reviews will be completed by 12 July 2023.
* Team Leaders to update the care plan followed by all incidents (SLS) and any acute change in care needs of the consumer. Consumers are provided with a copy of the updated care plan reported in the QRS report.
* Overdue care plan reviews to be discussed at monthly TIER 3 meeting escalating to TIER 2 meeting if required.

The Decision Maker deems Requirement 2(3)(e) to be Compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP/STRC | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers expressed satisfaction with the care and services they receive. The service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. Staff demonstrated an understanding of consumers’ service needs and preferences. Consumers and/or their representatives were extremely complimentary regarding the timeliness of the clinical and personal care they receive. Staff and management demonstrated, and provided examples of, personal and clinical care that was tailored to the consumer’s needs to live safely and independently at home.

The service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives described how they receive care and services to maintain their wellbeing and maintain their independence. Coordinators and management described processes for the management of consumers’ identified risks. For consumers sampled, care planning documentation reflected key high impact and high prevalent risks were identified and addressed. The service has processes in place for the monitoring and oversight of the provision of care and services for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Coordinators and management described how consumers’ palliation and end of life wishes are discussed with consumers and/or their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes, which was confirmed through the review of two consumers palliating.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Staff, Coordinators, and management described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumer’s mobility, skin integrity, or function impacting on their independence.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences, and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Coordinators and management described communication processes within and outside the service and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed consumers had been referred to health professionals when required. Team Leaders and Coordinators described processes to refer consumers internally for clinical, palliative and/or allied health services, or externally to other health professionals or MAC. This was confirmed through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE). The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections. A Worksite Safety Inspection Checklist completed 16 February 2023 for an aged care service site in the Southern Fleurieu was viewed by the Assessment Team which showed signage and PPE was available at the site. The service has an Aged Care Infection Prevention and Control procedure which outlines actions and strategies to prevent and manage the spread of infection across all delegations of responsibility.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP/STRC | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimise their independence, health, well-being and quality of life. Consumers and/or their representative’s advised consumers are supported to live independently through the varied services they receive. Staff and management demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life. This was confirmed through care planning documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional and psychological wellbeing. Consumers, representatives and staff interviews, and care planning documentation viewed for sampled consumers, confirmed that services enhance the consumer’s emotional and psychological wellbeing. Consumers interviewed in relation to this requirement explained they felt confident that the Community Support Workers and Coordinators know them well and would recognise if they were feeling low and would respond appropriately.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support and transport services enable them to participate in their community and maintain relationships. Coordinators described how they encourage and support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation. This was confirmed through care planning documentation viewed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed in relation to this requirement confirmed they were referred as required. Coordinators and management described processes to refer consumers to other organisations and or MAC, and this was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement advised they contribute to menu options when they attend social support group activities and expressed satisfaction with the meals provided. Consumers receiving meal delivery services stated they were satisfied with the quality of the meals provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, when equipment is provided, it is safe, suitable, clean, and well maintained. Consumers sampled in relation to this requirement confirmed that equipment received and/or installed was suitable to their needs. Coordinators and Allied Health staff described the processes related to the assessment, procurement and maintenance of equipment and home modifications, and this was confirmed through care planning documentation viewed by the Assessment Team.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP/STRC | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the centre-based group sessions. Staff described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional. Individual files on each consumer were viewed by the Assessment Team, giving in depth detail on personal backgrounds, preferences, and strategies to assist consumers to navigate the service environment safely, including relevant mobility information and access to facilities.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Consumers attending group activities and provided transport as part of their social support services felt the service environments are safe and clean. Staff and management described the site processes for cleaning, maintenance and consumer safety. This was confirmed through observations and documentation. Two HCP consumers advised transport is provided in a small bus that is clean and appears safe. Staff interviews and documentation observed corroborated regular bus maintenance. The Assessment Team observed the Railway Cottage dining room appeared clean and safe for consumer’s use. The Assessment Team observed fire and emergency equipment such as clearly signed and accessible emergency exits, and fire safety equipment had recently been professionally checked and easily accessible.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers. Consumers advised furniture and equipment as suitable when they attend group activities and are provided transport. Staff and management described processes to ensure furniture, fittings and equipment are safe, clean, well maintained, and suitable. This was confirmed through observations of the facilities at Mt Barker premises and the centre-based respite service at Railway Cottage. Staff advised that they are provided hand sanitisers and wipes to ensure the equipment is clean. The Assessment Team observed gym equipment at the Outpatient Day Program at Country Health Connect, Mt Barker, were cleaned after each use.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP/STRC | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint and staff described their processes for when a consumer or representative raises issues or concerns. Staff and management described the services processes for the capture and resolution of feedback and complaints. Staff interviewed advised they would pass on feedback from consumers and support them to raise and resolve their concerns. The Assessment Team viewed the Welcome pack provided to consumers that contained the service’s contact details for suggestions, complaints, feedback and included a complaints/feedback form.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. Management advised consumers are encouraged to approach external advocacy services, and they work closely with all consumers to achieve a resolution, and the service actively promotes advocacy organisations. The Assessment Team viewed the Welcome pack which provided information regarding internal and external mechanisms for raising and resolving complaints, including the Aged Care Quality and Safety Commission (the Commission), ARAS, as well as interpreter and translator services. The Assessment Team also viewed a feedback box and feedback forms were available at the reception area of the Mt Barker premises.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback. The service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. Management provided documentation to substantiate the resolution of the one complaint documented in the Feedback and Complaints register. Staff interviewed advised they ask consumers to write their complaint down, or they call their Coordinator immediately to raise the consumer’s concern, with the consumer present. All staff interviewed described open disclosure as a business-as-usual practice.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Staff and management described how feedback and complaints are analysed, trended and the information was used to make improvements to the quality of the services, the Assessment Team viewed documentation that corroborated these improvements. Management advised feedback from one consumer, through a staff member, had resulted in the creation of a new role within the service. The consumer had expressed concern about speaking with their Coordinator and asked to speak directly with another staff member who was not, in any way, associated with their care and service delivery. Management agreed to the consumers request, and then discussed as a team, the benefit of offering this service to all consumers; the service now has a Consumer Engagement Officer dedicated to independently assisting consumers with finding a resolution to their complaints.

# Standard 7

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

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 services. Consumers advised they get quality care and services. Staff and management described how they plan and manage the workforce. This was confirmed through documents provided to the Assessment Team. Consumers interviewed advised they were happy with the staff that attend to their care and services, with all interviewed consumers confirmed staff do not seem rushed and their services are rarely rescheduled by the service. Management advised they can engage staff from the SA Health employment pools to deliver care and services to consumers, explaining they were able to cover any unfilled shifts in the past month with clinical prioritisation, requesting staff from other SA Health employment pools and requesting management step in and fill shifts where appropriate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or their representatives' said staff were kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the services provided. Management advised they have access to many well trained and accredited staff within the BHFLHN where there is a culture of providing kind, caring and respectful care and services that consider the culture and diversity of their consumers, adding they deliver care and services from coast to coast and their diverse cohort of consumers from their peri-urban service are located outside the entire City of Adelaide metropolitan areas. Consumers and/or their representatives interviewed, advised staff were kind, caring, supportive and respectful. When issues with staff were identified, consumers were confident they were addressed in a timely fashion.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and has the knowledge to effectively perform their roles. Consumers advised they feel the workforce is competent and skilled. Staff described regular professional development and training that were delivered. Team Leaders and management described robust processes to ensure staff, including subcontracted staff, have adequate skills and qualifications, and how management monitor staff competency through supervision, regular meetings, and six-monthly performance reviews, with identified training gaps actioned. Consumers interviewed stated they had positive interactions with staff, and they feel the workforce is trained, competent, and skilled. Consumers interviewed advised the workforce met their social, cultural, religious, psychological, and clinical care and support needs. Management advised they assessed competence at interview stage and monitored this ongoingly through a variety of ways including mandatory and other job-related training, observations, feedback from staff, supervision, and performance reviews. Management advised skills and qualifications are monitored and verified by Human Resources throughout the recruitment process and staff receive electronic notification when their registrations/certifications/accreditations are about to expire.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management described their process for regular assessment and monitoring of workforce performance. The Assessment Team viewed documentation that underpins and monitors performance reviews and development of staff. Management advised staff and subcontracted service provider’s performance is monitored ongoingly through consumer feedback. Management described, and provided documentation, relating to recent performance conversations with a staff member as a result of a complaint, and described actions taken to support the staff member improve their performance, and described the processes for Performance Reviews and Development (PR&D), advising this information is included as a requirement in all job descriptions. Management described how they monitor performance and provide support, such as daily team meetings, staff discussions, huddles, monthly supervision, and complex case discussions where staff with multi-disciplinary clinical backgrounds offer guidance on how to best manage complex consumer needs.

Overturned Recommendation

In respect to Requirement 7(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Staff and volunteers advised that they receive ongoing training, however they do not often receive updated information to support them in their roles. Management provided documentation that demonstrated how they train staff and monitor the percentages of staff who undertake training as per this requirement, however, management acknowledged they do not currently have formalised structures in place for clinical supervision.

The services response shows the following actions have been implemented to remediate the deficiencies identified by the Assessment Team. The service provided substantial and detailed evidence to substantiate these statements and claims in their response.

* Complete SIRS and Aged Care Code of Conduct training for all staff;
* Complete training sessions for epinephrine auto injectors for Staff;
* Team Leaders to review all consumers to identify any complex care needs which requires specific training for staff to complete;
* Create a Quality Improvement Plan for Consumers with complex needs to guide additional staff education and training;
* Align education calendar with Aged Care RACFs and add any specific training for community;
* The Nursing workforce may enter an informal clinical supervision arrangement if they wish. This is not a mandatory requirement of AHPRA Nursing registration. Clinical governance and professional development for community nurses include line management, performance appraisal and development processes, mentoring, clinical education and training and participation in structures such as clinical review, team meetings, and clinical handovers
* As per the review committee meetings it is the aim of BHFLHN to build Communities of Practice. The Advanced Unit Manager, Community Health, commenced the first meeting on 31/05/2023. First meeting to implement these changes occurred 31/5/2023; and
* The unregulated workforce undertakes “buddy” shifts upon employment to assess their skill and educate them as required. This practice is fully embedded in BHFLHN Community Practice.

The Decision Maker deems Requirement 7(3)(d) to be Compliant.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP/STRC | 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Management advised that consumers are involved in the services through feedback and consumer engagement processes including a consumer engagement strategy, where consumers are involved in the recruitment of staff and their Health Advisory Council (HAC). This was confirmed through documents provided to the Assessment Team. Staff interviewed advised consumers are provided with choices of the daily activities they can undertake, and this was observed by the Assessment Team at the Railway Cottage. Management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion. Minutes of meetings at management and governance level confirmed the service involves consumers in the development, delivery, and evaluation of services.

Management discussed their oversight of risk, and the Assessment Team viewed the Risk Appetite Statement that defined risk tolerance levels to inform decision making and prioritisation of resources and provided a framework to operationalise the Risk Appetite Statement. The BHFLHN Governing Board is responsible for the overall governance and oversight of local service delivery by the LHN, including governance of performance and budget achievement, clinical governance, safety and quality, risk management and fulfilment of the Governing Board functions and responsibilities.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines board and management responsibilities. Management advised, and provided documentation showing, that they provide consumers with budgets and itemised monthly statements. They monitor consumers’ unspent funds to ensure they are provided with care and services in line with their assessed needs. The Board provides governance and oversight to the financial position of the organisation. The organisation reports on their finances and financial auditing are conducted annually in accordance with legislative requirements. The organisation was able to demonstrate financial governance systems and processes, including financial delegations in relation to both HCP and CHSP service delivery.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities. The organisation has a documented workforce governance framework including policies and procedures in place in relation to workforce management to ensure workforce sufficiency, capability and performance.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective systems and processes to monitor, analyse and use feedback and complaint data to improve the quality of care and services. Management advised, and minutes of governance meetings confirmed, that feedback is reported and monitored to improve the delivery of care and services. The organisation was able to demonstrate they undertake trending and analysis of complaints, and systematically reported complaints to the board. The organisation had established systems and processes to ensure that consumers are supported to provide feedback and complaints, and to document and follow up feedback and complaints. The organisation had a comprehensive open disclosure policy, and complaints information provided showed that the service had practiced open disclosure processes as per their policy. – *End of Feedback and Complaints heading.*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks. The organisation demonstrated effective processes to ensure all consumer incidents are reported and followed up appropriately to prevent further risks or incidents and demonstrated how they manage and monitor high-impact or high-prevalence risks to consumers. The service has systems in place to demonstrate they monitor high-impact or high-prevalence (HIHP) risks to consumers as part of organisational governance and reported about consumer HIHP risks to the board. This was confirmed through the reports to the board, and board meeting minutes viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described, and provided documentation confirming, how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practice, and the service maintains oversight of consumers’ clinical care. This was confirmed through documents provided to the Assessment Team. The Aged Care - Antimicrobial Stewardship Procedure and Consumer Personal and Clinical Risk Management procedure provided a comprehensive overview and understanding of how the organisation monitors and delivers appropriate use of antimicrobials, in conjunction with the Infection Prevention and Control Policy. The service maintained clinical oversight through weekly case management meetings and daily huddles to discuss clinical issues and consumers identified at risk or living with a vulnerability. Documentation showed the service maintains oversight of consumers through assessments, HCP consumers unspent funds and package usage, consumer feedback, and staff training and development.

Overturned Recommendations

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective information systems and processes to support staff in their roles or to meet the outcomes required by the Quality Standards. The Assessment Team observed a high volume of paper-based files being prepared to be moved off site, and the organisation had a documented process for this, however, as advised by management, the maintenance and moving of files off-site increased the risk that consumer information was not up to date.

The services response shows the following actions have been implemented to remediate the deficiencies identified by the Assessment Team. The service provided substantial and detailed evidence to substantiate these statements and claims in their response.

* The current information management system (IMS) has been identified as not being suitable to meet best practice. The current IMS has been recorded on multiple risk registers and sufficient treatments have been implemented to manage the risk;
* The retirement of the current IMS system has been confirmed and provisional timeframes for the new IMS system have been identified and established for late 2023; and
* Any and all stake holders of the IMS system from basic operators to board members and overarching bodies of the service are aware of the IMS system being placed on the risk register and are aware of the documented procedures relating to mitigating any potential risks.
* The Decision Maker notes there is minimal if any impact to consumers.

Evidence analysed by the Assessment Team showed the organisation did not provide a continuous improvement plan that identified opportunities for improvements. Improvement opportunities were documented within the self-assessment report, and the Assessment Team viewed continuous improvement plans were reported to and discussed by the board on an ad hoc basis and are not listed as an ongoing agenda item.

The services response shows the following actions have been implemented to remediate the deficiencies identified by the Assessment Team. The service provided substantial and detailed evidence to substantiate these statements and claims in their response.

* Education sessions given to Team Leaders about quality improvements 1/6/2023;
* Monthly discussion of open and closed quality improvement plans occurs at TIER 3 meeting;
* TLs to monitor third monthly quality improvement reports to ensure all areas are captured through quality improvement plans; and
* A detailed PCI was created and forwarded to the Decision Maker as part of the services response, the PCI clearly identifies deficiencies, planned actions, Persons responsible, planned completion dates and outcomes with supporting evidence. In total the PCI document and attached evidence totals 386 pages.

The organisation did not demonstrate effective systems and processes in place to support the service to meet regulatory requirements in respect of the Aged Care Quality Standards and Aged Care Reforms.

* Monthly SIRS and code of conduct training completion rate up to 100% completion;
* Finalise all draft documents; and
  + 1. SIRS Home Services Provider Guidelines (Commonwealth document, includes definitions re reportable incidents for Home Services)- Category 1 and Category 2 definitions;
  + 2. Reporting SIRS in MAC is page 16 of the Regional LHN procedure;
  + 3. Regional LHN Procedure Endorsed by BHFLHN on 24.3.2023; and
  + 4. SIRS Workflow is page 26 of the Regional LHN Procedure.
* For the Aged Care Banning orders to be added to e-Rec as the on boarding process. Email from senior HR business partner outlining action taken to add banning orders to e-Rec and to the panel report checklist for the chair of the panel to confirm the banning orders have been checked.

The Decision Maker deems Requirement 8(3)(c) to be Compliant.

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