**Performance**

**Report**

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| Name: | City Of Moonee Valley Care Packages |
| Commission ID: | 300103 |
| Address: | 9 Kellaway Avenue, MOONEE PONDS, Victoria, 3039 |
| Activity type: | Quality Audit |
| Activity date: | 31 October 2023 to 1 November 2023 |
| Performance report date: | 5 January 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 885 Moonee Valley City Council  
Service: 18743 City Of Moonee Valley Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8732 Moonee Valley City Council  
Service: 25984 Moonee Valley City Council - Care Relationships and Carer Support  
Service: 25982 Moonee Valley City Council - Community and Home Support

**This performance report**

This performance report for City of Moonee Valley Care Packages (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report, which 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 6 December 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not 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 | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |

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

# Areas for improvement

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

Standard 1 Requirement (3)(e) – HCP and CHSP

* Ensure HCP monthly statements and CHSP invoices are current, accurate and provided to consumers in a timely manner

Standard 2 Requirement (3)(e) – CHSP

* Ensure consumers’ care and services are reviewed regularly for effectiveness.
* Implement processes to review CHSP consumers’ care and services regularly.

Standard 8 Requirement (3)(b) – HCP

* Ensure processes are implemented and embedded to monitor and review subcontracted service providers.

Standard 8 Requirement (3)(c) – HCP and CHSP

* Ensure HCP monthly statements and CHSP invoices are current, accurate and provided to consumers in a timely manner.
* Ensure consumers’ care and services are reviewed regularly for effectiveness.
* Implement processes to review CHSP consumers’ care and services regularly.

Standard 8 Requirement (3)(e) – HCP and CHSP

* Implement a clinical governance framework.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Requirement (3)(e)

The Assessment Team was not satisfied 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. The Assessment Team provided the following evidence relevant to my finding:

* Several consumers raised the issue of late provision of monthly statements and invoices, with an impact on their budgeting processes.
* Documentation confirmed concerns raised by consumers and representatives about late provision of monthly statements and invoices.
* Management stated monthly statements for HCP consumers and invoicing for CHSP consumers were delayed, with monthly statements several months behind due to system and process limitations and time consuming data checking processes.
* Management stated there are similar issues resulting in delays in providing invoices for CHSP consumers.
* Management stated monthly statements have not been issues to HCP consumers since July 2023 and consumers had been notified of delays in correspondence sent in 2022 and in May 2023.
* Management stated it is expected monthly statements should be up to date by December 2023 with a transfer of all financial information to the consumer management system in 2024.

In response to the Assessment Team’s report, the provider acknowledged the potential impacts to consumers who have not received regular and up-to-date statements. The provider’s response included the following:

* Explanation that up-to-date statements and invoices is a requirement of the consumer money and property operational directive of the service.
* Explanation that the service is actively working with the information technology and transformation team and the finance department to develop an interim digital solution to enable the necessary data to be extracted and cleansed. This will allow for invoices to be generated in a timelier manner until a permanent solution can be implemented.
* Explanation the service has developed a comprehensive documented approach to ensure consumers and their representatives are provided with detailed and current information about the services offered, as well as the rights and responsibilities of consumers.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which does not demonstrate information provided to consumers is current, timely and accurate to inform decision making.

I have considered the intent of this Requirement, which expects organisations to communicate clearly and supply helpful resources about care and services. I find this did not occur, as consumers and representatives have not received up-to-date monthly statements or invoices since July 2023 and there is no evidence the service has kept consumers informed of the delays.

I acknowledge the service is actively working to identify an interim solution to produce timelier monthly statements. However, at the time of my finding, there was no evidence this has occurred or been effective in producing up-to-date monthly statements and invoices for consumers.

The impacted care types are HCP and CHSP services.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 1 Consumer dignity and choice.

Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f)

Consumers and representatives confirmed consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff described how they treat consumers by taking a holistic approach ensuring each consumer is treated with dignity and respect.

Consumers and representatives confirmed consumers feel culturally safe when receiving services. Staff said they receive training in cultural safety and practice. Management advised cultural awareness training is provided to staff. Documentation showed staff have received cultural awareness training.

Consumers and representatives confirmed consumers are supported to exercise choice and communicate decisions. Staff described how they support consumers to involve others and assist consumers to exercise choice. Documentation showed examples of consumers exercising choice and involving others in their care.

Consumers and representatives confirmed consumers are encouraged to take risks and live their best life. Staff described how they support consumers to take risks. Documentation evidenced examples of consumers being encouraged to do things that assist them to live their best life.

Consumers and representatives confirmed the service keeps personal information private and confidential. Staff stated they have received training in privacy and confidentiality and provided examples of how they ensure privacy for the consumer when providing personal care. Management confirmed privacy is part of the staff induction process and all consumer information is stored securely.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice, for both HCP and CHSP.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Not Compliant |

Findings

Requirement (3)(e)

The Assessment Team found the service demonstrated care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences for consumers receiving HCP services. However, the Assessment Team was not satisfied the service demonstrated the same for consumers receiving CHSP services. The Assessment Team provided the following evidence relevant to my finding:

* Management advised that consumer care and services are reviewed on an annual basis, or earlier if circumstances change or if incidents impact on the needs, goals and preferences of the consumer.
* Documentation showed HCP consumers receive annual or as needed reviews and changes to care documentation.
* Documentation showed the service did not have a process in place for monitoring CHSP consumer reviews.
* Management discussed the implementation of a new consumer management system in May 2023. A review of the system showed CHSP consumers’ assessments and care plans had not been transferred to the new system. Management advised they could still access the CHSP assessments and care plans from the previous consumer management system if needed.
* Management was unable to produce a report on the outstanding CHSP consumer reviews from the new consumer management system.

In response to the Assessment Team’s report, the provider acknowledged the importance of ensuring consumer care and service plans are subject to regular reviews and that the service was not able to adequately evidence this at the time of the Quality Audit. The provider’s response included the following:

* Explanation the service has a range of activities to ensure continual quality improvement occurs.
* Explanation that feedback, complaints, incidents and serious incidents trigger a review of consumer plans and services to ensure services are appropriate to meet changing consumer needs. Care plans and service plans are updated with new outcomes, preferences and goals.
* Explanation the service has a range of guiding documents addressing assessment and review processes.
* Explanation that auditing of consumer reviews will be undertaken in accordance with the service’s audit, internal assessment and review operational directive.
* Explanation that the service is revising naming conventions and practice instructions within the consumer management system to make reporting on consumer care and service reviews more straight forward and to enable a singular data set for the purposes of reporting. Once this has been finalised, measurement and management of scheduled reviews will be possible.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which does not demonstrate care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

I have considered the intent of this Requirement, which expects organisations to regularly review the care and services they provide for consumers. I find this did not occur for CHSP consumers, as the service could not identify how many CHSP consumer reviews were outstanding. Documentation showed CHSP consumers’ care plans had not been reviewed by the listed due dates.

I acknowledge the service is taking actions to address the identified deficits. However, at the time of my finding, there was no evidence this has occurred or been effective in managing reviews of CHSP consumers.

The impacted care types are HCP and CHSP services.

In relation to HCP, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

Consumers and representatives confirmed the service conducts assessments and develops care plans on entry to the service. Staff confirmed they receive information about risks to guide them to provide safe and effective care for each consumer. Management advised risks are considered ruing assessment and strategies to reduce the risk are documented. Documentation showed assessment and planning is completed and documented.

Consumers and representatives expressed confirmed the care and services meet the needs and preferences of the consumer and advance care planning is discussed. Staff and management stated consumer goals, preferences and options are discussed during the assessment process. Documentation showed needs, goals and preferences are recorded in care plans. Advance care planning is discussed with HCP consumers. However, this was not evidenced in CHSP consumer documentation.

Consumers and representatives confirmed the service involves the consumer, and those they wish to be involved, in assessment and planning of care and services. Staff described how they keep consumers and families involved in assessment and planning processes. Documentation showed consumers, those consumers wish to be involved and other organisations and individuals are included in care planning discussions.

Consumers and representatives mostly confirmed they recalled receiving a copy of the consumer’s care plan. Staff confirmed they have access to care plans to guide them in the care and services provided for consumers. Management confirmed following an assessment or review, a copy of the care plan is provided to consumers and others who the consumer wishes to be involved. Documentation showed care plans are documented to inform care and services provided.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers, for both HCP and CHSP.

# 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 confirmed the consumers receive safe and effective personal and clinical which is tailored to the consumer’s needs. Staff described how the individual care provided to each consumer supports the consumer’s physical and mental conditions and is delivered in accordance with the consumer’s needs and preferences. Documentation showed individualised care directives to guide staff in providing safe and effective personal and clinical care for consumers.

Consumers and representatives expressed satisfaction with the way the service identifies risks and delivers care to manage those risks. Staff described examples of how they manage consumer risks. Documentation showed risks are identified, assessed and documented, with strategies in place to manage the identified risks.

Staff stated advance care planning and palliative care is discussed with the consumer. Staff stated the service relies on external providers for palliative care services for consumers. The service is developing an end-of-life procedure and work instructions. Documentation showed the needs, goals and preferences of consumers nearing the end of life are known by the service, are documented and care is provided to address individual care and comfort needs.

Consumers and representatives confirmed they are confident staff would recognise deterioration in a consumer’s health or condition and would respond. Staff demonstrated they know how to identify deterioration and how to respond and report incidents and changes to consumer health and conditions. Management described the process for reporting and responding to consumer deterioration and changes to health conditions. Documentation showed evidence of changes in consumer health and conditions recorded and responded to.

Consumers and representatives expressed satisfaction in how the consumer’s needs, preferences and condition are communicated and confirmed staff who provide care know the consumer and their needs and preferences. Staff described how they access and update consumer care plans which guide them in providing care for consumers. Documentation showed the service communicates with others, within and external to the service, to ensure appropriate care and services are provided for the consumer.

Consumers and representatives confirmed consumers are referred to other organisations and providers when needed. Staff stated referrals are informed through ongoing assessment and feedback systems to support consumer needs. Documentation evidenced timely referrals were made in response to an identified need, with corresponding reports and recommendations incorporated into care plans and implemented.

Consumers and representatives expressed satisfaction with the measures staff take to protect the consumer from infection. Staff confirmed they have completed infection control training to minimise infection and they wear personal protective equipment when providing care and services for consumers. Management stated staff members complete infection control training and staff are to wear face masks and gloves when providing care and services for consumers. The service has an infectious control operational directive and a COVID safe plan.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care, for both HCP and CHSP.

# 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 confirmed the consumer receives safe and effective supports to maintain the consumer’s quality of life. Staff demonstrated an understanding of what is important to each consumer and how they incorporate this into the care and services delivered. Documentation showed documented strategies to achieve consumer goals, independence and quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living provided for consumers. Staff described how they assist and promote consumers’ emotional and psychological well-being. Documentation showed services delivered align with what is important to consumers.

Consumers and representatives confirmed services and supports received assist the consumer to maintain connections in their community and do things of interest to the consumer. Staff described how they are familiar with each consumer’s interests and support the consumers to do things of interest to the consumer. Documentation showed each consumer’s interests, individual support needs and preferences are recorded to guide staff in the delivery of services and supports for daily living.

Consumers and representatives discussed how information about the consumer’s preferences is communicated within the service. Staff discussed the information about individual consumers is accessible provides them with guidance to support the consumers. Documentation showed information about consumer needs and preferences for services and supports for daily living is shared with staff.

Consumers and representatives described how the service assists with referrals to other organisations. Staff described how they advocate for consumers by outlining social, community and transport services available for the consumer. Management described processes for making referrals for consumers for services for supports for daily living. Documentation showed examples of referrals to services including gardening and home modifications as required.

Consumers expressed satisfaction with meals provided. Staff described how they assist consumers with meal preparation and ensure provided meals are within their use by dates. The service does not provide meals for consumers under the HCP program. The service is funded under the CHSP to provide meals, and this is subcontracted through a meal provider. The service has processes to assess consumer preferences for the meal service.

Consumers and representatives confirmed equipment provided is suitable, safe and well maintained. Staff explained equipment is obtained following a recommendation from an allied health service to ensure it is safe, practical and relevant to the care needs of the consumer. Staff described processes to report defective equipment or maintenance issues. Documentation evidenced allied health recommendations for equipment for consumers.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living, for both HCP and CHSP.

# 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

Consumers confirmed the environment is welcoming and attendance helps with reducing social isolation and improves the consumers’ independence and function. The environments were observed to be welcoming, with well lit hallways and clear directional signage.

Consumers confirmed satisfaction with the environment and surroundings. Staff described how the environment provides room for consumers to move about freely. Observations found consumers had easy access to entries and exits and the environment was clean and well maintained.

Furniture, fittings and equipment appeared safe, clean and well maintained. The service has processes in place to clean equipment after use.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment, for both HCP and CHSP.

# 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 confirmed they are encouraged to provide feedback and raise complaints and they feel safe to do so. Documentation showed evidence of feedback and complaints received from consumers. There is an organisational complaints management policy and procedure in place, along with a service complaints, compliments and feedback policy and procedure and operational directive. The revised consumer handbook includes information about internal and external complaints process and a feedback form.

The service provides information to consumers about advocacy and language and communication services.

Consumers and representatives expressed satisfaction with action taken by the service to address concerns raised. Staff showed an understanding of open disclosure. Management discussed the service’s open disclosure processes. Documentation confirmed the service has an open disclosure process and it is used when things go wrong or in response to incidents.

Consumers and representatives indicated some satisfaction with the service making changes based on feedback received. Management discussed how feedback is reviewed and used to improve the quality of care and services. Documentation showed feedback is documented, analysed and trended and improvements are recorded in the continuous improvement plan to ensure actions are taken to improve the quality of care and services.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 Feedback and complaints, for both HCP and CHSP.

# 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. | 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

Consumers and representatives confirmed the consumer generally has the same support workers providing care and services, indicating the workforce is planned. Staff confirmed receiving changes to their rosters through a mobile device and/or telephone call. Management discussed the workforce planning process to determine the number and mix of staff required.

Consumers and representatives confirmed staff are respectful, kind and caring. Staff described how they treat consumers respectfully and how they are aware of individual consumer’s preferences including cultural needs and background. Management discussed cultural awareness training provided to staff. Documentation confirmed staff completion of cultural awareness training.

Consumers and representatives mainly expressed satisfaction about staff competence. Management described staff qualifications, skills and knowledge required to effectively perform their roles. Management described how the service monitors qualifications and uses observational feedback to identify workforce competency. Subcontractors for HCP services are managed through contract management processes to ensure staff have the relevant competencies. However, staff were unable to provide information relating to subcontracted staff competencies. This is discussed further in Requirement (3)(b) in Standard 8 Organisational governance.

Staff confirmed they have ongoing face-to-face and online training, and new staff are provided with shadow shifts for support. Management described the recruitment, onboarding and induction process for new staff, with ongoing training requirements. All staff have a position description and new staff are placed on a 6-month probation period. Staff attend workplace orientation and complete online training and are placed on shadow shifts initially. Documentation confirmed staff have access to ongoing training.

Staff confirmed they complete an annual performance review and monthly supervision with team leaders. Management stated all new staff completed a 6-month probation review and an annual review thereafter. Management discussed the annual performance review procedure. Management discussed how feedback about staff is used to assess staff performance and identify upskilling opportunities for the staff.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources, for both HCP and CHSP.

# Standard 8

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

Findings

Requirement (3)(b)

The Assessment Team found the service did not demonstrate that the organisation’s governing body has systems to provide effective oversight of subcontracted service providers for HCP consumers. Ineffective oversight of subcontracted services puts consumers at risk of receiving poor quality care and services. The Assessment Team provided the following evidence relevant to my finding:

* Management stated the service does not have a current process to monitor subcontracted service providers or clinical data and management was unable to identify unsafe care by subcontractors.
* The service has subcontracted agreements in place that are monitored by the council’s procurement team. The assessment care coordinator maintains contact with the 2 main subcontractor firms used by council to provide staff for HCP consumers.
* The assessment care coordinator stated they meet with the subcontractors but, there are no regular set meetings and they do not request compliance checks, police checks or staff training information from subcontractors. Subcontractors are not being monitored.
* Management said the council’s procurement team will notify the service prior to contracts expiring and advise of any clauses where the contract can be extended. However, the service does not consistently meet or follow up with the subcontractors.

The provider’s response to the Assessment Team’s report included the following:

* Explanation the organisation has a range of policies, strategies and frameworks which guide and govern strategic, organisational and operational activities.
* Explanation these documents guide the development and delivery of program level policies, procedures and work instructions to ensure continuity between the strategic objectives and service delivery experience.
* Explanation the organisation has a procurement policy and procedure which sets out the organisation’s business rules relating to the engagement, evaluation, review and cessation of relationships with suppliers including subcontractors for HCP services.
* Explanation this policy informed the internal instruction titled Brokered Services and Sub-Contractor Management Operational Directive. This document identifies the steps that are being implemented across the HCP program. This includes:
  + specific terms and conditions of agreements of contractual arrangement with subcontracted providers in relation to the Commission requirements
  + ongoing monitoring, review and evaluation of performance of subcontractors
  + timeframes for assessment, review and targeted audits for the purpose of evaluating compliance of subcontractors
  + review periods in the event of non-compliance by subcontractors
  + roles and responsibilities of the executive, management and program coordinators.
* Explanation that timeframes and actions set out in the audit schedule will be reported to the organisation’s governance group and reported to the audit and risk committee as required.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which demonstrates a deficit for this Requirement. I acknowledge the provider has developed organisational systems and processes to manage subcontractors, with the Brokered Services and Sub-Contractor Management Operational Directive addressing subcontractor expectations, monitoring, review, evaluation and management. However, the provider states these operational directives are being implemented across the program.

I acknowledge actions taken by the provider to address identified deficits. However, at the time of my finding, there was no evidence these changes have been implemented and embedded and have been effective in addressing the deficits identified.

The impacted care types are HCP and CHSP services.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(b) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, compliant with Requirement (3)(b) in Standard 8 Organisational governance.

Requirement (3)(c)

The Assessment Team found the service did not demonstrate effective information management systems. The Assessment Team provided the following evidence relevant to my finding:

* HCP monthly statements and CHSP invoices are not provided in a timely manner.
  + Management stated monthly statements for HCP consumers and invoicing for CHSP consumers were delayed, with monthly statements several months behind due to system and process limitations and time consuming data checking processes.
  + Management stated there are similar issues resulting in delays in providing invoices for CHSP consumers.
  + Management stated monthly statements have not been issues to HCP consumers since July 2023 and consumers had been notified of delays in correspondence sent in 2022 and in May 2023.
  + Management stated it is expected monthly statements should be up to date by December 2023 with a transfer of all financial information to the consumer management system in 2024.
* The service does not have processes in place for auditing and monitoring CHSP consumer reviews.
  + Documentation showed CHSP consumers have review dates recorded. However, the review dates have passed, and no review was conducted.
  + The service management was unaware of the number of outstanding CHSP consumer reviews and was unable to produce a report.
  + The service implemented a new consumer management system in May 2023. A review of the new system identified CHSP consumer assessments and care plans had not been transferred to the new consumer management system.
  + Management advised the CHSP documentation is still available from the old system if required.

The provider’s response to the Assessment Team’s report included the following:

* Explanation that up-to-date statements and invoices is a requirement of the consumer money and property operational directive of the service.
* Explanation that the service is actively working with the information technology and transformation team and the finance department to develop an interim digital solution to enable the necessary data to be extracted and cleansed. This will allow for invoices to be generated in a timelier manner until a permanent solution can be implemented.
* Explanation the service has developed a comprehensive documented approach to ensure consumers and their representatives are provided with detailed and current information about the services offered, as well as the rights and responsibilities of consumers.
* Explanation that feedback, complaints, incidents and serious incidents trigger a review of consumer plans and services to ensure services are appropriate to meet changing consumer needs. Care plans and service plans are updated with new outcomes, preferences and goals.
* Explanation the service has a range of guiding documents addressing assessment and review processes.
* Explanation that auditing of consumer reviews will be undertaken in accordance with the service’s audit, internal assessment and review operational directive.
* Explanation that the service is revising naming conventions and practice instructions within the consumer management system to make reporting on consumer care and service reviews more straight forward and to enable a singular data set for the purposes of reporting. Once this has been finalised, measurement and management of scheduled reviews will be possible.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which does demonstrates there is a deficit in the service’s organisational governance systems in relation to information management systems. No deficits were identified for continuous improvement, financial governance, workforce governance, regulatory compliance or feedback and complaints.

I have considered the intent of this Requirement, which expects organisations to have effective information management systems and processes to give appropriate members of the workforce access to up-to-date information about consumers and that information that supports consumers to make decisions should be relevant, accurate and provided in a timely manner. I find this did not occur, as HCP monthly statements and CHSP invoices have not been provided in a timely manner, with an impact on consumers’ decision making opportunities and understanding of expenditure. I also find this did not occur because there is not a process to ensure CHSP consumers’ services are regularly reviewed in line with expectations.

I acknowledge the service is actively working to identify an interim solution to produce timelier monthly statements and to improve reporting of consumer care and service reviews schedules. However, at the time of my finding, there was no evidence these activities have occurred or have been effective in producing up-to-date monthly statements and invoices for consumers or CHSP review schedules.

The impacted care types are HCP and CHSP services.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

Requirement (3)(e)

The Assessment Team found the service does not have a clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* The provider’s self-assessment tool documented not applicable for this Requirement even though the service is providing clinical care.
* Discussion with management identified that clinical governance is provided by subcontracted service providers. However, clinical care needs are not routinely followed up with subcontracted service providers as identified in Requirement (3)(b) of this Quality Standard.
* The service does not have a process in place for monitoring the subcontracted clinical care service providers.
* Management stated the organisation does not prescribe or manage medications.
* Management advised all staff are trained in infection control and a specialist team was trained in donning and doffing of personal protective equipment.
* The organisation has drafted an infection control operational directive which aims to reduce the risk to consumers, staff and subcontractors.
* The organisation has developed a draft use of restrictive practices directive on minimising the use of restraint.
* Open disclosure is documented in the draft open disclosure policy inclusive of feedback, comments, complaints and incidents and includes an apology when things go wrong.

In response to the Assessment Team’s report, the provider acknowledged the service does not have a clinical governance framework. The provider’s response included the following:

* Explanation the service has commenced engagement with subcontracted providers to immediately address this Requirement. Work is currently underway to:
  + review the existing clinical governance frameworks in place at subcontracted providers
  + update service agreements between subcontractors and the service which describes the fundamentals and principles of the clinical governance framework
  + schedule regular meetings between subcontracted providers to review, assess and quality assure the delivery of clinical services at a program and individual consumer level.
* Explanation the service has:
  + commenced incorporating clinical governance into the service’s governance group’s terms of reference
  + commenced identifying key performance indicators and reporting metrics to enable the monitoring of data, identification of trends and to ensure improvement activities are evidence-informed
  + updated the service’s risk register to reflect non-conformance with this Requirement and to track the efficacy of the mitigations and treatments described above
  + commenced updating internal tools and templates to prompt the regular collection of feedback from consumers on their experience of receiving clinical services from subcontractors, to ensure care is based on needs, goals and preferences of consumers
  + commenced development of methodology to (at a minimum) annually assess the performance of subcontracted parties against the Quality Standards, with assessments to occur more frequently based on complaints, incidents or serious incidents involving subcontractors
  + will report on annual assessments of subcontractors to the service’s governance group and, where deemed necessary, reported to the organisation’s audit and risk committee.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response which demonstrates the service does not have a clinical governance framework in place.

I acknowledge the service is taking actions to address the identified deficits. However, at the time of my finding, there was no evidence these actions have been completed and embedded.

In relation to HCP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

In relation to CHSP, I find the provider, in relation to the service, non-compliant with Requirement (3)(e) in Standard 8 Organisational governance.

Requirements (3)(a) and (3)(d)

Management discussed how they engage consumers in the development, delivery and evaluation of care and services, including the existence of an active ageing reference group which meets regularly. Management also regularly seeks input and feedback from consumers through feedback forms and surveys. One consumer stated they are a member of the active ageing reference group.

The organisation has a risk management framework overseen by the organisation’s audit and risk committee. The organisation has relevant policies and procedures to manage risk and business continuity. Risk management processes, consumer feedback and staff training assist to identify abuse and neglect of consumers. Documentation showed consumers are supported to live their best life. The service maintains an incident register and incidents are escalated to the governance committee. Staff have received training on incident management and staff described the incident reporting process.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a) and (3)(d) in Standard 8 Organisational governance, for both HCP and CHSP.

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