**Performance**

**Report**

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| Name of service: | Community Home Care |
| Service address: | 2/159 Priam Street Chester Hill NSW 2162 |
| Commission ID: | 201367 |
| Home Service Provider: | Community Home Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 16 November 2022 to 18 November 2022 |
| Performance report date: | 16 December 2022 |

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 Community Home Care (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Support Care Personal Care Clinical Care, 27048, 2/159 Priam Street, Chester Hill NSW 2162

**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 12 December 2022
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Home Care Package Program operational manual a guide for home care providers September 2021

**Assessment summary for Home Care Packages (HCP)**

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(e)

# Standard 1

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

**Findings**

The Assessment Team reports that the Approved Provider is ensuring consumers are treated with dignity, respect and valued as an individual as field and office staff firstly sought consumer permission to undertake tasks, were very respectful in delivering care and services in the way they wanted. The Provider was providing care and services that are culturally safe through cross matching support worker and consumers backgrounds for the best cultural fit. The Provider was assisting consumers to exercise choice, make decisions and maintain independence with staff interviews echoing that consumers are in charge. Supporting consumers to take risks to live their best life through risk assessments and discussing risk mitigation strategies with consumers. Providing information that is current, accurate, timely, clear and easy to understand such as budgets and monthly statements where consumers showed awareness of their unspent funds. The Provider is ensuring consumer privacy is respected and confidentiality maintained when field staff conduct were providing services and limiting information provided to 3rd parties to that specifically required for care and service delivery.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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

# Findings

The Assessment Team reports that the consumers and representatives interviewed confirmed that they were satisfied with the care and services they received, with the care and services being in line with their goals and preferences. Consumers confirmed they are involved in assessment and care planning processes and where applicable this was done in partnership with others when they wished them to be involved.

The Assessment Team reviewed the organisational policies and procedures that guide assessment and care planning templates, and electronic information management systems. These systems and procedures ensure that service staff involved in direct care delivery, work in collaboration with consumers to deliver services in accordance with their identified care needs, goals and preferences.

The Approved Provider’s assessment and service planning processes are in place for initial and ongoing review and reassessment with strong ongoing monitoring by support worker, case manager and managers. Consumer documentation reviewed provided evidence of current updated care plans, agreed upon goals, tasks and instructions for carer with consideration of risks to consumers and their changing circumstances.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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

# Findings

The Assessment Team reports that consumers and or their representatives were interviewed and were satisfied with the overall care and services they are were receiving. They said communication from the office worked well with the case manager regularly contacting them about care and services. Consumers said staff provide services safely and confirmed current processes are in place to manage the risks around COVID-19. Several consumers or their representatives said they think support worker provide an excellent service and play an important role in helping them maintain their overall health and wellbeing. The Approved Provider stated care and services are delivered by trained support workers and all services are monitored by case managers. Support workers report any changes in the consumer’s overall health and wellbeing and this is followed up in a timely manner. Any incidents, changes in the consumer’s health or other significant events are noted in the consumer’s file and followed up as appropriate

The service has systems in place for the delivery of safe and effective personal and clinical care services that meet the needs, goals and preferences of consumers. This includes identifying and managing high impact and high prevalence risks through assessment, care reviews and ongoing monitoring processes and recognising and responding to deterioration or change in health and wellbeing. The information regarding the consumer’s needs and preferences are noted and any changes are effectively communicated to staff to inform the delivery of care. The service has a subcontracted registered nurse available to assess and monitor consumers’ clinical needs and can also provide ongoing clinical care to consumers when required. However, at the time of the audit the registered nurse was providing services 4 days per month

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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

# Findings

The Assessment Team reports that consumers have stated that they are receiving effective supports for daily living that enables them to live independently. Consumers also described ways services enabled them to participate in the community and to experience a good quality of life, helping them to maintain their independence. Support workers demonstrated a good understanding of the consumers they care for and what was important to them. They said the care planning documents include details of how to support a consumer with their lifestyle and social interactions. Referrals are made to external providers for services and the provision of equipment when needed. All consumers/representatives said they have access to a range of various services which meets their current needs

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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

# Findings

The Assessment Team reports that the Approved Provider does not provide this service

# Standard 6

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

# Findings

The Assessment Team reports that the Approved Provider demonstrated it is providing avenues for consumers and representatives to provide feedback and make complaints, through various vehicles the most successful being the feedback forms but consumers are confident and preferred to ring their Case Manager. The Provider is raising consumer awareness of advocacy and language services to assist in raising and resolving complaints, however due to the current consumer cohort of 97% Arabic and Spanish nearly all consumers had nominated representatives to be involved in their care. The Assessment Team found that the Approved Provider was taking appropriate action when feedback and complaints were made, as the Complaints and Feedback Register had 50 entries over the last 6 months with timeframes, outcomes and resolutions documented for all consumers. The Approved Provider was also reviewing feedback and complaints to improve the quality and care of services, as the Continuous Improvement Register showed that not only complaints, but incidents, risk assessments and the internal audit outcomes all feed into broader service improvements.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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

# Findings

The Assessment Team reports that the Approved Provider is planning its’ workforce to deliver safe and quality care and service by cross matching support worker backgrounds to consumers for best cultural fit. Employing staff who are kind, caring and respectful of consumers identity, culture and diversity as confirmed by Assessment Team interviews and observations during the visit. However, the Provider is not ensuring the workforce is competent, qualified and knowledgeable to enable them to perform their roles effectively for consumers with high clinical needs. Further to this, the Provider is not ensuring that the workforce is recruited, trained, equipped and supported to deliver quality outcomes with no management monitoring or oversight of the subcontracted RNs and allied health professionals. The Provider is not performing regular performance assessment, monitoring and review of each member of the workforce through ongoing on the job and annual reviews including the subcontracted RNs and allied health professionals.

Requirement 7(3)(c)

The Assessment Team reports that of the consumers and or representatives spoken to were unanimous in describing that all staff were confident to perform their tasks and provided a consistent level of service every time. Staff were also interviewed who said that Management advised that support workers are recruited with no minimum qualification, but for those doing personal care services they must have an Aged Care or Disability Certificate 3 qualification. Interview questions tested their knowledge in scenarios, and they had to have a working understanding of a Care Plan. Management advised that support workers were given 1 week to correct expired qualifications, checks, vaccinations etc or they would be removed from the roster until they came back into compliance, however the Assessment Team noted a support worker with an expired flu vaccination appeared in red but was still on the roster. Management confirmed that for the subcontractor RNs and allied health professionals, a copy of their qualifications and checks are required, but there is no oversight of their knowledge or competency to provide safe and quality clinical care. The RN subcontractor checks their qualifications, but there is no in field assessment or buddy shift conducted to check their competencies before commencement of services or on an ongoing basis. In its response to the Assessment Team’s report the Provider stated that it had hired a Registered Nurse (RN) on 28 November 2022 and it will be role of the RN to oversee service delivery of personal and clinical care. In the Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) the stated intent of this requirement is ‘to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services.’ The Guidance for this requirement also states that the ‘Organisation has systems in place to regularly review the roles, responsibilities and accountabilities of their workforce’.

I note that the RN has just been employed to address the deficiencies in compliance with this requirement. I acknowledge that the Provider has acted swiftly to engage the services of the RN. However, I am of the view that it is reasonable to assume that there will be a period of time between the employment of the RN and the maturity of the processes to address the non-compliance. The Guidance states the intent of this requirement ‘is intended to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services. The requirement covers an organisation’s systems to regularly review the roles, responsibilities and accountabilities of their workforce’. Therefore, I have reason grounds to believe that at this point in time this requirement has not been met.

Requirement 7(3)(d)

The Assessment Team reports that consumers had not raised any issues in relation to staff training. However, the Approved Provider advised that support worker training is all about covering the organisations’ policy and procedures. There are no mandatory training modules specific to aged care and related to the 8 Quality Standards or any annual training that is required for this subcontractor workforce. Management identified 2 clinical issues recently, namely falls and dementia that would require additional staff training but there were no training modules.

They also mentioned 2 practices ‘Skin integrity and skin tear management’ and ‘Palliative and end of life’ that were policies and procedures, but again there were no training modules. If the Policy and Procedure Manual was the Provider’s training resource there were no training modules in it. Management could not confirm how the subcontractor RNs or allied health professionals are trained, equipped or supported as the internal RN subcontractor does not have oversight of this workforce.

In its response to the Assessment Team’s report the Approved Provider supplied a copy of policy 7.1 Training for Quality Standards. The document outlines a comprehensive list of training that will be delivered, the effectiveness of which will be reviewed in January and February 2023. It is noted that in reference to training staff that ‘Support and Care workers will be oriented and inducted and trained to meet requirements of standard’. Therefore, it would appear that the Provider is in the process of implementing these strategies but at this point in time there is no evidence that the processes have been completed.

It is also noted that in its response the Provider has stated ‘our policy and procedures manual is itself based on 8 sections, each corresponding to the 8 Quality Standards. Thus, training is our policy and procedures manual is equivalent to having trained them in quality standards. We have thus trained them.’ Despite what the Provider has indicated in its response, the Assessment Team was not supplied with sufficient evidence by the Provider to support this view. The Assessment Team stated that the Training Policy was not available at the time of the audit. That the XL training registered maintained by the Provider in relation to two mandatory training modules did not record evidence of who had actually attended the training or whether they had completed the training.

The Guidance states the intent of this requirement is for ‘the organisation’s support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Meeting this requirement will support the workforce in their day to day practice and can protect against risk and improve the care outcomes for consumers.’…..’It’s expected that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities’. Therefore, I have reasonable grounds to believe that at this point in time this requirement has not been met.

Requirement 7(3)(e)

The Assessment Team reports that of the consumers interviewed some had never been asked for feedback, one was asked on a monthly basis and two were new to the Providers. Staff indicated that they could not talk through the outcomes of their performance appraisals as they had not participated in one. The Provider indicated that there are no regular assessments, monitoring or review of subcontracted allied health professionals. The Guidance states that the intent of this requirement is’ that all members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role and identify, plan for and support any training and development they need’.

In its response to the Assessment Team’s report the Approved Provider states that consumers are sent feedback forms and annual feedback surveys are conducted. It is accepted that the Provider does have feedback system in place, however, it would appear that it does not provide comprehensive coverage to all consumers. It is pleasing to note that the Provider has implemented a system with ‘Performance reviews will be conducted’. However, I am of the view that the system has not matured enough for me to form, on reasonable grounds, a belief that the Approved Provider has complied with this requirement.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance iterates the organisational statement for Standard 7 states ‘The organisation has a workforce that is sufficient and is skilled and qualified to provide safe, respectful and quality care and services’.

Having regard to the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirements 7(3)(c), 7(3)(d) and 7(3)(e)

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

# Standard 8

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

# Findings

The Assessment Team reports that the Approved Provider is engaging with consumers in the development, delivery and evaluation of their care and services through both day to day and more formal mechanisms. It has demonstrated effective risk management systems and practices regarding managing high-impact and high-prevalence risks, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. However, it is not promoting a culture of safe, inclusive and quality care and services as the governing body lacks an understanding of its overarching responsibilities, and there were no formal management reporting mechanisms in place.

The Approved Provider did not demonstrate an effective workforce governance system as there were gaps in providing ongoing support and development of its staff to deliver safe and quality care and services. In addition, robust processes are not in place to provide oversight of the subcontracted allied health professionals who are delivering care to consumers. It did not demonstrate that an effective clinical governance framework was in place for the provision and oversight of clinical care outcomes.

This oversight is considered important as 50% of the Approved Provider’s consumers are receiving HCP 3 or HCP 4 supports. At the time of the audit the Provider had a subcontracted Registered Nurse 4 days/month and relies heavily on the 3 Case Managers who are not clinically qualified or trained, noting that the Spanish speaking Case Manager had left the provider.

Requirement 8(3)(b)

The Assessment Team reports that interviews were held with Senior Executives who demonstrated a lack of understanding of their responsibilities as a governing body to be accountable for the delivery of safe, inclusive, and quality care and services. It was determined that monthly reports are not provided to Senior Executives by the Operations Manager, Case Managers, Registered Nurse and Compliance Officer who are subcontractors that could be used to identify any clinical care issues, safety issues, incidents, complaints, workforce issues. Despite clinical care being delivered by the service, no one at Board level is responsible for ensuring that care and services are aligned with best practice, and that the principles are being adopted across the service. Clinical case concerns are not discussed, and those consumers identified as vulnerable are not monitored at the governance board level. A comprehensive CEO letter and briefing document that outlined 5 key areas to promote a culture of safe and quality care was circulated to all staff in October 2022. This was acknowledged by management as the first step in promoting this culture to staff, otherwise, no examples of specific actions driven by the governance board to promote a culture of safe care were provided.

In its response to the Assessment Team’s report the Provider asserts that the Assessment Team only asked for last 2 meeting minutes. The Assessment Team have indicated that that these were the minutes of the only management meetings held by the Provider in the previous 6 months. The Provider asserts ‘that the Board’s meeting outcomes feed into the continuous improvement log. We also submitted out self-assessment and continuous improvement for each requirement on the 8 standards. The monthly meeting reviews risk, clinical care feedback. From the Provider’s response it appears that there is additional work is being achieved as a result of its meetings but at the time of the audit the Assessment Team could not find any evidence of this work being implemented or finalised.

The Guidance states that the intent of this requirement is ‘the governing body of the organisation is responsible for the promotion a culture of safe, inclusive and quality care and services in the organisation’. Therefore, I have reasonable grounds to believe that at this point in time this requirement has not been met.

Requirement 8(3)(c)

The Assessment Team reports that although the Approved Provide was able to evidence current feedback and complaints processed feed to the continuous improvement plan (CIP) the CIP was not mentioned in the board minutes and the policy on continuous improvement was not available for review. Financial governance for the Provider is managed by one of the Directors with an accounts administrator reporting to the Director. The Provider has a financial governance system in place with the system providing HCP consumers with their budget and monthly statements. However Financial reporting was not mentioned in the board minutes.

The Provider has a process in place for the recruitment and onboarding of new staff, however, there are gaps in the provision of ongoing support to staff. The Provider does not have specific mandatory training modules to address the Provider’s obligations under Requirement 7(3)(d) which places a very specific obligation on the Provider to recruit, train, equip and support its workforce to deliver the outcomes required by these standards. In addition to this, the Provider does not have governance processes in place to oversight contract staff such as allied health professions. Workforce governance is not mentioned in the board minutes.

The Approved Provider stated that it has not been the subject of adverse findings by another regulatory agency in the last 12 months. The former subcontracted Registered Nurse confirmed that he does not currently track changes to regulatory requirements. Although the Provider inputs regulatory changes into a database it was not able to confirm how the changes were communicated to staff or reported to the board. The Assessment Team noted that the Provider has a current feedback and complaint process that is capable of tracking outcome and trend data to inform CIP.

The Guidance states that the intent of this requirement is ‘Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role) then to the executive management team and throughout the organisation’. Therefore, I have reasonable grounds to believe that at this point in time this requirement has not been met.

Requirement 8(3)(e)

The Assessment Team reports that the Approved Provider at different levels did not demonstrate a good understanding of clinical governance during interviews. Although the Provider provides clinical care it does not have a documented clinical governance framework in place. The Provider was utilises the services of a Registered Nurse who works part-time. The Provider has not developed clear roles and responsibilities to manage the provision and oversight of clinical care to consumers. The current clinical model is dependent on Case Managers who don’t have a clinical background. In addition to this, policies and procedures relating to antimicrobial stewardship and minimising the use of restraint were not in place.

Care Plans did document urine samples and wound swabs before the commencement of antibiotics. Open disclosure policy whilst understood by management, was not included in support worker induction training, so they were unable to demonstrate a good understanding of how it related to their roles during interviews. The only clinical governance in place for the organisation was 3 Case Managers who had an excellent knowledge about each consumer, good care plans that included individual risk assessments, and one policy for COVID-19.

It was noted by the Assessment Team that there is no formal clinical governance board or committee, so there are no clinical reports, benchmarking, indicators or trends that are analysed to identify and manage the risk to consumers’ clinical care outcomes. Management confirmed that they have never provided the Board with a clinical report providing oversight of the clinical care and potential risks to consumers.

In its response to the Assessment Team’s report the Provider supplied a copy of its updated policy 8.3.3 Clinical Governance which sets out a high-level approach to how clinical governance will be achieved. From the comments in the Provider’s response which states ‘The services has developed Clinical Governance Framework. Please see attached.’ It would appear that this document is a recent innovation and although it is a positive move in the right direction, I am of the view that it still requires further work before it could be meet the requirements for a clinical governance framework as set out in the Commission’s website -https://www.agedcarequality.gov.au/sites/default/files/media/Developing\_and\_implementing\_a\_clinical\_governance\_framework.pdf.

The Guidance states that the intention of Standard 8 is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the standards.

Having regard to the Assessment Team’s report, the comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has not complied with requirement 8(3)(b) 8(3)(c) & 8(3)(e).

The Quality Standard for the Home Care Packages service is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

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