**Performance**

**Report**

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| Name of service: | Eltham Retirement Centre |
| Service address: | 43 Diamond Street ELTHAM VIC 3095 |
| Commission ID: | 300078 |
| Home Service Provider: | St Vincent's Care Services Ltd. |
| Activity type: | Quality Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 25 July 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 Eltham Retirement Centre (**the service**) has been prepared by M Murray, 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:**

* St Vincent's Care Services Eltham Home Care, 18789, 43 Diamond Street, ELTHAM VIC 3095

**CHSP:**

* Community and Home Support, 24800, 43 Diamond Street, ELTHAM VIC 3095

# 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.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **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.

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| 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. | Ensure consumers understand their rights to be fully informed before any changes to their services are enacted. Provide updated care plans and Home Care Agreements to consumers where relevant. Provide a timeframe to consumers and regular updates on when itemised invoices will be available. |
| 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. | Demonstrate staffing rosters are integrated with subcontracted staff / agency services to the greatest extent possible.  Ensure consumers have an assessed need for a services prior to deploying the workforce.  Ensure minimum service times are reasonable and justifiable. |
| Requirement 8(3)(c)  Sub-  Requirement  (iv)  Sub-Requirement (v) | Effective organisation wide governance systems relating to the following:  workforce governance, including the assignment of clear responsibilities and accountabilities;  regulatory compliance | Demonstrate contracts in place with sub-contracted entities providing staff outline responsibilities and accountabilities and feedback mechanisms that allow the governing body to maintain oversight of these contracted services, ensure quality of care, resolve issues or complaints and monitor consumer outcomes.  Ensure all regulatory obligations are known, monitored and complied with.  Where relevant information is available on the aged care reforms such as the Social, Community, Home Care and Disability Services Industry Award ensure staff use such information to guide their practice and can explain relevant information to consumers.  Ensure consumer funds are not unnecessarily depleted as a result of less than optimal rostering practices. |

# Standard 1

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

Findings

I am not satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above.

Requirement 1(3)(e)

The Assessment Team reported information provided to each consumer is not current, accurate and timely, and not communicated in a way that is clear, easy to understand and enables them to exercise choice. The Assessment Team’s evidence that is relevant to my finding is summarised below.

A number of consumers did not understand that they have a choice in the scheduling of their services and that the organisation should obtain their informed consent for any changes to their care plans and individualised budgets before implementing a change.

The Assessment Team’s report also notes consumer feedback that the monthly invoice they receive does not give a breakdown of fees and it is not easily understood. Consumers said they cannot reconcile their statements to their own records and are unable to ascertain if they have been over or under charged for services. Management said the organisation’s internal quality system has identified this issue and the finance team are involved in finding a resolution, however, no timeline for this resolution was advised.

In coming to my finding, I have considered the information in the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report.

Based on the information summarised above, I find the approved provider does not comply with this Requirement for the service for Home Care Package Consumers. I am not satisfied that consumers received the information required to fully understand the options available to them when scheduling services and as a result not all consumers have made informed choices about their care and services. I am satisfied, based on negative consumer feedback, that some consumers may have withheld their agreement to proposed changes if relevant and accurate information was provided to them and the service ensured they understood the information.

The Assessment Team reported that consumers of the Commonwealth Home Service Programme are satisfied with the information provided to them. The service has not asked Commonwealth Home Support Programme consumers to make changes to the time, duration or days on which their services are delivered.

In coming to my finding, I have considered the relevant evidence of the Assessment Team and also that as Commonwealth Home Support Programmes are block funded, as such consumers do not receive invoices. I am satisfied the approved provider complies with this Requirement for the service for Commonwealth Home Care Support consumers.

Requirement 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(f)

I am satisfied that the approved provider complies with remaining Requirements of Standard 1 for the service. The compliance decision I have made on each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers said staff deliver services in a way that is culturally supportive and that staff are respectful of their care preferences and choices. Staff are familiar with the cultural backgrounds of the individual consumers they deliver services to and said they have attended cultural diversity training.

The organisation’s policies demonstrate a commitment to supporting consumers with diverse cultures, backgrounds and identities, and delivering culturally responsive care.

Consumers said they are asked about how they would like their care and services delivered and their choices about how care is delivered are respected. Where consumers have asked to involve others in decisions that need to be made, they are satisfied the service has involved these people. Care documentation noted the names of substitute decision makers and representatives gave examples of their involvement in care planning and decision making in partnership with consumers and care coordination staff.

The service has policies and forms that address choice, risk taking and dignity of risk. Consumers are satisfied their independence is promoted. Care planning documentation notes decisions consumers make on taking risks are balanced with optimising their quality of life.

Consumers said personal privacy, confidentiality, and privacy of information is not of concern. The organisation has a privacy policy to guide staff in the collection and storage of information. The staff orientation program includes a segment on respecting privacy and confidentiality.

# 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 | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Effective assessment and planning processes are occurring. Care coordination staff use validated clinical risk assessments to inform the development of care plans in partnership with the consumer. Input from representatives and others involved in the consumer’s general health care such as medical professionals and specialists is also incorporated into care planning. Consumers are satisfied with the extent they are involved in discussions about how care and services should be delivered by staff and said they had been asked whether they wished to develop an advance care plan.

Consumers funded by the Commonwealth Home Support Programme attend day therapy sessions for episodic allied health services including physiotherapy and occupational therapy. Consumers said an exercise plan is developed tailored to their needs. The Assessment Team’s report evidences that exercise plans consider any physical limitations or injury risks. The organisation has policies to guide staff in balancing choice, risk taking, dignity of risk and wellbeing.

Care coordination staff provide Home Care Package consumers with a copy of their care plan once the assessment process is finalised. Consumers on the Commonwealth Home Support Programme are provided with a copy of their exercise program.

Staff delivering services said they have access to current information on consumers’ needs and goals and are able to describe the particular goals and preferences of consumers they support.

Care documentation shows regular and as needed reviews of consumer care and services occur and additional services when required are reflected in care plans.

# 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

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Allied health clinicians and care coordination staff are able to describe how they know care delivery aligns with a best practice approach and how they ensure it is tailored to each consumer’s needs and goals. Support workers said the care plan informs how they deliver personal and clinical care. Staff also ask the consumer about their satisfaction with care delivery and act on any feedback about changing preferences in liaison with care coordination staff. Care documentation including file notes and allied health reports demonstrate the service has oversight of the quality of care being delivered.

Consumers with complex care needs including poor mobility, unstable diabetes, high blood pressure, swallowing difficulties and poor skin integrity are receiving appropriate care.

Palliative care is being provided with oversight from a specialist palliative care team attached to the local hospital.

Consumers expressed confidence that staff will identify and respond to any deterioration or change in their wellbeing. Support workers are knowledgeable about their responsibilities in reporting any consumer deterioration to the care manager and calling emergency services if required. Documentation review noted a consumer with declining cognition has been appropriately referred for specialist care and additional services put in place as directed by these specialists.

Consumers said they have been referred to other health providers to support their wellbeing when required. The Assessment Team considered the referrals were timely and appropriate with relevant information shared between the service and others supporting the consumer’s health including medical and allied health practitioners.

The service has an infection prevention and control policy, procedures, workplans and access to an infection prevention clinical lead. Protocols include the use of personal protective equipment, temperature checks and the use of rapid antigen testing. The Assessment Team observed staff using infection prevention protocols such as sanitising physiotherapy equipment between different consumers using the equipment. Consumers are satisfied with the infection control precautions implemented by staff.

# 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives said that the service had provided services to assist consumers to access activities for daily living and independence whilst optimising their quality of life. Staff interviewed demonstrated an understanding of what is important to each consumer they are providing support for, and how they incorporate this into the services they deliver for their consumers. The consumer files reviewed show relevant information such as consumer preferences and goals are documented in their care plans.

Consumers interviewed reported that staff who provide services to them would recognise when they are feeling low, and gave a range of examples of how the services they receive allows them to remain connected to others and meet new people by doing activities with others who have similar interests.

Consumers said they have been referred to other health providers to support their wellbeing when required. The Assessment Team considered the referrals were timely and appropriate with relevant information shared between the service and others supporting the consumer’s health including medical and allied health practitioners.

Consumers described their assessment for and receipt of equipment including wheelchairs and walking frames and staff demonstrated maintenance occurs for any item supplied as part of a Home Care Package. Equipment used during the delivery of the Commonwealth Home Services Programme included gym equipment which consumers also said is clean and fit for purpose. Staff are aware of how to raise a maintenance request if any item is in need of repair.

The service does not provide meals, Requirement 4(3)(f) is not applicable.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard for consumers of the Commonwealth Home Support Programme. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers said social support groups and allied health activities are held in a welcoming environment and expressed satisfaction with the cleanliness, comfort and safety of the service, its fixtures and its fittings.

The service has a range of suitable equipment to run the social support events and meet the individual needs of consumers who attend the exercise classes. Consumers said the exercise machines are well maintained and always clean.

The Assessment Team observed consumers easily navigating the service.

Home Care Package consumers do not attend the organisation to receive care and services, therefore this Standard is not applicable.

# 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

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

The service demonstrated that consumers and others are encouraged and supported to provide feedback though internal and external avenues. Consumers are satisfied that they know how to provide feedback or complaints and feel safe to do so. Management said they have processes in place to access advocacy and interpreting services and have provided the details of advocacy groups to consumers. The service demonstrated how complaints are managed when received and also evidenced an open disclosure process in action. The national office monitors feedback for trends and opportunities to improve care and services.

# 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. | Non-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

I am not satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above.

Requirement 7(3)(a)

The Assessment Team reported the service 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. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers receiving services through a Home Care Package and their representatives said there is insufficient staff to provide quality care and services and consumer services are often provided by subcontracted support workers. Management said they have recruitment strategies in place but it is difficult to attract support workers to the organisation. Measures taken to support continuity of the workforce are not always successful. Consumers’ care and services have been impacted by the use of subcontracted support workers. Management said approximately 12 of the 50 consumers receiving a Home Care Package have been asked to merge services or create a shift for a minimum of two hours as this is a requirement of the agency which subcontracts staff to the approved provider. Management stated there have been no unfilled shifts in the last month.

In coming to my finding, I have considered the information in the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s Report.

I am not satisfied that the approved provider has demonstrated it has an integrated approach to workforce planning and rostering services which includes effective rostering of subcontracted staff. Direct feedback of consumers and their representatives is that they are not receiving quality care from all staff. While management have stated there have been no unfilled shifts, I am not persuaded that this is the result of effective workforce planning as requesting consumers to merge services and reduce the number of their shifts also results in less shifts to fill while reducing the quality of the service consumers receive.

Based on the information summarised above, I find the approved provider does not comply with this Requirement for Home Care Package Consumers of the service.

Based on the information summarised above, I find the approved provider complies with this Requirement for consumers of the service on the Commonwealth Home Support Programme as there is no evidence that consumers have been asked to make changes to their allied health services as a result of workforce decisions.

Requirement 7(3)(d)

The Assessment Team reported The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Management demonstrated how the workforce is recruited, trained, equipped, and supported to deliver the outcomes required. Consumers and representatives interviewed said that the staff are competent and know what they are doing and staff are satisfied with the training the service provides to equip them to carry out their roles and were generally satisfied with the support available from supervisors. Management are unaware of the systems in place to ensure that subcontracted staff are trained and supported.

In coming to my finding, I have considered the information in the Assessment Team’s report, which does not demonstrate a systematic failure in recruitment and training systems, but rather a lack of governance of the contracted workforce. I find the evidence relating to a lack of governance relevant to Standard 8, Requirement 8(3)(c). I have also considered that the Assessment Team did not identify any training deficits in Standard 2 and Standard 3 Personal care and clinical care.

Based on the information summarised above, I find the approved provider complies with this Requirement for the service.

Requirements 7(3)(b), 7(3)(c) and 7(3)(e)

I am satisfied that the approved provider complies with remaining Requirements of Standard 7 for the service. The compliance finding, I have made on each Requirement, is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers are satisfied allied health practitioners and other staff are available to run the various support programs that the service delivers at its premises. Management demonstrated staff delivering the Commonwealth Home Support Program are appropriately recruited and trained to undertake their roles.

Consumers and representatives interviewed said that staff are kind, caring and respectful. Allied health staff hold registrations and are credentialled annually. Recruitment processes outline the competency and knowledge required for each role. Consumers and representatives are satisfied staff effectively perform their roles.

The service demonstrated individual staff performance is regularly assessed, monitored, and reviewed. Staff and management confirmed a probationary period applies to staff employed directly by the organisation. All staff have individual supervision and ongoing support from their manager, with formal performance discussions occurring annually. Human resource records evidenced an effective performance management system that includes relevant consumer feedback.

# Standard 8

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

I am not satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above.

Requirements 8(3)(b)

The Assessment Team reported the service did not demonstrate that the organisation’s governing body promotes and is accountable for the delivery of a culture of safe, inclusive quality care. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Management advised that all subcontractors have contracts with the organisation, however documentation provided did not show valid contracts but ‘vendor tender forms’. Oversight and reports to the Board in regard to valid contracts and probity checking was not evidenced. Management of subcontracted providers in response to changes to the Social, Community, Home Care and Disability Services Industry (SCHADS) Award from July 2022 have not been addressed by the Board.

In coming to my finding, I have considered the information in the Assessment Team’s report, which does not demonstrate a systematic failure in the organisation’s culture. I find the evidence relating to a lack of oversight of sub-contractors relevant to Standard 8(3)(c)(iv).

Based on the information summarised above, I find the approved provider complies with this Requirement for the service

Requirement 8(3)(c) Sub-Requirements (iii), (iv) and (v)

The Assessment Team reported the service did not demonstrate effective governance systems in relation to workforce governance, financial governance and regulatory compliance. The Assessment Team’s evidence that is relevant to my finding for each sub-Requirement is summarised below.

Sub-Requirement (iii) financial governance

The Assessment Team reported the service does not have effective financial governance systems. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Financial governance is monitored by the finance subcommittee and reported to the Board, however, the organisation could not demonstrate that consumers receive clear itemised and accurate monthly statements.

In coming to my finding, I have considered the information in the Assessment Team’s report, which does not demonstrate a systematic failure in financial governance. I find the evidence relating to invoicing relevant to Requirement 1(3)(e).

Based on the information summarised above, I find the approved provider complies with this sub-Requirement for the service.

Sub-Requirement (iv) workforce governance, including the assignment of clear responsibilities and accountabilities.

The Assessment Team reported workforce governance is not effective. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Staff described how they had stopped providing some home care services to consumers due to changes to business operating requirements. Management advised that they had discussed options to reduce costs with consumers and representatives. Solutions offered included reducing or clubbing together services whenever possible; consumers and families making a financial contribution to package costs; transferring to another provider by searching My Aged Care and taking some time away from the package each year to accumulate funding, for example going into residential respite care. A representative described the impact saying while the consumer’s assessed needs can be met in less than two hours, they had no option, as they have a subcontracted staff member rostered, other than to have a two hour block of care. As a result, the consumer is missing out on personal care as they are having to combine two, one hour shifts, that were occurring at different times each day into a single two hour shift in the morning.

In coming to my finding, I have considered the information in the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report.

I am not satisfied that management has demonstrated that it has worked with subcontractors in a planned and coordinated way to minimise any loss of services for consumers. I note that all employees including subcontracted employees can continue to see more than one consumer, at more than one location, within their minimum two-hour payment time under the Social, Community, Home Care and Disability Services Industry Award. I am not satisfied that this aspect of workforce governance has been fully explored.

Based on the information summarised above, I find the approved provider does not comply with this sub-Requirement for the service.

Sub-Requirement (v) regulatory compliance

The Assessment Team reported the service did not meet its regulatory obligations. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Management said they do not monitor the currency of police clearance certificates for subcontracted staff. All subcontracted providers have to upload documents relevant to regulatory obligations onto the organisation’s contractor portal. This process is monitored by the organisation’s contracts officer. Therefore, local management is unaware if staff providing care and services to consumers are qualified, suitably trained, have current police clearances, professional registrations, or required vaccinations.

In coming to my finding, I have considered the information in the Assessment Team’s report. The approved provider did not submit a response to the Assessment Team’s report.

The Quality of Care Principles 2014 require an approved provider, through the home care service, to provide a package of care and services to a care recipient that includes care management. The subsidy to deliver care is paid to the approved provider, the terms of engagement is between the approved provider and contractor, not the consumer and contractor. As a result, the contractor, who provides services to consumers, falls within the definition of a staff member of an approved provider, in accordance with the Accountability Principles 2014. The approved provider is therefore responsible for consumer services provided by third parties and ensuring care and services are delivered a safe and effective manner, in line with the Quality Standards.

Based on the information summarised above, I find the approved provider has not met its regulatory obligations as it did not demonstrate that it has a system to ensure the monitoring required by the Accountability Principles 2014 in regard to police clearances is occurring.

The failure to comply with sub Requirement (iv) and (v) of Requirement 8(3)(c) results in a failure to comply with Requirement 8(3)(c) and a failure to comply with Standard 8.

Requirement 8(3)(a), 8(3)(d) and 8(3)(e)

I am satisfied that the approved provider complies with remaining Requirements of Standard 8 for the service. The compliance decision I have made on each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Management demonstrated they have several current mechanisms to engage consumers in service delivery. Management said the organisation is in the process of setting up a consumer advisory committee which will have Board representation.

The organisation’s risk management framework includes an electronic incident reporting system, a risk register and policies and guidelines to manage risk. Risk mitigation strategies are developed for known and emerging risks. Management are alert to current the service’s high impact, high prevalence risks and named them as falls and poor skin integrity.

A national clinical governance committee occurs, clinical indicator data is reviewed and any negative trend addressed. All staff have had code of conduct and restrictive practices training.

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)