**Performance**

**Report**

**1800 951 822**

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| Name: | Goodwin Aged Care Services Limited |
| Commission ID: | 200950 |
| Address: | 22 Marshall Street, FARRER, Australian Capital Territory, 2607 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 968 Goodwin Aged Care Services Limited  
Service: 23562 Goodwin Home Care Packages  
Service: 17204 Goodwin Outreach (CACPS)  
Service: 17254 Goodwin Outreach (EACH Dementia)  
Service: 17255 Goodwin Outreach (EACH)

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7672 Goodwin Aged Care Services Limited  
Service: 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support  
Service: 24245 Goodwin Aged Care Services Limited - Community and Home Support

**This performance report**

This performance report for Goodwin Aged Care Services Limited (**the provider**) has been prepared by T Bartlett, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Assessment Team’s report received 5 September 2024.

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

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

# Areas for improvement

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 1(3)(e) – Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH)

* Effectively implement and embed appropriate processes to ensure each HCP consumer receives current, accurate and timely monthly statements communicated in a way that is a clear, easy to understand and enables them to exercise choice.

Requirement 8(3)(c) – Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH)

* Effectively implement and embed processes to ensure effective organisation wide information management systems are in place for HCP consumers to receive monthly statements.

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

Findings

This Quality Standard has been assessed as non-compliant for HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH) as 1 of the 6 specific requirements is non-compliant for each service. However, this Quality Standard has been assessed as compliant for CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support as 6 of the 6 specific requirements is compliant for each service.

Requirement 1(3)(e)

The Assessment Team was not satisfied information provided to each consumer is timely, current, accurate and communicated in a clearly understood manner. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives interviewed across each service stated they had not received current, accurate and timely information. All consumers and representatives interviewed across each service stated they had not received a monthly statement since April 2024.
* Consumer representatives expressed confusion upon receipt of inaccurate charges on monthly statements.
* Information and evidence in Requirement (3)(c) of Standard 8 show consumers and representatives advising issues about the lack of timely access to monthly statements had been raised on numerous occasions with receipt of a consistent response that the provider was experiencing system issues.
* Staff stated that they have received numerous queries from consumers about monthly statements since transition of the new electronic client management system.
* Management confirmed complications with their new electronic client management system have caused issues in the creation and distribution of monthly statements to consumers.
* Review of a sample of consumer documentation showed a large portion of consumers had not received monthly statements since March 2024 or only upon individual request. In addition, information and evidence in Requirement (3)(c) of Standard 8 highlighted that consumers were not notified about the delay in monthly statements until 8 July 2024.
* An information pack is provided to consumers that contain information on the HCP and CHSP programs offered, fees, advocacy, privacy statements, advance care planning, and internal or external feedback mechanisms.
* Consumers are provided with an agreement, care plan, Charter of Aged Care Rights, and information on the Quality Standards.

In response to the Assessment Team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement consumers and their representatives had not consistently received written HCP monthly statements since March 2024.
* Explanation regular discussions with HCP consumers and their representatives had occurred since April 2024 regarding the delay of monthly statements and assurance statements could be generated on an individual basis as required.
  + Review of evidence provided did not include reference to consumer correspondence earlier than June 2024 nor evidence of offers to generate an interim monthly statement. Rather, correspondence consistently referred to the inability to generate statements due to system errors and advice statements would be issued as soon as the system issue had been resolved.
* Explanation, with evidence provided, of ongoing correspondence since March 2024 with the software vendor to resolve HCP monthly statement generation issues.
* Explanation an external information technology specialist had been engaged to assist in resolving HCP consumer billing inaccuracies.
* Explanation collation of HCP consumer statements is in the final stages of compilation for the April 2024 to June 2024 period and is to be distributed by 9 September 2024.
* Explanation all ongoing HCP monthly statements will now be sent out as per operational policy.
* Explanation additional checks have been implemented to ensure all required documents and statements are delivered as per agreed timelines.
* Explanation no other information or evidence was provided by the Assessment Team regarding consumers being prevented on exercising choice due to lack of access to timely information.
* Explanation CHSP consumers do not have budgets attached to their services and as per regular operational practice have been receiving monthly statements without delay.

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 that timely, accurate and easily understood information is provided to each HCP consumer to enable them to exercise choice.

I find the lack of timely or inaccurate monthly statements issued to HCP consumers for a period of 5 months affected each consumer’s ability to exercise choice and be a partner in the care and service choices they make.

I acknowledge steps had been taken to keep consumers informed of monthly statement generation issues and the provider has actively engaged with external information technology and software specialists to rectify issues. However, I find no evidence to suggest consumers were provided interim solutions, such as the manual generation of monthly statements upon request.

I am confident whilst the provider will ensure late HCP monthly statements will be distributed, I find no information has been provided on what additional checks have been implemented to ensure all required documents and statements will be delivered as per agreed timelines ongoing. As such, I find plans are in their infancy and further time is required to determine the effectiveness of proposed changes.

Based on the information summarised above, I find the provider, in relation to HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH) non-compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

In relation to CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support, I agree CHSP consumers do not have budgets attached to their services and there is no evidence to suggest CHSP consumers have not received monthly statements without delay.

I find information packs provided to consumers include sufficient information to enable choice. In addition, information and evidence throughout the Assessment Team report confirmed CHSP consumers are afforded choice and are actively engaged in services of their choice.

Based on the information summarised above, I find the provider, in relation to CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d) and 1(3)(f)

Consumers and representatives in all services confirmed staff treat consumers with dignity and respect and all aspects of their identity are accepted and valued. Staff described strategies used, such as trying to understand individual consumer beliefs, cultures and preferences prior to service delivery. In addition, staff described and demonstrated an understanding of individualised consumer needs. Management demonstrated a culture of respectful and inclusive care is promoted across the organisation via training on consumer dignity and choice and diversity and cultural safety. Documentation reviewed confirmed care planning documentation is respectful and inclusive, detailing each consumer’s life story, culture and background. The organisation’s diversity framework includes strategies for promoting consumer-centred care and valuing the identity, culture and diversity of all consumers.

Cultural and linguistically diverse consumers and representatives interviewed in all services confirmed consumers feel respected and valued, with their cultural preferences taken into consideration during service delivery. This included requests for carers of a specific gender consistently fulfilled and satisfaction with shopping and meal services delivered in a culturally appropriate manner. Staff demonstrated an understanding of the importance of understanding cultural and religious consumer needs and described completing culturally safe care and services. Management provided evidence of staff induction and annual training in culturally safe care. Consumer care plans reviewed include documented cultural and religious needs and preferences. The organisation has a cultural and spiritual life policy and diversity framework which guide staff in delivering culturally safe care.

Consumers and representatives in all services said consumers are supported to exercise choice and independence in who is involved and how their care and services are delivered. Consumer representatives expressed satisfaction with their level of involvement in decision making processes. Staff described strategies used to actively involve consumers and their representatives in decision making processes. This included providing opportunities for family to be involved during initial assessment and discussing service delivery options available. Documentation reviewed evidence consumer involvement and those they want involved in the decision-making process of their care and services. The organisation’s independence policy includes directions to support consumer choice and decision making through consideration of consumers’ individual needs and preferences.

Consumers in all services advised staff encourage them to be as independent as possible and support them to take risks to enable them to live their best lives. Staff and management interviewed described discussions held with consumers and their representatives outlining potential risks and alternative strategies available to ensure consumers are supported to live their best lives. Management advised, and documentation reviewed confirmed, risk assessments and completion of dignity of risks forms are standard practices used to support consumers to take risks of their choosing.

Consumers and representatives in all services stated staff always respect consumer privacy and their personal information is kept confidential. Staff and management interviewed described strategies used to safeguard consumer privacy and personal information, such as obtaining consumer consent prior to the use, storage or disclosure of information to external parties. Management advised they provide annual mandatory privacy training. The organisation has a privacy policy and a data breach response plan with procedures to safeguard personal information and investigate privacy breaches.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and representatives in all services confirmed consumer needs and health and well-being risks are assessed prior to service delivery. Management described, and documentation reviewed confirmed, a collaborative assessment process completed with consumers and their representatives involving the use of validated risk assessment tools. These tools include, but not limited to, falls risk for older people in the community, psychogeriatric assessment scale and Braden assessment. Documentation reviewed confirmed consumer risks and mitigation strategies are identified and documented. A home care package operational manual available provides work instructions for staff to follow when conducting consumer care planning.

Consumers and representatives in all services expressed satisfaction with planned care that is reflective of current consumer needs and goals. Consumers and representatives also confirmed advanced care and end of life planning is discussed and requested during assessment and care planning discussions. Management confirmed consumer needs, goals and preferences, (including advanced care planning) are discussed and recorded as part of assessment and care planning processes. Care planning documentation reviewed confirmed consumer goals are specific to the individualised needs and preferences of consumers. An advance care planning and palliative care policy outlines information on supporting and managing consumers during end-of-life care. In addition, the service provides advance care planning brochures to consumers in the home folder.

Consumers and representatives in all services confirmed consumers and those they wish to be involved are consulted and supported to make decisions about the consumer’s care and service needs and preferences. Staff described, and documentation reviewed confirmed, a collaborative care planning approach with consumers and representatives is practiced. This also includes a multi-disciplinary approach to assessments involving providing letters of recommendation to general practitioners and other relevant external providers and organisations involved in the care of consumers.

Consumers and representatives in all services advised outcomes of the consumer’s assessment and planning are discussed with them prior to commencement of services and they have been offered and received a copy of the care plan. Staff verified they have access to electronic consumer care plans containing information on consumer needs, goals, preferences, health conditions, allergies, and family and social history. Management confirmed all consumers are provided a copy of their care plan following a care plan review. A review of sampled consumer files confirmed current signed care plans are in place.

Consumers and representatives in all services expressed confidence consumer services would be adjusted to meet changed needs and preferences. Staff and management interviewed described care planning review processes that occur at a minimum annually or as required. A care planning policy and procedure outlines the minimum review period for consumers and identifies reassessment triggers, such as changes in health status, incident reports and package upgrades. In addition, a review of sampled consumer files confirmed reviews are conducted regularly and services updated as required.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers and representatives in all services reported satisfaction with the consistent competent personal or clinical care consumers receive. Staff described with detail the personal and clinical care needs of the consumers they deliver services to, including areas of concern and identified risks and associated risk mitigation strategies. Staff explained training is provided to maintain best practice and work within their scope of practice. Management advised, and documentation reviewed confirmed, best practice personal and clinical care provided is ensured through the completion of comprehensive clinical assessments on mobility, falls, cognition, nutrition, allied health, changed behaviours and personal hygiene management. Consumer care planning documentation reviewed consistently described with accuracy the consumer’s current personal and clinical care needs and service delivery instructions.

Consumers and representatives in all services expressed satisfaction with the effective management of consumer high-impact or high-prevalence risks, including falls, social isolation and wound care. Staff described strategies used to support consumer high-impact or high-prevalence risks, such as the encouragement to use aids and equipment where appropriate and the completion of regular more frequent reviews of care and services. Management advised, and documentation reviewed confirmed, policies related to managing high-impact risks including falls management and wound management are in place. Care planning documentation reviewed include records of input from relevant clinical and allied health specialists.

Consumers and representatives in all services expressed confidence that when consumers need end of life care they will be supported to access and receive relevant services. Staff described how care and service delivery is adjusted to maximise the comfort and dignity of end of life consumers which include increased engagement with palliative care services. Management confirmed access to different palliative care services available. The organisation has an advance care planning and palliative care policy which guides conversations around discussing consumers end of life wishes and connecting consumers with palliative care providers.

Consumers and representatives in all services consistently stated staff know consumers well and would recognise if their health deteriorated. Consumers and representatives confirmed receipt of increased services or allied health and nursing support as a response to deterioration reported. Staff demonstrated knowledge of their responsibilities in reporting and documenting consumer deterioration or change. Management advised staff are trained to report changes or deterioration in the health or function of a consumer through regular progress notes, completion of an incident report if appropriate, and calling the office to advise of any significant deterioration. Care planning documentation reviewed confirmed consumer deterioration is recognised and responded to in a timely manner.

Consumers and representatives in all services were satisfied that the consumer’s needs, preferences, and choices are effectively communicated with all relevant staff and external organisations as required. Staff confirmed documentation of progress notes following service delivery and access to sufficiently detailed and current consumer care plans. Management explained information relating to each consumer’s personal or clinical care is kept consistent across various documents stored in the electronic client management system.

Consumers and representatives in all services expressed satisfaction with referral processes to access external health services, such as nursing and allied health services as required. Staff described completion of referrals in accordance with consumer consent to share information. Management described, and documentation reviewed confirmed, timely and appropriate referral processes are in place, and include appropriately actioned outcomes of referral recommendations.

Consumers and representatives in all services described staff practices adopted to minimise the spread of infection, including the use of personal protective equipment and hand hygiene practices. Staff confirmed the use of appropriate personal protective equipment, daily rapid antigen testing and the practice of good hand hygiene. Management described infection notification processes used to record, trend and monitor consumer infection rates. Management confirmed staff undergo mandatory infection prevention and control training. Documentation reviewed confirmed an infection prevention and outbreak management plan and associated community services specific protocols are in place to guide staff practice. In addition, information and evidence in Requirement (3)(e) of Standard 8 show consumers and their representatives are provided information on risks associated with the long term use of antibiotics.

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

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 applicable requirements are compliant for HCP services and 7 of the 7 applicable requirements are compliant for CHSP services.

Consumers and representatives in all services expressed satisfaction with the daily living services provided, such as home modifications, domestic assistance and transportation services that optimise consumers’ independence and quality of life. Staff described, and documentation reviewed confirmed, provision of services and supports based on individualised consumer daily living needs and preferences. The organisation’s independence policy includes a community care procedure directing staff to provide safe and effective care through consideration of the consumer’s physical, emotional, cultural, spiritual, religious, socio-economic and diverse needs.

Consumers and representatives in all services confirmed consumers receive services and supports by empathetic staff that promote their emotional, spiritual and psychological well-being. Staff interviewed were knowledgeable of individual consumer’s emotional and psychological needs and described incidences of escalating well-being concerns for further follow up. Management provided examples of increasing social support for consumers at risk of isolation and referrals made to external mental health organisations. Consumer documentation reviewed highlights cultural and spiritual practices of consumers and emotional and psychological conditions or life events that may impact on the mental well-being of consumers. A cultural and spiritual life policy outlines staff practices used to support consumer belief, customs and spiritual practices.

Consumers and representatives in all services confirmed consumers are supported to participate in their community, have social relationships, and do things of interest to them. Representatives described consumer attendance at day clubs which enabled consumers to engage with their community and maintain social relationships. Staff and management provided examples of connecting consumers to cultural communities, places of worship and social circles. In addition, staff and management interviewed highlighted initiatives in place, such as a virtual support program to connect consumers who have difficulty leaving their homes. Documentation reviewed show care planning documentation identify consumers’ social goals, hobbies and interests and are used to inform service and supports delivered.

Consumers and representatives in all services expressed satisfaction with the information staff receive to complete consistent and competent services. Staff confirmed they must view and acknowledge electronic alerts relating to consumer care prior to service delivery. Management described regular monthly meetings scheduled with relevant staff to share information about new consumers and updates to existing consumers. Care planning documentation reviewed confirmed consumer updates on the consumer’s condition and needs are documented and shared with relevant staff.

Consumers and representatives in all services confirmed consumers received referrals or were provided with information about how to access referrals to other services and supports for daily living. Staff and management interviewed, and documentation reviewed confirm, consumers are supported to access a range of external supports including referrals to the older person mental health unit, cultural community groups and the volunteer visitor scheme.

Consumers receiving CHSP funded meals at social support groups expressed satisfaction with the variety, quantity and quality of meals provided. Staff described, and documentation reviewed confirmed, consumers are consulted about their dietary requirements and preferences to inform suitability of meals provided. Management provided examples of using consumer feedback to inform catering requests, such as the provision of a roast option for lunch.

Requirement 4(3)(f) is not applicable under HCP funding as only the preparation and delivery of meals are funded.

HCP consumers and their representatives stated equipment provided is safe, clean, well maintained and enhances consumer independence and quality of life. Staff demonstrated an understanding of their responsibilities in monitoring and escalating equipment issues. Management advised equipment checks are performed during care management reviews. Care planning documentation reviewed confirmed allied health assessments to ensure the safety and suitability of equipment are completed prior to purchase.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for each service.

Consumers and representatives interviewed in each service environment stated service environments are welcoming, easy to understand and facilitate independence and interaction with other consumers. Consumers advised staff create a welcoming environment by decorating the club to celebrate various events over the year. Staff and management described strategies, such as the provision of consumer name tags and guided tours for new consumers that promote inclusiveness and a sense of belonging. Observations of service environments include displays of consumer photos, artwork, flags and a map for consumers to pin their country of birth. Clear navigational signage and accessible facilities were observed to optimise consumer independence and function.

Consumers interviewed in each service environment confirmed service environments are safe, comfortable and allow free movement. Consumers stated they observe staff regularly cleaning and are never denied the option to leave service environments. Staff confirmed doors leading inside and outside of service environments are kept unlocked and actively support consumers with mobility issues to access outdoor areas as required. Staff advised quarterly site inspections are completed to ensure service environments remain well maintained and free of hazards. Management described, and documentation reviewed confirmed, an online maintenance platform is used to lodge and rectify maintenance issues. Service environments were observed to be clean with daily and routine cleaning rosters and records sighted by the Assessment Team.

Consumers interviewed in each service environment expressed satisfaction with suitable, safe, clean and well-maintained furniture and equipment available in service environments. Consumers confirmed couches and chairs are clean, comfortable and easy to use. Staff and management stated, and documentation reviewed confirmed, the safety, condition, and suitability of furniture and equipment at service centres are assessed during quarterly inspections. These reports included the testing and tagging of electrical and fire equipment as well as equipment reports that confirm exercise equipment is functional, safe and well-maintained. Observations at service environments demonstrated that furniture, fittings, and equipment are safe, clean, and suitably used by consumers. Cleaning rosters sighted confirmed furniture and equipment is cleaned daily.

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

# Standard 6

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

Findings

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and representatives in all services said they were aware of feedback mechanisms available and provided examples of complaints and feedback previously lodged. Staff and management described virtual, phone and face-to-face feedback mechanisms available. Feedback forms, suggestion boxes and internal and external complaint brochures were observed at social support group venues and wellness centres visited.

Consumers and representatives in all services confirmed receipt and use of advocacy and translation services as required. Staff interviewed confirmed the use of interpreters for consumers who speak a language other than English. Management described the use of localised advocacy services in partnership with consumers. Documentation reviewed show consumers are provided a handbook and brochures containing information on advocacy and interpreting services available.

Consumers and representatives in all services expressed satisfaction with actions taken to resolve complaints made. Staff described open disclosure processes used, such as the completion of follow up telephone calls, letters or emails to acknowledge receipt of consumer complaints. Management advised staff are trained to follow up with consumers and representatives to ensure they are satisfied with complaint resolutions prior to complaints being closed. Documentation reviewed evidenced an open disclosure policy and procedure is adhered to by all staff.

Management advised, and documentation reviewed showed, trending of consumer complaints and feedback takes place to improve the quality of care and services. Information and evidence in Requirement (3)(a) of Standard 8 show this included an action to redesign consumer monthly statements in response to feedback current monthly statements were difficult to understand.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and representatives in all services expressed frustration with the lack of consistent staff and changes and cancellations of services since March 2024. Consumers and representatives advised this was due to issues with the electronic client management system, which has since been rectified in August 2024. Management described continuous improvement rostering strategies implemented. These included allocation of a group of care staff for high needs consumers and ensuring rostering staff are scheduled to commence early and end late to ensure consumers are informed of service changes or cancellations in a timely manner. Management advised workforce planning is based on consumer need and discussed and actioned with people and culture. The organisation has recruitment campaigns that include attendance at university, higher education organisations and career exhibitions.

Consumers and representatives in all services described staff as kind, caring and respectful. Staff interviewed were observed to interact with consumers in a kind and respectful manner and were knowledgeable on each consumer’s background, needs and preferences. Management advised, and documentation reviewed confirmed, staff interactions with consumers are monitored by community quality control support visits.

Consumers and representatives in all services were satisfied staff were suitably skilled and qualified to competently perform their roles. Staff confirmed their competency is assessed by an on-the-job assessment. Management advised that all staff have position descriptions and associated mandatory qualifications based on their positions. The recruitment process includes reviewing skill-based competencies prior to commencement. The organisation has a process to review police checks of all staff including Board members. Care staff transporting consumers undergo quarterly vehicle checks and provide annual registration and insurance documentation.

Consumers and representatives in all services expressed confidence in the staff’s ability to deliver care and services. Staff confirmed completion of mandatory training prior to commencement, ongoing annual training and access to upskilling courses, such as a certificate IV in aged care. Management advised staff training needs are identified from specific consumer need, incidents and complaints data. The organisation has a dedicated site for hands on training and skill assessments and a training calendar that lists all mandatory and essential training. Training is discussed at probation and annual performance meetings.

Staff confirmed undergoing probationary supervision and annual performance development appraisals. Management described processes for monitoring staff performance, including ad hoc audits of consumer files and consultation of staff performance with consumers. Management confirmed staff progression and training needs are discussed during performance appraisals.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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

Findings

This Quality Standard has been assessed as non-compliant for HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH) as 1 of the 5 specific requirements is non-compliant for each service. However, this Quality Standard has been assessed as compliant for CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support as 5 of the 5 specific requirements is compliant for each service.

Requirement 8(3)(c)

The Assessment Team reported effective organisation wide governance systems were demonstrated for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the Assessment Team was not satisfied effective organisation wide governance systems are in place for information management for each service. The Assessment Team provided the following evidence relevant to my finding:

Information management

* All consumers and representatives interviewed across HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH) stated that the consumer portal to keep track of who and when staff were attending to provide services had not worked since March 2024. In addition, consumers and representatives advised whilst representatives may be able to access the portal some consumers are not able to access technology and are therefore dependent on phone calls from the office.
  + Management advised that the communication errors in the consumer portal had been resolved and issues in communication via the portal should no longer be an issue.
* Documentation reviewed included evidence of rostering errors within the electronic client management system not being communicated in a timely manner.
  + Management advised the electronic client management system rostering issues are now currently managed manually with the implementation of additional rostering staff to communicate early morning and late evening service changes.
* Management advised that the organisation has moved to a new client management system in April 2024 and the system was not working appropriately. This included some balancing error reports which are still being resolved with the system developer.
* All consumer and representatives interviewed across Services 23562, 17204, 17254 and 17255 stated that they had not received a monthly statement since April 2024.
  + Management advised most consumers were not informed of delays in monthly statements till 8 July 2024.
* A consumer representative expressed frustration with the lack of access to timely monthly statements to ensure the income test and additional private fees could be factored into budgeting of expenses.
  + Management clarified the billing and invoicing system is separate from the generation of the monthly statement and issues with the electronic client management system does not affect the generation of invoices.
* Management advised the organisation is working on ensuring monthly statements are sent out to consumers in a timely manner and have additional staff working on addressing this issue.
* Staff are provided access to a secure client information system based on profile and need.

Continuous improvement

* The organisation has a continuous improvement system that captures and trends internal findings, audit results, feedback and complaints, incidents and other avenues for improvement.
* Management discussed numerous continuous improvements made because of issues raised. These included the implementation of early morning and late evening rostering staff to ensure scheduling changes are communicated to consumers in a timely manner.

Financial governance

* The organisation has a finance team that provides strategic level financial information to the Board. The Board approves annual budgets. Monthly financial statement sub reports are circulated and discussed within each business team.
* HCP consumer funds are monitored and managed at an operational level. However, the finance team advised they were unsure if this data is reported to the Board.

Workforce governance

* The organisation has effective systems and processes in place that oversee workforce recruitment, staff performance and education. This includes:
  + a people and culture subcommittee which meet quarterly
  + the Board receiving reports that identify compliance of staff training
  + the Board presented with the annual staff training matrix.

Regulatory compliance

* The risk policy and compliance unit receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.
  + Regulatory updates and legislative changes are inputted into a regulatory compliance register. This register is discussed at audit and risk committee meetings and reported through to the Board.
* The organisation monitors workforce regulatory compliance (including subcontractor compliance) through appropriate systems and reminders are sent to staff and management.

Feedback and complaints

* The organisation has systems and processes to ensure all complaints and feedback are documented, actioned using open disclosure processes and reported to the Board through the care and clinical governance committee.

In response to the Assessment Team’s report, the provider provided the following information relevant to my finding:

* Explanation, and evidence provided, monthly financial reports received by the Board include information on HCP use.
* Explanation clinical data, feedback and complaint trends emphasised no impact to care and service delivery from delays in provision of HCP monthly statements since March 2024.
* Explanation care teams remained fully informed and had access to best practice clinical information necessary to provide personalised services.
* Acknowledgement of the importance of providing timely financial information to consumers, particularly where income-tested and private fees are involved.
  + Explanation a full review has been completed to identify consumers who may be under financial pressure due to accrual of additional private fees.
  + Assurance provided that monthly statements of impacted consumers with income-tested and basic daily care fees has been distributed.
* Explanation HCP consumers had been kept informed of monthly statement delays and offered individualised statements upon request.
  + However, as discussed in Requirement (3)(e) of Standard 1 there was no evidence to suggest the offer to generate an interim monthly statement had been actioned. Rather, correspondence reviewed consistently referred to the inability to generate statements due to system errors and advice statements would be issued as soon as system issue had been resolved.
* Acknowledgement of consumer and representative feedback regarding communication issues with the client notification system confirmed to have not been functional since March 2024.
* Clarification the provider does not have a consumer portal but uses a client notification system or short message service notifications to inform consumers of service changes.
* Explanation the existing client notification system did not have the correct application programming interface connectivity to integrate with the new client management system implemented in March 2024.
  + Explanation integration challenges were anticipated, and evidence provided of a management plan implemented to manually contact consumers with service changes. This included additional administration resources to assist with the increased outbound call requirements.
* Explanation the client notification system integration with the new client management system had been fixed in early August 2024 and is now operational for registered consumers.
* Acknowledgement of instances where consumers experienced delays or occasions of missed services.
  + Explanation there were only 4 recorded episodes of delayed or missed services from a total of approximately 45,000 scheduled visits in the last 6 months.
  + Confirmation service incidents had been reported appropriately as per serious incident response scheme timelines and no harm was caused to any consumer due to a missed service.
* Explanation a full audit in response to isolated missed service incidents was conducted to ensure all HCP and CHSP consumer services were in place.
* Explanation a complex consumer register is reviewed daily by rostering staff to ensure services have been scheduled accordingly.

In coming to my finding, I have considered the evidence in the Assessment Team’s report, and the intent of this Requirement which expects an organisation to demonstrate how it applies and controls authority below the level of the governing body. I find effective organisation wide governance systems are in place for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

However, in relation to an effective organisation wide information management system, I have considered the evidence in the Assessment Team’s report and the provider’s response, which does not demonstrate an effective information management system is in place for HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH).

I have considered the intent of this Requirement which expects effective information management systems and processes give appropriate members of the workforce access to information that helps them in their roles. It also expects consumers can access information about their care and services that is timely, relevant and accurate.

I acknowledge and agree care teams remained fully informed and had access to best practice clinical information necessary to provide personalised services.

However, I find whilst there was no evidence of impact to care and service delivery from delays in the provision of HCP monthly statements, the lack of receipt of monthly statements for a period of 5 months does not demonstrate consumers had the ability to exercise choice and be a partner in the care and service choices they make.

I am satisfied with the provider’s acknowledgment of the importance of providing timely financial information to consumers and interim steps taken to ensure delayed monthly statements are appropriately generated and distributed. However, I find no evidence that brings me confidence to assure information management systems responsible for the generation of monthly statements have been appropriately rectified ongoing.

As such, I find plans are in their infancy and further time is required to determine the effectiveness of the proposed changes.

Based on the information summarised above, I find the provider, in relation to HCP Services 23562 Goodwin Home Care Packages, 17204 Goodwin Outreach (CACPS), 17254 Goodwin Outreach (EACH Dementia) and 17255 Goodwin Outreach (EACH) non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support:

As discussed in Requirement (3)(e) of Standard 1 CHSP consumers do not have budgets attached to their services and there is no evidence to suggest CHSP consumers have not received monthly statements without delay. Therefore, I do not find it relevant or proportionate to factor issues with the generation of monthly statements for CHSP services as evidence to suggest ineffective organisation wide information management systems in relation to CHSP services.

In addition, I am satisfied issues identified with the client notification system have been resolved to ensure consumers remain informed of relevant and accurate scheduling changes in a timely manner.

Based on the information summarised above, I find the provider, in relation to CHSP Services 24244 Goodwin Aged Care Services Limited - Care Relationships and Carer Support and 24245 Goodwin Aged Care Services Limited - Community and Home Support compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(d), and 8(3)(e)

The organisation has a consumer advisory body which meets every 2 to 3 months. Actions from consumer advisory meetings are captured in care and clinical governance committee reports and are presented to the Board. Documentation reviewed confirmed formal consumer surveys are conducted and key performance indicator results on client satisfaction are reported to the Board. Management advised, and documentation reviewed confirmed, consumers have been engaged in the redesign of consumer monthly statements.

A skills-based Board of Directors includes a qualified medical practitioner, lawyer and clinical psychologist. Audit and risk, property asset and finance, care and clinical governance, people and culture and rumination and nominations subcommittees provide mandatory reports to the Board. Issues related to subcontractor negligence are also reported to the Board. Documentation reviewed confirmed a governance manual has an appendix that outlines policies that the Board approves on a periodic basis.

Effective risk management practices and systems were demonstrated, for example:

* The organisation has strategic risk registers that include consumer service delivery and clinical risks.
* The risk framework includes workforce security, potential risks for the organisation, risk ratings and a risk matrix.
* Processes are in place to identify consumer risks via the use of validated assessment tools and person-centred risk mitigation strategies developed in collaboration with consumers and their representatives.
* Staff complete mandatory training on the identification and reporting responsibilities of elder abuse and neglect. Documentation reviewed confirmed allegations of elder abuse are appropriately reported and investigated.
* Staff and management described supporting consumers to live their best life by providing choice on service delivery.
* An electronic incident management system is in place with staff confirming completion of incident reporting requirements.
* The organisation ensures serious incident reporting scheme timelines are managed and investigated in consultation with consumers and their representatives.

The service has a clinical governance framework in place which includes leadership and culture, consumer partnerships, workforce, risk management and clinical practice.

* A care and clinical governance committee chaired by members of the Board meets quarterly and provides reports to the Board.
* An antimicrobial stewardship committee chaired by an inhouse pharmacist meets quarterly. Staff who identify antimicrobial stewardship issues are advised to refer consumers to their general practitioner for appropriate management.
* A restrictive practice committee that includes a pharmacist and members of the clinical team meets monthly to discuss any identified issues with restrictive practices. Improvements to better identify potential chemical restraint include the implementation of electronic medication charts in a community setting. In addition, management advised staff receive restrictive practice training.
* Open disclosure processes are used to manage clinical incidents.

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

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