**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Goulburn Valley Health |
| Commission ID: | 300060 |
| Address: | 2 Graham Street, SHEPPARTON, Victoria, 3630 |
| Activity type: | Quality Audit |
| Activity date: | 14 October 2024 to 18 October 2024 |
| Performance report date: | 12 December 2024 |

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

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1204 Goulburn Valley Health  
Service: 18819 Commmunity Interlink North - Level 4  
Service: 18880 Commmunity Interlink South - Level 2  
Service: 18881 Commmunity Interlink South - Level 4  
Service: 18757 Community & Integrated Care Division - Hume - EACH Dementia  
Service: 18758 Community & Integrated Care Division - Hume EACH  
Service: 18764 Community Interlink  
Service: 18818 Community Interlink North - Level 2  
Service: 18809 Goulburn Valley Community Options  
Service: 18808 Goulburn Valley Community Options

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8212 Goulburn Valley Health  
Service: 24331 Goulburn Valley Health - Care Relationships and Carer Support  
Service: 25974 Goulburn Valley Health - Community and Home Support

**This performance report**

This performance report has been prepared by K. Jarvie, 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 15 November 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

Standard 6, Requirement (3)(d)

* Ensure all complaints and feedback are reviewed and used to improve the quality of care and services by ensuring all feedback and complaints are recorded in a central feedback management system.

Standard 8, Requirement (3)(e)

* Ensure restrictive practices are considered and staff are trained in identifying and responding to restrictive practices.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | 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 compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and representatives across each service stated staff make the consumer feel respected and valued as an individual, with staff taking time to build rapport. Staff across each service described how they treat consumers with dignity and respect, explaining how they ask how the consumer is feeling, actively listen to the consumer and build rapport. Management explained complaints regarding the conduct of subcontracted staff are reviewed through investigative processes, with the staff member removed from the consumer schedule immediately, pending investigation. Documentation from each service showed inclusive and respectful language, with consumer care plans outlining what is important to the consumer.

Consumers and representatives across each service generally reported staff know the consumer’s culture, their background and what is important to the consumer. Staff across each service described how they provide culturally safe care, including respecting individual consumer’s beliefs and opinions and taking time to understand and learn about the consumer’s culture. Management explained, and documentation confirmed, all internal staff complete cultural safety training. Documentation showed cultural information is not consistently identified in consumer service request forms to subcontracted HCP support workers. This is addressed under Standard 2 Requirement (3)(d).

Consumers and representatives across each service reported the services support and involve the consumer in decision making. Staff across each service described how they support consumers to exercise choice and independence, including providing information to consumers to ensure they can make informed decisions and troubleshooting consumer issues collaboratively to determine consumer priorities. Management explained how the organisation supports consumers to make decisions about their care and services, ensuring consumers are central to service planning and goal setting, with staff encouraged to support consumers through provision of information about choices. Documentation across each service showed consumers, and where appropriate their representative, are involved in the care planning processes, consumer care plans driven by the consumer’s own identified goals and preferences. The provider maintains a shared decision making procedure which guides staff in effective shared decision making, recording and implementing consumer preferences, viewing consumers as experts in their care and providing information outlining options.

Consumers and representatives across each service reported the services encourage consumers to do things they otherwise may not feel confident to do, including supporting consumers to manage or improve their mobility through allied health services, aids and equipment, support to access the community and to travel to visit family and friends. Staff across each service described how they support consumers to manage risks, including supporting independent mobilisation through supervision and prompting to use mobility aid and developing food safety guides and providing aids and equipment. Management explained how each service ensures consumers are informed of risk and possible consequences in making decisions about their care and services, through providing a booklet during the intake process which outlines dignity of risk, as well as during goal setting conversations, engaging specialist clinicians to support the conversations, promoting consumer rights and choice, risk assessment documentation and a formal dignity of risk form and associated procedure. Documentation across each service showed where appropriated, consumers undertake dignity of risk discussions and complete the associated form to confirm they are aware of the risks and are making an informed decision.

Consumers and representatives across each service reported they understand how the consumer’s budget is being spent and that the HCP monthly statements or CHSP invoices are clear and stated someone is available to explain the information if required. Staff across each service described how they communicated information to consumers who face communication challenges, including using formal or informal interpreter services, speaking slowly and using short sentences, using visual aids and pictures. Management explained how they ensure consumers can understand their budget and monthly statement through providing an information pack during intake and a document to guide how to read and understand the statement, with verbal explanation of the fees and engaging interpreter services as required. Documentation across each service showed evidence of clear and easily understood information shared with consumers, including an information pack for HCP consumers and regular newsletters to consumers containing CHSP fee changes.

Consumers and representatives across each service reported staff respect the consumer’s personal privacy while delivering care and services. Staff across each service described ways in which they protect consumer information and privacy while delivering care, including not discussing consumer care with others and keeping documentation and computers secure. Management explained how each service manages privacy when consumer information is being shared with multiple parties involved in the delivery of care and services through only collecting and sharing relevant information, undertaking consent to share discussions and recording this consent and encoding documentation when sharing externally to ensure privacy using secure email systems.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with all requirements in Standard 1, Consumer dignity and choice.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with all requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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 for HCP services as 5 of the 5 specific requirements is compliant for the HCP services assessed. This Quality Standard has been assessed as compliant for the CHSP services, as 5 of the 5 specific requirements are compliant for the CHSP services assessed.

Requirement 2(3)(a)

The assessment team was not satisfied HCP services conducted effective assessment and planning, including the consideration of risk. The assessment team was satisfied CHSP services were meeting this requirement. The assessment team provided the following evidence relevant to my finding:

* Five of 15 HCP consumers and representatives across each service stated the consumer was not receiving the care and service they require to manage risks to the consumer’s health and well-being, including Consumer A who is limited to 3 personal care services per week due to budget constraints, with travel charges for staff to travel to and from the consumer’s home to receive this personal care.
* CHSP consumers and representatives generally described receiving quality care and services from the allied health and nursing services which meet the consumer’s needs and mitigates risks to the consumer’s health and well-being.
* Four of 7 HCP staff across each HCP service advised the information they receive does not contain adequate information within the service request documentation or they do not have access to updated information including progress notes completed by staff covering their services during periods of leave.
* Case managers across each HCP service described the risks associated with the care of consumers, including falls, nutrition, diabetes, wounds, dementia and social isolation. However, issues related to a lack of ability to source and provide services including in home care services and allied health services limit the provider’s capacity to deliver services that mitigate consumer risks to health and well-being.
* Staff across each CHSP service described the risks associated with each consumer to whom they deliver care, including falls, enteral meal support, catheter and stoma care, wounds, diabetes and continence support.
* Management across each HCP service explained assessment and planning results in safe and effective care for consumers through annual review processes including risk assessment to determine any change or deterioration.
* Management across each CHSP service explained risk to consumers related to delays in accessing CHSP nursing or allied health services due to the provider’s wait times are mitigated through screening assessment and review resulting in prioritising consumers relevant to their risk and need. Management across each CHSP service described comprehensive assessment processes, periodic reassessment, specialist nursing and allied health clinicians and the use of validated assessment tools.
* Documentation for HCP services showed care planning information is not provided to staff, and the service request form provided to staff does not consistently contain information to guide staff in the delivery of safe care, with information on allergies and equipment or risk assessments of the consumer’s home environment not provided.
* Documentation showed 2 consumers were identified as using a significant portion of their allocated HCP funding to cover the cost of support workers to travel to the consumer’s home to deliver care and services. Documentation showed while assessment and care planning processes are occurring for HCP consumers, extensive delays, or a lack of support, in accessing supports were identified, including access to aids and equipment, allied health services, advocacy services and in home care services.
* While the provider maintains care planning policies, procedures and manuals which guide assessment and planning, the assessment team identified HCP risk screening assessment could be improved to better reflect best practice guidance related to validated assessment tools.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider supplied the following information relevant to my finding.:

* Explanation there was a gap identified in readily locating information during the Quality Audit and the provider has implemented actions to address this gap, with several continuous improvement actions initiated in recognition of the opportunity to strengthen and improve existing processes. This includes:
* Explanation the provider’s assessment and planning process includes consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. The provider presented evidence of assessment and planning processes informing care and services plans.
* Explanation the provider provides services over a large area of rural and regional Victoria, stretching into New South Wales. The provider explained consumers who reside in sparsely populated areas within thin markets are much more difficult to find providers and support within the scope of the program.
* Explanation the provider includes relevant information in the referral form and the purchase order to service providers regarding tasks that the provider is undertaking with permission from the consumer.
* Explanation all the consumers mentioned by the assessment team under this requirement live in areas that fall in the Modified Monash Model (MMM) area 5 and are identified as having a shortage of medical specialist via the Health Workforce Locator being rates as Outer Regional Australia Remoteness code RA 3. The Department of Health and Aged Care has identified that consumers residing in such regional and remote areas are significantly harder to service and require more flexibility and ingenuity to maintain their independence. This has resulted in the use of HCP funds to meet the needs of the consumers, including using funds for travel expenses, in consultation with the consumer.
* Explanation the provider has a standard process for staff to provide a follow-up satisfaction call to the consumer following a new provider being implemented, with these calls documented in the consumer’s file and examples were provided to the assessment team during the Quality Audit.
* Evidence clinical assessment and review documentation and risk screening documentation informs care and services and identifies consumer risk. Risks identified in this documentation include home risk assessments, allergies and other health related risks.
* Evidence of an updated plan for continuous improvement to address gaps in readily locating information.
* Evidence of a risk assessment flow chart, including stages to assess a new client, perform risk screenings and make referrals to mitigate identified risks.
* Evidence of conducting consumer file audits to ensure risk screening tools are used and documented on consumer files.
* Evidence of conducting staff audits to ensure relevant staff have completed education and training in assessment and care planning and to ensure relevant staff are confident in their understanding of the assessment and care planning processes.

In coming to my finding, I have considered the information and evidence in the Assessment Team’s report and the provider’s response, which demonstrates assessment and planning, including consideration of risks, informs the delivery of safe and effective care and services.

I have considered the intent of the requirement, which expects organisations to ensure assessment and planning are effective. Relevant risks to a consumer’s safety health and well-being need to be assessed, discussed with the consumer and included in planning a consumer’s care. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being are not compromised. To assess, plan and deliver care and services that are safe and effective, members of the workforce need to have the relevant skills, qualifications and knowledge to assess each consumer’s needs and to understand the consumer’s needs, goals and preferences.

I find this did occur for HCP and CHSP services. The provider demonstrated assessment and planning, including the consideration of risk, informs the delivery of safe and effective care and services. Although the assessment team identified 5 HCP consumers not receiving the care and services they require to manage risks to the consumer’s health and well-being, this is relevant to the provision of care and services (Quality Standards 3 and 4), not the planning of care and services. The provider presented evidence to show assessment and planning processes are followed and inform the delivery of safe and effective care and services. Assessment and planning are conducted by appropriately qualified staff. The issues raised by the assessment team about consumers not receiving care and services they require are considered further under Quality Standards 3 and 4.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

The assessment team was not satisfied the outcomes of assessment and planning are effectively communicated to HCP consumers and documented in a care and services plan that is readily available to the consumer and where care and services are provided. The assessment team considered the outcome of assessment and planning is effectively communicated and documented for CHSP consumers. The assessment team provided the following evidence relevant to my finding:

* Consumers and representatives across HCP and CHSP services expressed satisfaction that the service explains information about their care and service and that the care plan has been offered to the consumers.
* Four of 7 HCP staff stated they do not consistently have access to current and detailed information to inform the service delivering. This included one support worker stating they have not been provided a copy of a consumer’s care plan and have not been provided information outlining the consumer’s needs, goals and preferences, with another support worker referring to a care plan dated July 2023 to inform service delivery.
* Staff delivering CHSP services explained they have access to care plans through the client management system.
* Management explained how each service communicates with consumers and their families about changes to the consumer’s care plan through developing consumer care plans collaboratively with consumers. HCP management explained, and documentation confirmed, a letter is sent to consumers following assessment and review which outlines appreciation for undertaking the assessment and care planning process, along with a copy of the consumer’s budget, care plan and agreement.
* Documentation showed staff do not consistently have access to current and detailed information to inform the service delivery with HCP consumer documentation showing subcontractors are not provided a copy of the consumer’s care plan to inform service delivery, with support workers and allied health clinicians receiving a purchase order and service request form. The service request forms for HCP consumer services contained varied information, with sampled consumer files evidencing inconsistent provision of consumer care information including aids and equipment in use, allergies, health conditions and risk mitigation strategies.
* When management was provided feedback about lack of risk mitigation strategies and other important information not included in purchase orders and service request forms provided to subcontractors delivering care, management advised improvements to the purchase order and service request forms are ongoing to ensure adequate information is contained, noting these documents should now be stored on the consumer’s file readily available to be attached to purchase order forms. The assessment team identified 3 purchase orders where relevant information had not been included (10 May 2024, 5 September 2024 and 22 August 2024).

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider supplied the following information relevant to my finding:

* Explanation a copy of each HCP consumer’s care plan is given to the consumer in line with HCP guidelines. A copy of the care plan is not given to all service providers, nor is this a requirement within the HCP operational manual and guidelines. Processes in place are to have consumer information contained within the care plan and the consumer assessment and consumer risk screening tools transferred into a service provider referral form and purchase order form.
* Explanation the provider has improved the assessment of consumers and the identification and mitigation of risks for support workers.
* Evidence the development of the HCP consumer risk screening form and service provider referral forms enable staff to identify consumer risks and risk mitigation strategies to assist support workers to be informed of potential risks and to help to identify any deterioration of health in consumers.
* Explanation the 3 purchase orders and service provider referrals identified by the assessment team were long term consumers and the 3 purchase orders were additional referrals for these consumers. The provider has now provided a copy of the relevant documentation to the external provider.
* Explanation inconsistencies with the sampled consumer files were discussed during the Quality Audit. Management advised improvements to the purchase order and service request forms are ongoing to ensure adequate information is contained.
* Explanation and evidence monthly audits of consumer files are performed by the management team to ensure relevant documents are contained within the consumer files and to ensure processes are followed by staff.
* Explanation that although information in the form of the purchase order and service provider referral form is shared with the agency providing the care, the provider recently became aware some support workers were not receiving this information. A continuous improvement action was implemented to ensure this information is being shared with relevant staff.
* Explanation and evidence the provider conducts regular audits to ensure goals and preferences listed in consumer care plans meet the needs of the consumer and that consumers have access to their care plan.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the 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.

I have considered the intent of the requirement, which expects organisations to develop care and services plans which reflect the outcomes of assessment and planning for each consumer. These care plans should be accurate and up to date to support the delivery of safe and effective care and services. The care plan should include a person’s needs, goals and preferences and should be available to the consumer in a way they can understand. This does not mean the care and services plan needs to always be available and to all members of the workforce but, the relevant information must be available when and where it is needed to support safe and effective care and services.

I find this did occur for HCP and CHSP services. The provider demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and are documented in a care and services plan readily available to the consumer and where care and services are provided.

I acknowledge the actions taken by the provider to address the gaps identified in sharing information with other providers. I am confident the improvements will address the gaps identified.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(b), 2(3)(c), 2(3(e)

Consumers and representatives across each service confirmed consumers receive the care and services they need, and they have had discussions or have been provided with information about advance care planning. Staff across each service advised consumer needs, goals and preferences are included in care planning documentation. Management explained how they identify consumer care goals and balance these with the consumer’s preferences and budget, noting the care plan is directed by the consumer based on their goals and preferences. Documentation showed advance care planning is discussed with consumers and information is provided to consumers, with an advance care planning procedure in place to guide staff in discussing and supporting consumers with advance care planning and end of life discussions. Care plans include the consumer’s current needs, goals and preferences and actions to achieve these goals.

Consumers and representatives across each service generally reported they and the people important to them are involved in deciding the services received and the services made it easy for the consumers to be involved. Staff across each service explained how they undertake care planning and assessment with the consumer and with those the consumer wishes to be involved, through telephone intake process and face to face assessments. Management explained how the input of others feeds into assessment and planning for consumers, including engaging the consumer’s general practitioner and developing relationships with clinics, hospitals or nursing providers to improve information sharing. Documentation showed care planning is completed in collaboration with the consumer and with those they wish to be involved, with consent to share information completed with the consumer to determine with whom the consumer agrees to share their information.

Consumers and representatives across each service generally expressed confidence that if the consumer’s needs or preferences changed, the service would change the services provided. Staff across each service explained how consumer care plans are reviewed depending on need, including differing reassessment periods for allied health and nursing care, wound management, with full care plan reviews undertaken at a minimum of 6 months for CHSP consumers and annually for HCP consumers. Management noted care plans are live documents and are changed to reflect consumer service needs, preferences and changes. Management stated the minimum expectation for review of consumers receiving HCP services is annually or as the consumer’s needs change. Documentation showed the provider maintains policies and procedures including a HCP staff manual to guide staff on minimum annual assessment and reviews or on request due to consumer change, with nursing and allied health policies and procedures in place to guide review timeframes including as needs change. This could include weekly reviews and full reassessments each month for wound care services.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(b), (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(b), (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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 for HCP and CHSP services as 7 of the 7 specific requirements is compliant for the HCP and CHSP services assessed.

Requirement 3(3)(b)

The assessment team was not satisfied HCP and CHSP services were effectively managing high-impact or high-prevalence risks associated with the care of each consumer, specifically related to diabetes, pain management and other clinical care requirements. The assessment team provided the following evidence relevant to my finding:

* Management advised they use a dignity of risk process to manage the risks to consumers. Management explained when risk is identified, a risk mitigation process is practised, and consumer screening is completed. However, the assessment team did not find evidence of this on a sampled consumer’s file.
* Management could not provide information or a register of how sampled consumers with high-impact or high-prevalence risks are monitored and reported to senior management. The assessment team stated management advised reporting of and monitoring of vulnerable consumers does not take place.
* Documentation showed there are clear though generic directives for supporting consumers receiving personal care. However, the assessment team found there was no information to support consumers with diabetes and other clinical care requirements.
* The assessment team noted inconsistencies regarding management of restrictive practices and monitoring of bed poles, bed rails, overhead bars and mechanical beds, with no mention of the risks of use of this equipment recorded in sampled care plans.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider supplied the following information relevant to my finding:

* Acknowledgement there were variations to process noted during the Quality Audit and these related to complex cases. The provider presented detailed summaries of what occurred for these consumers and actions taken in response to the Quality Audit findings. This included, discussing the use of overhead bed grip bars with relevant consumers.
* Explanation the provider is committed to meeting the needs of individuals with high-impact and high-prevalence risks, providing comprehensive care and support through a structured framework of policies, procedures and evidence-based assessment tools. The provider stated this enables the application of clinical judgement, adherence to best practices and ensures care is tailored to the specific needs of each consumer.
* Explanation that although a vulnerable person’s register, in the form of high-impact and high-prevalence risks was not in place, the statement by the assessment team that management advised reporting of and monitoring of vulnerable consumers does not take place is untrue. The provider explained it has a vulnerable people in emergencies in the community procedure and accompanying vulnerable persons register that operates in line with state government requirements. The provider explained this register is monitored regularly and exists in partnership with the local government area vulnerable persons register to promote the safety of vulnerable members of the community.
* Explanation that although nursing and allied health identify most consumers as vulnerable, there is a set criteria for the vulnerable person’s register and consumers may be excluded from the register. As part of the initial assessment of service users, clinicians will use clinical judgement in identifying vulnerable persons in the context of an emergency event. Further screening is completed using a vulnerable person risk screen.
* Explanation the provider has processes in place to manage consumers who meet high-impact and high-prevalence criteria. The provider uses an alerts flag summary medical record form which allow staff to identify these risks in the consumer medical record. In addition, a flag can be added to a consumer file. Incidents which occur in relation to high-impact or high-prevalence risks are recorded in the provider’s incident management system and reported through the clinical governance meeting structure.
* Explanation and evidence the provider uses validated risk assessment tools to identify and manage high-impact and high-prevalence risks, with staff provided with relevant training and guidance.
* Explanation the provider addressed the inconsistencies regarding management of restrictive practices, with follow-up with the occupational therapist regarding a requirement for reports to be comprehensive and inclusive of all relevant equipment and services provided.
* Explanation at the time of the Quality Audit, the provider was in the process of making changes to strengthen the details in existing guidelines for restrictive practices to include the community aged care program.
* Explanation and evidence that to support identification of restrictive practices, staff have access to training through the provider’s online learning platform and information related to restrictive practices has been included in the new developed additional staff training and service provider training package.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which shows the provider is effectively managing high-impact and high-prevalence risks associated with the care of each consumer.

I have considered the intent of the requirement, which expects organisations to do all they can to manage risks related to the personal and clinical care of each consumer. This includes using risk assessments to find ways to reduce these risks. Organisations are expected to manage risks related to the care of each consumer in line with the consumer’s care and services plan. Organisations are also expected to educate and support the workforce to minimise risks to consumers.

I find this did occur for HCP and CHSP services. The provider has processes in place to assess and manage risks related to the care of each consumer. I note the provider acknowledged there were some variations to process noted during the Quality Audit and these related to complex cases. The provider presented detailed information about what has occurred, and actions taken to address these gaps. The provider has included several continuous improvement actions in recognition of the opportunity to strengthen and improve existing processes.

I acknowledge the actions taken by the provider to improve the processes. I am confident the provider has made appropriate changes to address the identified gaps. I encourage the provider to continue embedding these changes and implementing the improvement actions.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Requirement 3(3)(d)

The assessment team was not satisfied HCP and CHSP were recognising and responding to deterioration or consumer change in a timely manner. The assessment team provided the following evidence relevant to my finding:

* Consumers and representatives across each service expressed satisfaction with staff and support workers recognising deterioration and responding to it, including increasing services or allied health and nursing support when deterioration was identified.
* Staff described how they report significant changes in individual consumer’s personal or clinical care needs, noting they report changes to their manager.
* Management advised staff notify the services about changes or deterioration in the health or function of a consumer and the services conduct reviews of progress notes from clinicians and subcontracted providers.
* Documentation including feedback and evidence in consumer files indicated the provider was not responding to deterioration in a timely manner. For example, consumer care planning documentation showed the service had not adjusted services in response to changes in 4 consumer’s condition and needs, with a delay in providing services and no evidence of risk mitigation strategies for pain, falls, nutrition supplements and no follow up progress notes regarding increased services or deterioration of condition.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Explanation and evidence the provider has an overarching clinical practice guideline applicable to community and home-based programs that support staff in recognising deterioration of health status and responding to these changes through escalation of care.
* Explanation and evidence the provider conducts regular audits to assess the compliance with the clinical practice guideline, with the May 2024 audit showing 100% of 27 sampled documents showing timely referrals to health practitioners, specialised allied health or other services.
* Explanation the nursing team use validated assessment forms to assess and respond to consumer condition.
* Explanation there is a strong culture of incident reporting, with escalations of care related to deteriorating consumer captured in the provider’s incident management system.
* Explanation nursing escalation of care is promptly initiated at the point of care by staff, in alignment with established care and documentation.
* Explanation the 4 consumers discussed in the assessment team report had all received timely changes to services on identification of deterioration and changed needs. This included risk mitigation strategies.
* Evidence of continuous improvement actions to provide additional training to staff about Standard 3, and a review of the team orientation manual to ensure deterioration and escalation is clearly stated.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider has recognises and responds to consumer deterioration or change.

I have considered the intent of the requirement, which expects organisations to respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition. Organisations are expected to have systems and processes, relative to the services they deliver, to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. This includes ways for the workforce, consumers and others to identify and escalate concerns so the organisation can assess the situation and act.

I find this did occur for HCP and CHSP services. The provider demonstrated appropriate systems and processes in place to recognise and respond to consumer deterioration and change.

Although the assessment team described 4 consumers where there was a delay in providing changed care and services in response to deterioration and lack of mitigation strategies, the provider presented evidence for these 4 consumers that there were no significant delays to meeting the needs of these 4 consumers. The provider demonstrated staff follow embedded processes to respond to deterioration in a timely manner.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(d) in Standard 3, Personal care and clinical care.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(d) in Standard 3, Personal care and clinical care.

Requirements 3(3)(a), 3(3)(c), 3(3(e), 3(3)(f) and 3(3)(g)

Consumers and representatives across each service described consistency in the staff delivering care and services, noting the consumers are happy with how the care and services are delivered. Case managers consistently described the personal and clinical care needs, goals and preferences of consumers and how each consumer receives best practice personal or clinical care which is tailored to the consumer’s needs and optimises their well-being, including ensuring risk mitigation strategies are followed to tailor the consumer’s care. Management explained the ways case managers promote safe and effective personal and clinical care my conducting home visits for clinical assessments, including following the operations manual which instructs and guides staff to provide effective and best practice personal and clinical care. Documentation consistently described the consumer’s current clinical care needs, with information effectively detailing how care and services are required to be delivered.

Case managers across each service described how they adjust the care and services delivered to maximise the comfort of consumers nearing the end of life, including a focus on the consumer’s comfort and increased engagement with palliative care services. Management explained the provider has access to information about different palliative care services and they regularly communicate with the consumer’s general practitioner. Documentation showed each service provides advance care planning information to consumers and advance care plans were provided to the service by the consumer.

Consumers and representatives across each service consistently reported support workers are aware of the consumer’s care needs and they do not have to repeat instructions or direct support workers in what to do during service delivery. Staff explained they document progress notes following each service delivery and this information is available to others involved in delivering care. However, subcontracted support workers across the services stated they would like more information on the consumers included in the care plans. Management advised the service ensures all staff within the organisation have access to sufficiently detailed and current information to guide care delivery. Management explained care plans are not provided to external support workers but, the are provided with a purchase order form with tasks to be completed. However, at times the information in the task lists is not comprehensive enough to guide staff in the delivery of care. Documentation showed information is recorded to support the effective delivery of care, with individual consumer’s personal and clinical care documented in the provider’s electronic client management system.

Consumers and representatives across each service confirmed the services promptly refer the consumer to health professionals when the consumer’s personal or clinical needs change. Case managers described the referral process, from identification of a potential need, obtaining consumer consent to share information, recording the referral and sharing relevant information about the consumer. Management advised HCP consumer referrals occur promptly following and identified need from a nursing assessment and care plan review. Documentation showed the service ensures timely referrals are made as appropriate in most instances.

Consumers and representatives across each service described the practices staff adopt to limit possible infection, including using personal protective equipment as appropriate and undertaking good hand hygiene practices. Staff described how they minimise infection related risks when working with consumers through practising good hand hygiene, completing infection control and prevention training, wearing personal protective equipment as appropriate and not attending services when feeling unwell. Management advised the services undertake an infection notification process where consumer infections are recorded and trended to monitor infections. Management also explained staff complete mandatory infection prevention and control training. Documentation showed the provider has an infection prevention and outbreak management plan and protocols to guide staff in the event of infectious disease occurrence.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(a), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(a), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service. Requirement 4(3)(f) is not applicable for the HCP or CHSP services as the provider is not funded to provide meals for consumers.

Consumers and representatives across each service stated consumers feel supported and receive services which help to improve their quality of life and independence. Staff described what is important to consumers regarding their lifestyle and social activities and provided examples of helping consumers to maintain independence and quality of life. Management advised consumers are supported to identify their goals to ensure care is consistent with their wishes to ensure a quality of life. Documentation consistently highlighted each consumer’s needs, goals and preferences in relation to supports for daily living, including transport needs.

Consumers and representatives across each service stated staff know the consumer well and they described how the services provided enhance the consumer’s spiritual, emotional and psychological well-being, with staff being empathetic and recognising if the consumer was feeling low. Staff across all services gave examples of how they support consumers’ emotional and spiritual needs, including supporting consumers to attend counselling services and social support groups to meet the consumer’s needs. Management stated staff are guided by the operational manual and referrals process when meeting each consumer’s emotional, spiritual and psychological well-being, with daily meetings and clinical handover each morning to discuss issues relating to consumers. Documentation showed factors which may impact emotional, spiritual and psychological well-being are recorded in care documentation, including domestic violence, deaths of partners and the level of support provided by family.

Consumers and representatives across each service stated consumers are supported to do meaningful things such as participate in their community, have social relationships and do things of interest to them. Case managers described how care goals are created to include socialisation and participation in community activities, and active care planning will tailor this to the needs of each consumer, including ensuring consumers are equipped with mobility aids where required to support consumers to participate in activities. Management stated offering consumers to participate in a range of community based activities including events in the local communities provides regular opportunities for social connection and engagement. Documentation showed consumer interests and participation in community groups is recorded in the consumer profiles.

Consumers and representatives across each service stated staff were aware of the consumer’s condition, needs and preferences in relation to supports for daily living and changes were communicated to case managers. They confirmed they provided consent to share information where appropriate. Support workers explained any changes in a consumer’s condition would be reported to the case manager to address, with all changes documented in the consumer’s progress notes. Management and staff described how consent to share information with others is discussed and obtained prior to engagement with other parties. Management explained the provider used electronic platforms for communicating consumer information, with some allied health clinicians and nursing staff using paper-based forms as the provider is in the transition stage of implementing electronic management systems. Documentation showed staff are guided by policies and procedures to ensure information is communicated within and outside the organisation appropriately and is documented in the consumer’s progress notes.

Consumers and representatives across each service confirmed consumers are supported to connect with other services where appropriate, and express satisfaction with timely follow-up from referrals and services and supports delivered from the referral. Case managers described how referrals to external exercise groups and community groups were offered at assessment stages and on an ongoing basis. Management described internal and external services have a range of services to support the needs of consumers, with case managers and clinicians having access to My Aged Care to complete referrals as required. Documentation showed there are referral policies and procedures followed by staff, including to process referrals for flexible respite care and counselling services.

Consumers and representatives across each service expressed satisfaction with equipment supplied by the services, with the equipment considered fit for purpose and safe. Case managers and allied health professionals confirmed all new equipment is trialled to ensure is it working correctly and suits the consumer, and all equipment is visually inspected when completing reassessments and home visits. Management explained all equipment provided to consumers is based on the consumer’s assessed needs, with all equipment provided including a manufacturer’s warranty. Documentation showed occupational therapy assessments were conducted and associated recommendations were recorded prior to the purchase of equipment.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) in Standard 4, Services and supports for daily living.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) in Standard 4, Services and supports for daily living.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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 spoke positively about the allied health and nursing clinic service environments and confirmed they were welcoming to consumers and were easy to navigate. Staff and management described strategies implemented to ensure each service environment is inclusive and optimises the consumer’s sense of belonging, including ensuring waiting areas are welcoming through display of artwork and posters and always having a receptionist at the desk. The service environments were observed to be welcoming, with larger chairs available for larger consumers and consumers were observed to be confident in the service environment.

Consumers and representatives expressed satisfaction with the cleanliness and safety of the service environments and stated consumers could move freely throughout the environments. Management and staff described how the service environments are kept clean, with cleaning schedules in place, including staff cleaning equipment between use. The provider has processes in place to ensure up to date testing and tagging of electrical equipment and there are regular audits conducted in the service environments to identify hazards and risks. Consumers were observed to have access to appropriate areas of each clinic environment.

Consumers and representatives confirmed furniture, fittings and equipment are well maintained, clean and appropriate for consumer use. Staff described maintenance processes to ensure furniture, fittings and equipment remains suitable for use, including the use of an electronic maintenance system to record and manage faults and maintenance issues. The service environments were observed to be clean and accessible.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with all requirements in Standard 5, Organisation’s service environment.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with all requirements in Standard 5, Organisation’s service environment.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant for HCP and CHSP services as 1 of the 4 requirements have been assessed as non-compliant.

Requirement 6(3)(a)

Consumers and representatives across each service generally reported they are supported to provide feedback and complaints about care and services and stated they know how to make a complaint. Staff across HCP services described how they encourage consumers and their families and representatives to provide feedback or make complaints by providing information on how to make a complaint, supporting consumers to write and submit complaints and advising consumers how to contact their case manager or the provider. Staff across the CHSP services described how they advise consumers of the complaint and feedback process during the initial assessment process, providing surveys for feedback and having complaints and feedback information included in the quarterly newsletter. Management described how each service supports consumers to make complaints and provide feedback, including through telephone contact, feedback forms, the provider’s website, email, attending an office and through surveys. Documentation showed the provider maintains a complaints policy which guides staff on how to support consumers to make complaints and provide feedback.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirement (3)(a) in Standard 6, Feedback and complaints.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirement (3)(a) in Standard 6, Feedback and complaints.

Requirement 6(3)(b)

The assessment team was not satisfied HCP Service ID 18809 Goulburn Valley Community Options was providing advocacy information or documentation to consumers. The assessment team considered the deficit was not systemic across all HCP services and it only related to this service. The assessment team was satisfied the CHSP services were ensuring consumers were made aware of and have access to advocates, language services and other methods for raising complaints. The assessment team provided the following evidence relevant to my finding:

* While consumers and representatives across each CHSP service advised they had been provided with information about advocacy and alternative complaint resolution processes, HCP consumers from Service ID 18809 Goulburn Valley Community Options generally reporting they had not been provided with any information or documentation regarding advocacy services.
* Seven support workers and 14 case managers across each HCP service advised they had not supported consumers to access an advocacy service or make a complaint to the Commission.
* Allied health clinicians and nursing staff delivering CHSP services advised while they have not supported consumers to engage an advocacy provider or make a complaint to the Commission, they provide advocacy and complaints information at commencement of service delivery and discuss this information with the consumer and their representative where applicable.
* HCP case managers and CHSP allied health clinicians and nursing staff, and respective management across each service described having access to interpreter and languages services if required.
* Management interviewed across each CHSP service explained clinicians and nurses provide consumers with a service booklet with information on advocacy and provide an information pack on admission and reassessment, which contains information on advocacy, complaints resolution options and interpreter services.
* Documentation from CHSP services contained information on internal and external complaint resolution options and advocacy services, including a brochure for an advocacy centre.
* Documentation from all HCP services did not include information regarding advocacy services.
* While the provider maintains a responding to consumer complaints policy which contains information for advocacy including Aboriginal liaison officers, the Office of the Public Advocate and advocacy services, this information generally is not provided or made available to HCP consumers.
* Under Requirement 8(3)(d) in the assessment team report, there is information which identifies consumers are referred to advocacy and elder abuse organisations.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement advocacy information was not contained in the information or welcome packs. However, information regarding the complaints process and referrals to advocacy agencies are often discussed with consumers, as was evidenced in several consumer files during the Quality Audit.
* Explanation and evidence an action was added to the plan for continuous improvement to include additional complaints and advocacy information in the HCP information packs. Explanation and evidence the existing information and welcome pack standard work practice was amended to include provision of these additional documents.
* Explanation that although advocacy information was not included in the welcome and information packs at the time of the Quality Audit, advocacy is supported using alternative approaches, including providing training to staff in relation to managing complaints and the supporting standard work practice, which includes accessing advocacy to assist with complaint resolution.
* Explanation and evidence the provider conducts annual audits which include questions to assess access to advocates, with the November 2024 audit currently in progress and the November 2023 audit showing 100% of consumers who completed the audit knew how to access advocates to help raise and resolve feedback and 75% stating they have accessed advocates when providing feedback.
* Explanation that when situations requiring advocates are encountered, the experience is used to inform and educate other staff through meetings and case discussions.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider ensures consumers are made aware of and have access to advocates, languages services and other methods of raising and resolving complaints.

I have considered the intent of the requirement, which expects organisations to make sure all consumers can easily make a complaint, whatever their culture, language or ability and make consumers aware of and supported to access services to assist them to make a complaint.

I find the provider demonstrated this did occur for both HCP and CHSP consumers. Although the assessment team considered access to advocacy information for all HCP consumers did not occur, the explanation and evidence presented by the provider in response to the assessment team’s report shows the provider has made improvements to documentation and information shared with consumers. It also shows the provider does ensure consumers are provided with support to access advocacy when this is required. The provider also provided evidence of conducting audits to ensure consumers know how to access advocates and use advocacy services when providing feedback.

I acknowledge the actions taken by the provider to address the gaps identified in the provision of written information for HCP consumers. I am confident the provider is ensuring consumers are supported to access advocacy services.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(b) in Standard 6, Feedback and complaints.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(b) in Standard 6, Feedback and complaints.

Requirement 6(3)(c)

The assessment team was not satisfied HCP services were taking appropriate action in response to complaints and HCP service staff were not using an open disclosure approach. The assessment team considered CHSP services were taking appropriate action in response to complaints and using an open disclosure approach. The assessment team provided the following evidence relevant to my finding:

* CHSP consumers across each CHSP service generally reported if they make a complaint the service responds appropriately, and they are satisfied with the outcome.
* However, 4 of 8 HCP consumers and representatives from HCP Service ID 18809 Goulburn Valley Community Options advised the response and action by the service following a complaint was inadequate. This included a complaint about injury caused by a massage therapist and being charged management and case management fees when services were not being provided. Documentation showed although an apology was offered and transparency of root causes of the issues were offered, open disclosure did not effectively occur as effective resolution of areas of complaint were not achieved and the issue continue to occur to the detriment of the consumer’s health and well-being.
* Case managers across all HCP services could not define open disclosure, with feedback from case managers including an incorrect understanding of open disclosure to mean a conflict of interest. Case managers explained complaints are recorded in the consumer’s individual progress notes and managed by the case manager at the point of contact. This process does not enable each service to have oversight of complaints received and ensure open disclosure is occurring.
* Six of 7 support workers across the HCP services could not describe the open disclosure process, with feedback including inadequate training completed and incorrect understanding of open disclosure to mean being careful with information and being limited to what can be told to consumers.
* Allied health clinicians and nursing staff across CHSP services consistently reported documenting consumer complaints within consumer progress notes as well as the electronic complaints management system.
* Management across each service explained they ensure complaints are promptly addressed and open disclosure is practised through a prompt within the electronic complaints management system. However, due to complaints from HCP consumers not being consistently recorded within the complaints management system, the provider was unable to confirm that open disclosure occurs effectively. Management advised increased communication with the HCP case managers had occurred to promote open disclosure practice and ensure complaints are lodged, escalated and dealt with appropriately.
* Documentation showed complaints from HCP consumers are received and recorded within the consumer’s progress notes, with escalation and recording in the provider’s complaints management system occurring for serious and formal complaints only.
* Documentation showed the provider maintains a complaints and feedback register. However, HCP consumer complaints were not effectively addressed, and open disclosure was not consistently applied.
* Documentation showed the provider has a complaints policy which outlines the need to apologise and respond to the problem, though consumer documentation and the complaints register information does not demonstrate this is effectively occurring for HCP consumers.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement three were some variations to process noted during the Quality Audit and these variations related to complex cases. The provider presented detailed summaries of what has occurred, and actions taken to address these variation, including initiating some continuous improvement actions. This included identifying an opportunity to strengthen staff understanding of open disclosure definitions and use within the feedback system.
* Explanation there may have been some misunderstanding in the jurisdictional use of the term open disclosure. As a public Victorian Health Service, the provider uses both statutory duty of candour and open disclosure processes as well as transparent processes when managing complaints.
* Explanation the provider has open disclosure systems, processes and training in place. An electronic prompt is embedded in the incident management system to remind staff and to record open disclosure has occurred following an incident.
* Explanation while open disclosure is used in the feedback management process when required, the language used with staff relating to feedback is to provide an acknowledgement of gaps identified and apology for the experience which occurred.
* Explanation that when responding to consumer complaints, staff use an empathetic approach, including apologising, responding to the problem and thanking the consumer for the feedback. The provider explained a factual account of the issue identified during investigation is shared, acknowledging the consumer’s experience, and any shortcomings identified.
* Explanation it was unfortunate the consumer mentioned in the assessment team report was not satisfied with the resolution of the complaint. It was noted open disclosure did occur as identified in the assessment team report, with an apology offered and transparency of root causes of the issues offered. The provider noted satisfaction with a resolution of a complaint is not a determining factor in the provision of open disclosure. The provider presented detailed evidence of how the service responded to the complaint.
* Evidence of continuous improvement actions to review the HCP information pack, develop a pathway for recording complaints received from HCP consumers, dissemination of training for service provides and additional training for staff on Quality Standards 3 and 6, including addressing open disclosure.
* Evidence open disclosure is included in the feedback procedure, staff training and service provider training.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider takes appropriate action in response to complaints and applies an open disclosure process when things go wrong.

I have considered the intent of the requirement, which expects organisations to have a best practice system for managing and resolving complaints for consumers. Organisations are expected to tell the consumer about things that have gone wrong, apologise and explain what has happened.

I find this did occur for HCP and CHSP services assessed. The provider demonstrated appropriate action is taken in response to complaints and an open disclosure process is used.

I acknowledge the assessment team stated some consumers were not satisfied with the resolution of complaints. As noted by the provider, satisfaction is not a determiner in responding to complaints. I find the provider has processes in place to respond to complaints and apologise when things go wrong.

I acknowledge the assessment team noted not all complaints are recorded in a central management system. This is not relevant to this requirement and is considered under Requirement 6(3)(d). There was no evidence presented by the assessment team to indicate the provider was not responding to all complaints.

I note the assessment team stated staff and care workers could not describe open disclosure. I acknowledge the provider’s explanation for this could be use of terminology only and the actions taken to address this lack of understanding. However, there was evidence in the assessment team report and the provider’s response to confirm open disclosure is used in response to complaints.

I acknowledge the actions taken by the provider to address the gaps identified. I am confident the provider will provide updated training to staff and service providers to explain the open disclosure terminology. Open disclosure was found to be occurring in the HCP and CHSP services when things go wrong.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(c) in Standard 6, Feedback and complaints.

Requirement 6(3)(d)

The assessment team was not satisfied HCP and CHSP services were reviewing and using feedback and complaints to improve the quality of care and services because not all complaints and feedback was recorded in the complaints and feedback register, making it difficult to trend and analyse. The assessment team provided the following evidence relevant to my finding:

* CHSP consumers across each service generally reported their complaints were effectively reviewed and they were satisfied with the outcomes.
* Four of 10 HCP consumers and representatives from HCP Service ID 18809 Goulburn Valley Community Options advised, and documentation showed, the outcome of the complaint raise was not satisfactory.
* Fifteen HCP case managers across each service reported complaints from consumers and their representative are recorded in the consumer’s individual progress notes.
* Allied health clinicians, nursing staff and management for CHSP services advised complaints were reported to the director who determines risk and records the complaint in the complaints register.
* Management advised that CHSP complaints about wait times for services were not reported or recorded, though noted this was due to a lack of available services rather than issues related to service delivery. Inadequacy of recording and reporting CHSP complaints about wait times limits the provider’s opportunity to review and analyse the number of complaints and consider how to manage extensive wait times.
* While the provider maintains a complaints and feedback register, the assessment team noted only 3 consumer or representative complaints recorded over a 6 month period. Consumer documentation showed, and case managers confirmed, complaints made by consumers or representatives are generally not recorded within the complaints register. Management explained HCP case managers have been encouraged to record onto the complaints and feedback system, to enable complaints to be escalated. However, the complaints policy and procedure documentation guides staff only to enter complaints if they cannot be resolved at the point of contact. This process has resulted in a lack of complaint recording and escalation, minimising the organisation’s capacity to trend and analyse feedback and complaints received.
* Management advised once feedback is received and reported, the quality risk innovation unit records the information into the system and feeds it back to the HCP management team. However, management noted case mangers do have the capacity to record directly into the electronic complaints management system.
* Documentation showed HCP consumer complaints were recorded within consumer progress notes, with complaints and associated resolution process managed by the consumer’s case manager. Due to a lack of oversight of consumer complaints recorded within progress notes, consumer documentation showed consumer and representative complaints could be ongoing for a period of 3 to 15 months without satisfactory resolution.
* The assessment team presented an example of a consumer’s representative requesting additional supports for the consumer, commencing in June 2023, with no outcome from the requests 16 months later, with the first official complaint about the issues being raised in February 2024. The extensive delay in reporting and escalating the consumer’s or representative’s complaint is evidenced across multiple consumers, impacting the organisation’s ability to consider complaints, analyse trends and use this data to inform strategic decision making and improve the quality of care for consumers.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement there were some variations to process noted during the Quality Audit, relating to complex cases. The provider provided additional information and evidence in response to these gaps.
* Statement the assessment team report stated CHSP consumers across each service generally reported that their complaints are effectively reviewed, and they are satisfied with the outcomes is in opposition to the finding of not met for CHSP services.
* Explanation the communication from consumers about wait lists and wait times for nursing and allied health has generally been of an enquiry basis, not raised as a concern or complaint. When the contact is more than an enquiry, the provider stated this has been recorded as a complaint in the provider’s feedback management system. The provider explained these complaints helped inform the plan for continuous improvement action to address the waiting list screening to support waiting list management as well as the action item to improve communication with consumers and service provision in relation to contacting occupational therapy wait list consumers.
* Explanation nursing and allied health encourage a proactive approach to complaint resolution, aiming for local resolution whenever possible to address issues promptly. The provider explained complaints are logged by the manager into the feedback system, with trends and themes reported at governance meetings.
* Explanation concerns or complaints addressed at the point of contact are documented in consumer files. Consumers are provided with information about how to make a complaint. Managers are notified of concerns raised, and any identified trends are addressed. The provider explained complaints are handled in accordance with the feedback management procedure and are acted upon by the manger following the established procedure. Feedback is a standing agenda item in team meetings, providing an opportunity for staff to discuss any concerns and learn from gaps identified.
* Acknowledgement there are opportunities for improvement in response to the issues raised about the consumer discussed in the assessment team report where there were unacceptable delays in responding to issues. Explanation that on notification of the complaint in February 2024 regarding a staff member, follow up was actioned including installing a new service support coordinator and a case manager on 15 May 2024. Investigation of the complaint which included a review of the timeliness of services was complex, unusual circumstances were impacting the services provided including the death of the occupational therapist and extended unplanned leave by the case manager.
* Acknowledgement there were deficits in support provided by the case manager to the consumer. However, these deficits were addressed when the issues were escalated. Improvements in the form of continuous improvement actions include strengthening of feedback recording processes and regular consumer file audits to help avoid a situation like this occurring in the future. Explanation all outstanding issues for the consumer have been addressed.
* Evidence of continuous improvement actions implemented to develop a pathway for recording complaints from HCP services, additional staff training and implementation of a quality of life survey and consumer surveys.
* Evidence of a feedback monthly report for October 2024, showing trending and analysis of feedback and complaints.
* Evidence of a concerns and complaints pathway, which addresses responding, documenting, escalating, program manager actions and quality team actions.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates a deficit in the recording of all feedback and complaints into a centralised system, limiting the opportunities to fully analyse and trend this data.

I have considered the intent of the requirement, which expects organisations to have a best practice system to manage feedback and complaints and use this system to improve how they deliver care and services. It is expected the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints.

I find this did not occur consistently for HCP and CHSP services as not all feedback and complaints is recorded in a central system, impacting on the opportunity to analyse and trend all feedback and complaints. I acknowledge the provider stated the wait times information related to enquiries rather than feedback or complaints and if the issue raised is more than an enquiry it is escalated and recorded in the feedback management system. However, there is no evidence staff have been provided with information to determine if it meets this escalation requirement.

I acknowledge the provider considered the CHSP consumer feedback presented by the assessment team shows the consumers across CHSP services generally reported their complaints are effectively reviewed and they are satisfied with the outcomes. However, this requirement is about reviewing and using feedback to improve the quality of care and services. During the Quality Audit, management advised that CHSP complaints about wait times for services were not reported or recorded, though noted this was due to a lack of available services rather than issues related to service delivery. Inadequacy of recording and reporting all CHSP complaints limits the provider’s opportunity to review and analyse the number of complaints and consider how to manage extensive wait times.

I acknowledge the provider collates, analyses and trends feedback and complaints from the centralised system. However, not all feedback and complaints have been recorded in this system. I acknowledge the provider has developed a responding to concerns and complaints pathway, with expectations about how and where feedback and complaints should be recorded for HCP consumers.

I acknowledge the actions taken by the provider to address the gaps identified. However, these changes to processes need time to embed to ensure all feedback and complaints are being recorded, reviewed and used to improve care and services for both HCP and CHSP consumers.

In relation to HCP services, based on the information summarised above, I find the provider, non-compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

In relation to CHSP services, based on the information summarised above, I find the provider non-compliant with Requirement (3)(d) in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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 for HCP and CHSP services as 5 of the 5 requirements are compliant for the HCP services and CHSP services assessed.

Requirement 7(3)(a)

The assessment team was not satisfied HCP and CHSP services were ensuring the workforce is planned to enable delivery and management of quality care and services as CHSP services with many CHSP consumers on internal waitlists for allied health services and staff shortages experienced in HCP services. The assessment team provided the following evidence relevant to my finding:

* Consumers and representatives across each service stated they were satisfied with the case managers, clinicians, nurses and support workers providing care and services. However, consumers and representatives stated there may be a shortage of staff sometimes and they must wait a long time to receive services.
* One consumer stated when support workers are sick, the service calls to organise another support worker to attend and the consumer stated in recent times, there have been no missed services for personal or cleaning services. Another consumer stated the service will call and send another support worker. Meaning the service is not missed if the scheduled support worker is unavailable.
* Support workers across each service confirmed they have time to complete required tasks when delivering care and services.
* Management advised they do not monitor cancelled or missed shifts for consumers as all service delivery support workers are subcontracted. Management advised that if a service is cancelled by one subcontracted service provider, then they will seek to replace the cancelled shift with a support worker from another subcontracted services. As cancelled or missed shifts are only noted in the consumer’s file and not monitored or reported to senior management, the provider is unable to identify the number of missed or cancelled shifts.
* Management advised due to transition and HCP staff leaving, there was a shortage of case managers and consumer care is impacted as a result. For example, a consumer in Service ID 18809 Goulburn Valley Community Options was accepted and signed an HCP agreement in February 2024 but, was not allocated a case manager or services until May 2024.
* Documentation showed the provider maintains internal waitlists under CHSP which show many consumers requiring allied health services. Consumers are accepted from the My Aged Care Portal and placed on the internal waitlists with minimum waiting periods ranging from 21 days to 545 days. For example, Service ID 25974 Goulburn Valley Health – Community and Home Support has an 18 month wait time for occupational therapy and there are 300 consumers on the waitlist.
* The provider’s service delivery model is in house case management, nursing and allied health for age care services. All service delivery is undertaken by subcontracted support workers.
* The rural allied health team comprise approximately 21 full time equivalent positions with approximately 25 staff when fully staffed. Due to recruitment challenges, the team is currently operating with approximately 15 full time equivalent positions. The team looks to reschedule work if the service is not urgent. If clinical deterioration is identified, the consumer is requested to follow up with their general practitioner or use alternative services.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider supplied the following information relevant to my finding:

* Explanation the provider discussed at length the challenges of a workforce in a regional or rural environment during the Quality Audit.
* Explanation the provider services consumers who live in areas that fall in the Modified Monash Model (MMM) area 5 and are identified as having a shortage of medical specialists and rates as outer regional Australia remoteness area code RA 3.
* Explanation the Department of Health and Aged Care has identified that consumers residing in such regional and remote areas are significantly harder to service and require more flexibility and ingenuity to maintain their independence.
* Explanation that risk associated with workforce availability related to delivery of services is mitigated through risk mitigation strategies including waitlist management and a workforce strategy.
* Explanation at the time of the Quality Audit, the CHSP intake process was to accept consumers from the My Aged Care portal and place them on the CHSP waitlist, where triage assessment of the care requirements using priority tools occurred to identify referral pathways to other services. By accepting these consumers, the provider can assist with access to refer consumers to other relevant non-CHSP funded programs and provide relevant consumer information to help consumers manage their condition and access earlier intervention outside of CHSP programs. Where applicable, referrals were also completed to other CHSP funded areas.
* Explanation the waitlists for occupational therapy and physiotherapy are routinely re-screened and re-prioritised as required.
* Explanation the CHSP service has responded to feedback provided during the Quality Audit regarding maintaining a waitlist on the My Aged Care portal and have implemented a new process, where consumers will remain on My Aged care waiting lists until service provision can begin.
* Explanation the provider was disappointed the assessment team based the feedback on waiting list management rather than evaluating the workforce planning strategies and evidence. The provider explained effective workforce planning to meet consumer needs can be demonstrated despite an Australia-wide shortage of allied health and nursing staff.
* Explanation the provider has implemented multiple measures to address demand, including using agency locums, extending casual contracts and offering graduate programs for new allied health and nursing staff. Student placements in nursing and allied health are supported to encourage future careers in community services.
* Explanation clinical data tracks interventions like wound dressings, diabetes management and catheter replacements, aiding strategic planning to identify necessary skill sets. Staff are trained in specialised areas, including wound care, diabetes education, stomal therapy and continence care, to enhance service offerings.
* Explanation the provider demonstrated effective workforce planning in maintaining service provision through emergency events including the 2022 October flooding emergency in the Goulburn Valley region as well as the COVID-19 pandemic response.
* Explanation the provider adapts to consumers’ evolving needs through workforce training and innovation. For example, dieticians have undergone advanced training and credentialing in gastrostomy care including balloon tube replacement, enabling in-home care and reducing hospital admissions.
* Explanation in the event of increased sick leave, home nursing service casual bank staff and permanent staff are used to fill shifts and ensure continuity of care. Explanation that evidence from the 2022 Goulburn valley flood event demonstrates the effectiveness of this approach, as services continued to be delivered in the face of significant disruptions due to flooding.
* Explanation home nursing consumers are triaged based on priority, with no waitlisting within these services. Explanation if nurses are unavailable to provide care, services are either rescheduled or adjusted to ensure continuity of care.
* Explanation that in view of recruitment challenges for allied health disciplines and service demand in other CHSP funded services, the provider has used CHSP funding flexibly to support areas of need including nursing and flexible respite in line with the Department of Health and Aged Care CHSP guidelines.
* Explanation the provider has winter preparedness measures in place to ensure the services are adequately prepared for winter conditions, mitigating risks to both staff and consumers.
* Explanation the provider holds weekly meetings to address the shortfall workforce across the services including CHSP funded programs. This includes employment services, talent acquisition, executives, directors and managers of programs. Workforce vacancies and strategic responses are regularly reviewed in monthly accountability, divisional and executive meetings. The national shortage of allied health staff, especially in regional areas, has been raised with gran agreement managers and the Department of Health and Aged Care executive team through the chief executive. The Victorian Department of Health has recognised the workforce challenges at the provider and has funded an intensive workforce support package to assist in this priority area.
* Explanation qualified and experienced people who meet the values of the organisation are sourced to ensure appropriate staff are employed. The provider described the process used to ensure continuity of service for consumers, including how staff on planned leave provide handover documents and to divert their telephones to the administration team.
* Explanation regional and rural consumers experience isolation and there are limits and capacity of available service providers. Explanation the service is the only provider of services to these areas and without this service these vulnerable consumers would be at much higher risk of hospitalisation, carer stress and burnout (for those consumers with carers) and a loss of independence. If a service needs to be cancelled, the service works with the service provider and the consumer to identify if they would like to arrange another service provider for that shift or if they are happy to delay the service from their regular provider. When this occurs, it is documented in the consumer notes.
* Explanation if a consumer contacts the service to raise concerns with missed or late services, or provides feedback to the provider, this will be recorded in the feedback management system and forwarded to the management team to capture on the service provider register. Feedback themes are reported through the provider’s governance structure.
* Explanation during the Quality Audit, an audit of missed shifts was conducted by the provider and the provider has implemented a register to record and monitor cancelled and missed shifts of contracted service providers. Details from this register will be included in governance reports for monitoring of service provision.
* Evidence of a My Aged Care Waitlist process for managing waitlists.
* Evidence of a service provider register of missed shifts.
* Evidence of continuous improvement actions to manage waitlists, reporting of missed shifts from subcontracted service providers, workforce strategy for allied health, upskilling dieticians and development of a second year graduate registered nurse transition program.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider does have processes in place to ensure 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.

I have considered the intent of the requirement, which expects organisations to have a system to work out workforce numbers and the range of skills they need to always meet consumers’ needs and deliver safe and quality care and services.

I find this did occur for HCP and CHSP services as the provider has processes in place to plan and manage the workforce. I acknowledge the provider works in regional and rural locations with identified shortage of health practitioners.

I acknowledge the information provided by the assessment team. However, the assessment team did not include any information about workforce planning and strategies and focused on waitlists. Given the location the provider works in, it is acknowledged there will be difficulties in providing services across all areas. I acknowledge the provider’s detailed response to the assessment team report and providing explanation and evidence to meet this requirement. I acknowledge the provider has implemented continuous improvement actions to address gaps in missed shift monitoring. I am confident the provider will continue using this new process and continue reporting monthly.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(a) in Standard 7, Human services.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(a) in Standard 7, Human services.

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

Consumers and representatives across each service stated staff are kind and caring and treat consumers with respect. Staff displayed knowledge of the care and needs of consumers and discussed how they encourage consumers to do things of benefit to them. Management discussed how workforce interactions are monitored through feedback and complaints, with regular audits, feedback and surveys of consumers and staff. Documentation included care directives and consumer goals and described how the consumers would like their services delivered, with consumer culture and background included. Audit reports identify if consumers are treated respectfully and have regular contact with staff.

Consumers and representatives stated the nurses, clinicians and support workers generally know their jobs and were competent in providing care and services. Staff stated they are supported to do their jobs and attend regular team or case management meetings. Internal staff stated they participated in orientation relevant to their clinical discipline, nursing or social support position. Documentation showed all internal staff are competent and have qualifications to effectively perform their duties. The workforce team manage the recruitment process and review initial qualifications and undertake employment checks.

Documentation showed all positions have a position description with identified minimum qualifications. Ongoing training is provided to all internal staff, with training provided based on the position of the staff member. Training requirements are monitored to ensure all staff complete required training. The provider maintains a training matrix and managers can view completion records of their staff. The provider does not know or monitor subcontracted support workers to ensure they have ongoing training and are equipped and supported to provide care and services and deliver the outcomes required by the Quality Standards. This is further discussed in Requirement 8(3)(c).

Management advised a supervision and probationary check is undertaken at 6 months for new employees. The performance development review process is online and undertaken annually with the employee’s supervisor, team leader or manager. Once completed, a report and a live update is available to the department director. Management advised the organisation is working to implement a structured supervision program with profession based supervision and general supervision which includes reflective practice to a broader multidisciplinary group. Documentation showed performance development processes are followed, and staff confirmed they participate in annual performance development reviews.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7, Human resources.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7, Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | 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. | Not Compliant | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant for HCP and CHSP services as 1 of the 5 specific requirements is non-compliant for the HCP services and CHSP services assessed.

Requirement 8(3)(a)

The provider has implemented a consumer advisory body which meets twice a year, with representatives from the family of consumers in residential aged care and home care services. The provider also has a consumer advisory committee and board subcommittee with 12 members who meet every 2 months. Issues raised are discussed with the community advisory committee. Board representatives attend the meeting with 3 executive members and representatives. The provider has processes to invite consumers to attend the meeting and contribute to service delivery improvements. The provider conducts regular surveys to gather information and support consumers to provide feedback. The provide distributes feedback information, quarterly newsletters, and input from consumers brochures to consumers. The board has a member who identifies as Aboriginal. The provider has cultural diversity, inclusion and safety policy and procedure and is implementing a patient experience tracker survey which will be discussed with consumers in person, to understand what the consumers are expecting and changes they would like to see.

In relation to HCP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirement (3)(a) in Standard 8, Organisational governance.

In relation to CHSP, based on the information summarised above, I find the provider, in relation to each service assessed, compliant with Requirements (3)(a) in Standard 8, Organisational governance.

Requirement 8(3)(b)

The assessment team was not satisfied the provider demonstrated the governing body promotes a culture of safe, inclusive and quality care and services. The assessment team found provider did not demonstrate the governing body had oversight of subcontracted service providers for both HCP and CHSP services. The assessment team provided the following evidence relevant to my finding:

* The organisation has a skilled Board of 9 directors appointed by the Victorian Minister of Health. The Board is selected for a 3 year term and Board members can be re-elected for a maximum of 9 years.
* The organisation has a robust committee structure, focused from the Board down to service delivery. There are Board subcommittees covering audit and risk, governance, finance, infrastructure and cyber security, community advisory, workforce and strategy, primary care and population health, and quality, safety and clinical governance. The organisation has separate finance, safety and quality and clinical governance committees for aged care services.
* Management advised clinical risks to service provision, clinical incidents, complaints and serious incidents are reported to the Board quality committee.
* Documentation showed reporting to the Board includes dashboard reports covering workforce and people strategy items. The Board and committees also consider monthly audit and risk reports on legislative compliance and finance.
* Management discussed the contracts the organisation has with subcontracted service providers and some of these subcontracted service providers require a minimum 2 hour shift. The assessment team found this was impacting on the consumers’ funding and may not support consumers to access services to meet their assessed needs.
* The assessment team stated no monitoring takes place by senior management to ensure consumers are not being impacted by the 2 hour shift minimum requirement when they have an assessed need for a half hour or one hour shift. Consumers are further being charged for the support workers to travel to and from the service which impacts on the care and services they receive.
* Management advised this is a challenge for the organisation as care and service delivery is a fully subcontracted service. Management advised the consumers live in rural and remote areas and often support workers are not available in the areas.
* Documentation showed there are around 459 subcontracted service providers. At least one support worker did not have a current police check and had been providing care and services since July 2023 when the police check expired. All the sole trader contracts showed no current or ongoing training is provided or undertaken by the support workers. Documentation showed most of them had provided statutory declarations they had undertaken serious incident response scheme and code of conduct training.
* The contracts team advised that not all subcontracted service providers’ contracts were current, with some waiting to be removed. The number of contracts awaiting renewal was not provided to the assessment team. Management could not confirm if the subcontracted service providers had been providing support workers who deliver care and services to consumers even though the contract agreements had not been renewed or ratified.
* In response to the above, management and the Board stated it is the responsibility of the subcontracted service provider to ensure all support workers providing care and services to consumers have current training and probity checks undertaken. The chief executive officer and Board members stated that a signed statutory declaration by subcontracted service providers at the start of the contract stating all staff have current police checks was sufficient for the organisation.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement there were some variations to process for HCP noted during the Quality Audit. However, the provider considers all requirements for CHSP services are met. Several continuous improvement actions have been initiated in recognition of the opportunity to strengthen and improve existing processes.
* Explanation the Board and management team have an effective contract management system for provision of services, which includes the use of legal documents such as statutory declarations and contracts to provide services.
* Explanation the provider, through its strategic plan, highlights the organisation's emphasis on a culture of care. The culture is based on dedication and care for consumers and each other, commitment to safety, a can-do and collaborative attitude and drive for continuous improvement. The provider stated the organisation’s culture promotes a strong sense of connection to the community.
* Acknowledgement one support worker delivered 2 more services in August 2023 and then was made inactive due to non-compliance with a current police check.
* Explanation that as an improvement prior to the Quality Audit, the provider reviewed all providers and any that did not respond or provide requested documentation were de-registered on the consumer management system. The provider noted that without this registration on the system, service support coordinators cannot select their service within the consumer management system or create a purchase order. This is a safety mechanisms to prevent the use of subcontractors who have not complied with applicable documentation. Any outstanding contractors awaiting documentation are de-registered and cannot provide services.
* Explanation most of the contracted service providers are employed through other certified and accredited organisations. Explanation and evidence Community Interlink provides training to these providers.
* Explanation support workers provided through other agencies are appropriately qualified and the agency produces relevant documentation upon request. Explanation the Community Interlink Service agreement is a legal document that binds the provider to be qualified and working within their scope of practice. Explanation all providers must return a signed statutory declaration confirming they have completed training related to the service being provided and any provider who does not submit the correct documentation is not permitted to be engaged.
* Explanation that while the provider has a robust contract management system including a report to each audit and risk committee meeting, the provider has further strengthened oversight through additional reporting, with additional reporting to be presented to the next Board quality committee meeting in December 2024.
* Evidence of a continuous improvement action for dissemination of regulatory information and training for service providers.
* Evidence of a training package for service providers, a new staff orientation plan template, a new HCP case manager training checklist, support service agreement example, a governance report from August 2024 and a marketing and communications report.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider’s governing body does promote a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I have considered the intent of the requirement, which expects the governing body to be responsible for promoting a culture of safe, inclusive and quality care and services as well as being responsible for overseeing the organisation’s strategic direction.

I find this did occur for HCP services and CHSP services. The provider demonstrated a strong culture of safe, inclusive and quality care and there are systems and processes in place to ensure the governing body has relevant information on which to make decisions and guide the organisation. The governing body has suitably qualified members guiding the organisation.

I acknowledge the assessment team’s discussion around contracts and that one support worker did not have a current police check. However, the provider explained this support worker was removed from providing services after 2 services delivered without a current police check and this occurred in August 2023. In response to this issue, the provider implemented strategies to avoid this occurring again for other support workers. This improvement action was completed prior to the Quality Audit. I am confident the provider has addressed this deficit appropriately.

Regarding contract management, I find the provider has a robust system to manage contracts and the governing body is provided with relevant information to guide the provider. The provider has appropriate safety mechanisms to ensure subcontracted service providers meet expectations of the legally binding contracts in place. I acknowledge the provider has strengthened its reporting to the governing body and additional information will be presented to the next Board quality committee in December 2024. I encourage the provider to continue reporting to relevant Board committees.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(b) in Standard 8, Organisational governance.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(b) in Standard 8, Organisational governance.

Requirement 8(3)(c)

The assessment team was not satisfied the provider had effective organisation wide governance systems relating to information management, financial governance, workforce governance, regulatory compliance or feedback and complaints. The assessment team found the provider had effective organisation wide systems relating to continuous improvement. The assessment team provided the following evidence relevant to my finding:

**Information management**

* Staff stated, and documentation confirmed, the organisation accepts consumers from the My Aged Care portal and places them on internal waiting lists for different programs and indicated waiting times for these services are extensive. This is not in line with the CHSP requirements.
* Management advised that the waitlists included all consumers waiting for services as they were unable to sort through the list to identify how many of the referrals on the waitlist were under the CHSP programme only.
* Documentation showed the provider has policies that guide operation of information technology, with procedures about cyber security and testing of systems. All staff have mandatory training on cyber security.
* Documentation showed the provider has a document control system which supports all programs, to store policies, procedures and guidelines for staff to view. Staff are provided with orientation and inductions to online platforms and mandatory training as applicable.

**Continuous improvement**

* Management advised continuous improvements are captured at organisational level and by each directorate or program. The quality committee manages the overarching organisational continuous improvement register, with each directorate managing their own registers.
* Documentation showed continuous improvement actions occur across various levels of the organisation, including ensuring the provider will be ready for the strengthened quality standards and the new aged care act, improvements to responding to deterioration, improvements to identifying and addressing restrictive practices in the community setting and upskilling staff.

**Financial governance**

* Documentation showed HCP consumer monthly statements do not clearly show what supplements consumers are receiving and consumers are required to pay and are charged for the support worker to travel to the home to provide services for all HCP and CHSP services. Some consumers are charged a minimum of 2 hours for services as the subcontracted service provider charges for 2 hour services.
* Management stated that support workers are paid per kilometre to travel to the home of any consumer who lives over 5 kilometres from Shepparton.
* Documentation showed some consumers are paying transport charges but, not receiving assessed service needs including physiotherapy.
* Documentation showed one consumer was charged package management and case management fees for the period February 2024 to May 2024 even though they were not allocated a case manager and did not receive any services during this period. Management confirmed due to staffing issues and an administration error the consumer was not allocated a case manager at the time of intake. Management confirmed and documentation showed that the time of the Quality Audit, these fees had not been reimbursed.
* One consumer stated the monthly statements and budget are clear and easy to understand. Documentation showed this consumer’s statements contained clear and itemised expenditure related to allied health services and nutritional supplements.

**Workforce governance**

* Three consumers interviewed stated they had their services cancelled as the provider did not have staff to support them. One consumer did not receive services for 3 months as there was no case manager allocated.
* While the workforce team provides reports to the Board on in-house staff, monitoring of subcontracted support workers is not undertaken and therefore the organisation and the governing body cannot effectively ensure that all staff providing care and services for consumers are suitably qualified and have current knowledge of the aged care Quality Standards or how to support consumers. There is no monitoring of training for these support workers.
* Documentation showed some consumers taken off the My Aged Care waiting list for allied health services have been waiting for occupational therapy services for over 18 months.

**Regulatory compliance**

* Management advised there had been no adverse findings by another regulatory agency or oversight body in the last 12 months.
* The organisation has processes to capture regulatory and legislative changes. However, the organisation did not demonstrate that all subcontracted service providers for HCP and CHSP services had current contracts and that all had probity checks for public liability, insurances, police checks, mandatory and ongoing training, qualifications and knowledge to effectively perform their roles.
* Management advised the procurement officers manage organisational contracts. However, aged care contracts to subcontracted service providers are loaded by the procurement team to the secure contracts register and managed by the Community Interlink team. All contracts are for 3 years and any contracts for renewal are highlighted and tabled at executive meetings. There is an instrument of delegation depending on the value of the contract and these are provided to the Board for approval.
* Management advised there are some contracts that are being expedited as the contracts have expired. The number of expired contracts was not provided to the assessment team.
* Management and members of the Board stated it is the responsibility of the subcontracted service provider to ensure that all staff providing care and services have met probity requirements, are appropriately trained, have current valid police checks and have been checked to ensure they do not have a banning order.
* Documentation did not evidence that all staff providing care and services under CHSP services had first aid training in line with the CHSP manual.

**Feedback and complaints**

* Management explained and documentation confirmed complaint data across all home care services is documented in the consumer’s files and not in the organisation’s feedback and complaints register.
* Management explained complaints deemed high risk and unable to be actioned by staff are documented in the complaints register. The director will receive automatic notifications of all complaints recorded in the system, with complaints classified by severity. Severe or high risk complaints are managed by the clinical risk panel and members of the divisional operation team. Monthly reports are provided to the governance committee. An overview of the complaints is provided to the executive and is displayed on the dashboard.
* Documentation showed only 3 complaints registered on the complaints register in the last 6 months. However, review of consumer files and interviews with consumers identified several complaints that were not documented or reported to the executive and Board. As the complaints were logged in progress notes in the consumer files the assessment team was unable to identify if open disclosure processes were used in the resolution of the complaints.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Acknowledgement there were some variations to process for HCP consumers noted during the Quality Audit. However, the provider believes all requirements for CHSP are met. Some continuous improvement actions were initiated in recognition of the opportunity to strengthen and improve existing processes.

**Information management**

* Explanation priority tools are used in the intake procedure and an established network of other CHSP providers is used to effectively and accurately triage referrals. Triage occurs at point of referral including redirecting referrals to other CHSP services or other organisation programs.
* Explanation the waitlist management systems in place include regular waitlist screening for occupational therapy and physiotherapy services. This screening allows consumers to be reprioritised if there have been changes in their needs as well as removing consumers who have seen other services.
* Explanation the statement by the assessment team that waitlists could not be sorted to identify how many referrals were under the CHSP program only was inaccurate. The provider confirmed the waitlists can be sorted and the number of CHSP consumers and waitlist times and priorities was provided in the provider’s response.
* Explanation that all high risk consumers are prioritised for all allied health disciplines and the provider provided an example of a high risk consumer needing urgent occupational therapy seen within one week of the referral.
* Explanation the provider has implemented changes to how it takes consumers off the My Aged Care portal, with these changes clearly detailed in the plan for continuous improvement.

**Financial governance**

* Explanation the Board receives monthly finance reports highlighting the performance of Commonwealth funded aged care programs. Community Interlink senior management have oversight of the service income and expenditure which is reviewed monthly and reported to the executive.
* Explanation Community Interlink management monitors and reports on the amount of under and overspent funds of consumers. To manage over and underspend, case managers work with consumers and provide advice of use of funds and support to identify areas for review aligned to care plans.
* Explanation HCP consumer statements are distributed monthly and provide information inclusive of how HCP funds have been allocated and details any subsidies and supplements. The statements also include fees applicable, and package balance at the end of each month, Service lists are attached outlining the provider details and associated cost breakdown of associated services. A letter is provided to consumer’s explaining how to understand consumer statements.
* Explanation the imminent introduction of a new Community Interlink consumer management system will automate the consumer statements, and they will be easier to produce on demand.
* Explanation the commentary by the assessment team on 2 hour minimum service visits was a misunderstanding of the conversation which occurred during the Quality Audit. Community Interlink staff negotiate with service providers and consumers to ensure they are not charged for services they do not need or were not delivered. In regional thin market areas, the consumer, case manager and service support coordinator will all work together to achieve the best outcome for the consumer. If a provider will only provide a 2-hour service, the case manager will liaise with the consumer to see what they would also like performed in the 2 hours if that is not possible, an alternative provider will be engaged.
* Explanation Community Interlink operations across a wide geographic region and some contractors itemize what they charge for services and travel. These providers may be the only ones available to provide the service or a consumer appointed preferred provider. The provider stated it is reasonable to expect that a service provider is compensated for the work they perform and the hours it takes. All consumers approve expenditure prior to the purchase order being submitted.
* Explanation the provider has implemented changes to billing statements to ensure supplement explanation is included in the consumer statements.
* Explanation some consumers live in remote areas with limited public transport and taxi services, and they engage support workers to drive them to appointments, leading to costs associated with travel.
* Evidence of consumer statement updates.

**Workforce governance and regulatory compliance**

* Explanation the provider has controls in place to ensure contracted workers understand, apply and uphold the code of conduct and have appropriate training in place to meet the requirements of the Quality Standards. These controls include contractual obligations for contracted service providers to deliver training to their personnel including an obligation to retain records and provide these to the provider on demand. Other controls include upfront requirement for contracted service providers to produce a statutory declaration confirming staff have completed online training.
* Explanation many subcontracted service providers are themselves approved providers and this should be considered in terms of the extent to which the provider is required to assess and check skills and qualifications.
* Explanation the provider has developed a training package since the Quality Audit for contracted workers to receive the training they need to deliver safe, respectful and quality care and services.
* Evidence of training program developed for contracted workers, containing information about open disclosure, restrictive practices, infection control and hand hygiene, the aged care code of conduct and identifying deterioration.
* Evidence of development and dissemination of regulatory information and training for service providers.
* Evidence of re-development of intake roles and responsibilities.

**Feedback and complaints**

* Explanation the provider proactively promotes feedback as an opportunity for consumers and carers to provide the organisation with information about their experience and to assist in the review and improvement of services. Explanation feedback can take the form of a complaint, comment or suggestion or compliment.
* Explanation that during the Quality Audit, it was identified in some cases point of contact complaints were not effectively resolved or escalated to management in a timely manner. This gap was addressed during the Quality Audit, with the development and implementation of a feedback recording flowchart. Since the Quality Audit, there has been an increase in recording of consumer feedback in the feedback management system and the flow chart has now been supported with a minor amendment to the existing procedure and standard work practice.
* Evidence of continuous improvement to improve the recording of complaints in the centralised feedback system.
* Evidence of implementation of an annual consumer survey.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which shows the provider does have effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The provider demonstrated these systems are in place and provided evidence of improvements implemented since the Quality Audit to strengthen and address minor deficits and gaps. I acknowledge some improvements may take time to embed. However, I am confident the provider has implemented the changes necessary to address waitlists, HCP monthly statements, oversight of subcontractors and ensuring all feedback and complaints are recorded in a centralised system for analysis and trending.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

Although the organisation has risk management systems and practices to identify and response to elder abuse and neglect of consumers, the assessment team was not satisfied HCP services and CHSP services demonstrated effective risk management systems to manage high impact or high prevalence risks nor to manage and prevent incidents. The assessment team provided the following evidence relevant to my finding:

* The organisation discusses all high impact and high prevalence risks which have been identified and documented in the risk register at the clinical governance meetings. Internal staff have been trained in the monitoring and actioning of high impact and high prevalence risks to consumers. However, subcontracted support workers did not describe how they would report identified risks to consumers. See discussion in Requirements 2(3)(a), 2(3)(d), 3(3)(b) and 3(3)(d).
* Management advised and staff confirmed all in house staff have elder abuse training. Support workers interviewed provided various responses to elder abuse training. While some confirmed receiving training others had not heard of elder abuse training. Consumers are consulted and they make the decisions about whether the organisation can refer them to get expert advice. Consumers are referred to advocacy and elder abuse organisations.
* Management said, and training records confirmed, staff participate in training the signs and indicators of elder abuse at induction and online through online learning modules. Staff confirmed they know how to respond to and report any suspected elder abuse and they are actively encouraged to do so. Management demonstrated effective action and referral to appropriate agencies occur when the organisation becomes aware of any allegation or evidence of harm to or abuse of consumers. Documentation showed evidence of the provider referring consumers for additional services and supports to support them to live their best life, including to occupational therapists, physiotherapists and speech pathologists.
* The organisation uses a several risk systems to monitor reported incidents, including the Victorian Health Incident Management System, the Serious Adverse Patient Safety Events and the statutory duty of candour. Clinical regulatory reporting, serious incident reporting and complaints are recorded in these systems. However, not all incidents are recorded or actioned and closed off in the systems. Documentation showed the staff manual states home care case manager and support coordinators are informed about incidents days after the incident has occurred. However, consistent documenting and monitoring of incidents under the aged care funding was not evident as all the support workers providing care and services are subcontracted. Processes for the support workers of subcontracted service providers to report incidents was not evident as the incidents may have been logged in the consumer file and not on the incident register.
* A support worker stated they reported an incident to their subcontracted organisation stating the consumer needed to be assessed for more services, However, the support worker did not observe any action had been taken for the consumer.
* Management described a recent serious incident response report of an alleged sexual contact by a service provider. The incident was reported to police, investigated and no action taken as the issue was deemed to be unfounded. The Commission has closed the case.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Explanation the noncompliance for managing high impact or high prevalence risk was unclear in the assessment team report. Explanation the provider is unclear of the requirement of subcontracted service providers to report identified risks to consumers. However, if the matter pertains to contracted service providers reporting risk, this was addressed in Requirement 2(3)(a).
* Explanation additional training for staff and subcontractors has been developed.
* Explanation the provider has a robust incident management system and uses the Victorian Incident Management System, not multiple systems. Serious Patient Safety Events and open disclosure are not incident systems but, form part of the overall incident management system.
* Explanation the investigation and closure of incidents is monitored through the governance systems with reports provided to program through to the Board.
* Explanation incidents are not closed off until all relevant information has been collected and the consumer is safe, and any identified risk is mitigated to the best of the provider’s ability.
* Explanation the statement case managers and support coordinators are informed about incidents days after the incident has occurred is untrue. No part with the staff manual states this. Occasionally an unwitnessed fall or incident is reported by consumers days after the event, as these events are self-reported by the consumers or their carer. These incidents are recorded in the incident system as soon as staff are notified.
* Explanation the use of the Victorian Incident Management System is a requirement of service providers and is included in the service provider’s agreement.
* Explanation the provider is unable to identify the consumer discussed by the support worker and can not respond to these statements.
* Evidence of continuous improvement action to provide regulatory information and training for service providers.
* Evidence of October 2024 incident themes and data for continuous improvement and primary care, incident management procedure, safety and quality report and a balanced scorecard.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates the provider has effective risk management systems and practices in place.

I have considered the intent of the requirement, which expects organisations to have systems and processes to help them identify and assess risks to the health, safety and well-being of consumers. It is also expected the organisation’s risk management system identifies and evaluates incidents and ‘near misses’. Organisations are expected to escalate risks to consumers within the organisation or to a relevant external service or organisation and monitor risks and take action of a risk has increased.

I find this did occur for HCP services and CHSP services.

I acknowledge the actions taken by the provider to implement and embed improvements to processes. I am confident the provider has made these improvements.

In relation to HCP services, based on the information summarised above, I find the provider, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

In relation to CHSP services, based on the information summarised above, I find the provider compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

The assessment team was not satisfied the provider had effective clinical governance processes to support consumers and staff in identifying vulnerable consumers, understanding the use of antimicrobial stewardship and restrictive practices. The assessment team consider the HCP and CHSP services were not meeting this requirement. The assessment team provided the following evidence relevant to my finding:

* Documentation showed the provider has a clinical governance framework in place. This includes a home care leadership governance committee which meets monthly. Clinical issues identified are reported to the director community care and menta health, the primary care divisional committee and community care mental health. Clinical governance meetings are held to discuss clinical issues, and clinical risks are reported to the Board.
* Documentation showed the provider has governance and processes to address antimicrobial stewardship. Staff discussed how they raise issues with the pharmacist when they are identifying the consumers are on antibiotics and this assists them to discuss the use of antibiotics with the consumer. Nurses stated when wounds are identified they can use products without the need for the use of oral antibiotics.
* Documentation showed the provider has an infection management plan. However, there are no requirements or monitoring of infection control and hand hygiene training for subcontracted workers providing home care services.
* The organisation does not provide restrictive practice training to its staff. Internal staff and subcontracted support workers confirmed they had no knowledge or understanding of restrictive practices and had not received any training. The organisation does not maintain a restrictive practices register, and staff stated they were unaware of any consumer who was subject to restrictive practices.

The provider did not agree with the findings of the assessment team. In response to the assessment team’s report, the provider provided the following information relevant to my finding:

* Explanation the provider has a robust clinical governance framework which is reviewed and approved by the Board annually. The framework is supported by a range of governance documents that meet the requirements for antimicrobial stewardship, restraint and open disclosure.
* Explanation the provider is a large organisation with many controlled documents to aid the provision of services.
* Acknowledgement the hand hygiene training has not explicitly been provided to subcontractors but, this has been rectified in the newly developed training package.
* Explanation the provider addressed the inconsistencies regarding management of restrictive practices, with follow-up with the occupational therapist regarding a requirement for reports to be comprehensive and inclusive of all relevant equipment and services provided.
* Explanation at the time of the Quality Audit, the provider was in the process of making changes to strengthen the details in existing guidelines for restrictive practices to include the community aged care program.
* Explanation and evidence that to support identification of restrictive practices, staff have access to training through the provider’s online learning platform and information related to restrictive practices has been included in the new developed additional staff training and service provider training package.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates improvements could be made to managing use of restrictive practices and training of staff on restrictive practices.

I find the provider has a robust clinical governance framework in place. However, staff were unaware of restrictive practices. I acknowledge the actions taken by the provider to address the gaps identified by creating and sharing regulatory information and training for service providers. However, there is no evidence to support this training has been completed and has increased staff understanding of restrictive practices.

The provider demonstrated antimicrobial stewardship and open disclosure.

In relation to HCP services, based on the information summarised above, I find the provider, non-compliant with Requirement (3)(e) in Standard 8, Organisational governance.

In relation to CHSP services, based on the information summarised above, I find the provider non-compliant with Requirement (3)(e) in Standard 8, Organisational governance.

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)