**Performance**

**Report**

**1800 951 822**

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| Name of service: | Goulburn Valley Health |
| Service address: | 121-135 Corio Street SHEPPARTON VIC 3630 |
| Commission ID: | 300060 |
| Home Service Provider: | Goulburn Valley Health |
| Activity type: | Quality Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 11 October 2022 |

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

**This performance report**

This performance report for Goulburn Valley Health (**the service**) has been prepared by M Balukovska delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Community Interlink North - Level 4, 18819, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community Interlink North - Level 2, 18818, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community Interlink South - Level 4, 18881, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community Interlink South - Level 2, 18880, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community & Integrated Care Division - Hume - EACH Dementia, 18757, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community & Integrated Care Division - Hume EACH, 18758, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community Interlink, 18764, 121-135 Corio Street, SHEPPARTON VIC 3630
* Goulburn Valley Community Options, 18808, 121-135 Corio Street, SHEPPARTON VIC 3630
* Goulburn Valley Community Options, 18809, 121-135 Corio Street, SHEPPARTON VIC 3630
* Community & Integrated Care Division - Hume - EACH Dementia, 18757, 12/1 Stanley Street, WODONGA VIC 3689
* Community & Integrated Care Division - Hume EACH, 18758, 12/1 Stanley Street, WODONGA VIC 3689
* Community Interlink, 18764, 12/1 Stanley Street, WODONGA VIC 3689
* Goulburn Valley Community Options, 18808, 12/1 Stanley Street, WODONGA VIC 3689
* Goulburn Valley Community Options, 18809, 12/1 Stanley Street, WODONGA VIC 3689
* Community & Integrated Care Division - Hume - EACH Dementia, 18757, Benalla Community Health Centre, 45 Coster Street, BENALLA VIC 3671
* Community & Integrated Care Division - Hume EACH, 18758, Benalla Community Health Centre, 45 Coster Street, BENALLA VIC 3671
* Goulburn Valley Community Options, 18808, Benalla Community Health Centre, 45 Coster Street, BENALLA VIC 3671
* Goulburn Valley Community Options, 18809, Benalla Community Health Centre, 45 Coster Street, BENALLA VIC 3671
* Community & Integrated Care Division - Hume - EACH Dementia, 18757, Broadway Street, COBRAM VIC 3643
* Community Interlink, 18764, Broadway Street, COBRAM VIC 3643
* Goulburn Valley Community Options, 18808, Broadway Street, COBRAM VIC 3643
* Goulburn Valley Community Options, 18809, Broadway Street, COBRAM VIC 3643
* Community & Integrated Care Division - Hume - EACH Dementia, 18757, Seymour Hospital, Bretonneux Street, SEYMOUR VIC 3660
* Community & Integrated Care Division - Hume EACH, 18758, Seymour Hospital, Bretonneux Street, SEYMOUR VIC 3660
* Community Interlink, 18764, Seymour Hospital, Bretonneux Street, SEYMOUR VIC 3660
* Goulburn Valley Community Options, 18808, Seymour Hospital, Bretonneux Street, SEYMOUR VIC 3660
* Goulburn Valley Community Options, 18809, Seymour Hospital, Bretonneux Street, SEYMOUR VIC 3660

**CHSP:**

* Centre-based Respite - Care Relationships and Carer Support, 4-B8KBRMB, 121-135 Corio Street, SHEPPARTON VIC 3630
* Flexible Respite - Care Relationships and Carer Support, 4-B8L506N, 121-135 Corio Street, SHEPPARTON VIC 3630
* Specialised Support Services, 4-B8L50KQ, 121-135 Corio Street, SHEPPARTON VIC 3630
* Allied Health and Therapy Services, 4-B8L50AA, 121-135 Corio Street, SHEPPARTON VIC 3630
* Nursing, 4-B8L50DX, 121-135 Corio Street, SHEPPARTON VIC 3630
* Nursing, 4-B8L50DX, C/- Waranga Memorial Hospital, Coyle Street, RUSHWORTH VIC 3612
* Centre-based Respite - Care Relationships and Carer Support, 4-B8KBRMB, Broadway Street, COBRAM VIC 3643
* Flexible Respite - Care Relationships and Carer Support, 4-B8L506N, Broadway Street, COBRAM VIC 3643

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 4 October 2022.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

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

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| --- | --- |
| Requirement 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. |

|  |  |
| --- | --- |
| 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. |

# Standard 1

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

Findings

At the time of performance report decision, the service:

* Demonstrating the delivery of services to consumers from all backgrounds in a culturally safe way
* Evidencing the utilisation of a dignity of risk approach to support consumers in taking risks
* Evidencing the provision of information to consumers that is current, accurate, timely and understandable
* Demonstrating a respectful approach to managing consumer privacy and evidencing processes to protect consumers personal information

The Quality Standard for CHSP and HCP is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# 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. | Non-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

At the time of performance report decision, the service:

* Demonstrated consumer needs, goals, and preferences are identified and used to guide care and services, including advanced care planning
* Demonstrated a partnership approach to consumer assessment and service planning
* Demonstrated outcomes of assessment and planning are effectively communicated to the consumer
* Demonstrated care and services are reviewed for effectiveness regularly, when a consumer’s circumstance changes or when an incident may impact on the needs, goals or preferences of the consumer. The service reviews care and services annually, review documentation is complete and refers to a previous assessment which staff could not always locate on file. The service could not demonstrate that when incidents, changes of circumstance or concerns occur, the consumer is reassessed to determine whether they require additional or different services and supports to enable them to continue safely living at home

At the time of performance report decision, the service did not:

* Did not demonstrate assessment and planning, including consideration of risks, to inform the delivery of safe and effective care and services. Of the 13 consumer care files reviewed, documentation on 6 of the files does not show that assessment and planning considers and addresses risks such as falls to guide care. Risks associated with the consumer’s individual condition and health history are not always identified. Where risks are identified, they are not always assessed using validated risk assessment tools. Risks and strategies to ensure services are safe and effective are not consistently documented in care plans.

In response to the Assessment Team Report in relation to standard 2(3)(a) the service advised Community Interlink provides support and guidance through case management to consumers who are living independently. The Service advised some of these consumers have full time carers or informal supports, other rely solely on paid supports selected by the consumer. Community Interlink does not provide direct care to these consumers, these services are provided by other providers.

In response to the Assessment Team Report in relation to standard 2(3)(e) the service advised that there are policies and procedures for assessment and care planning to guide staff. The service intends to develop a detailed process for local information management to improve functionality and access to documents for staff. The service further intends to embed the incident management for accidents and incidents reported to case managers or care coordinators inclusive of an escalation, review and recommendation phase and status reports. Training for Case managers and Service Support Coordinators to support this revised approach to accident and incident management.

Based on the information provided by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. The Quality Standard for CHSP is assessed as compliant as six of the six specific requirements have been assessed as compliant and HCP is assessed as non- compliant as one of the six specific requirements have been assessed as non-compliant. Whilst the assessment team made a finding of not compliant in relation to requirement 2(3)(e), I have considered the response of the service in making my decision, and on balance I find the service compliant for this requirement.

**Standard 3**

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| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

At the time of performance report decision, the service:

* Demonstrated overall consumers are receiving safe and effective personal and clinical care to optimise their health and wellbeing, including effectively managing high impact or high prevalence risks for each consumer.
* Demonstrated making appropriate referrals, generally documenting and sharing consumer information with others who share responsibility and recognising and responding to deterioration.
* Demonstrated recognising and addressing the needs of consumers nearing the end of life.
* Demonstrated that infection related risks are minimised through a range of processes and promoting antibiotic stewardship.

The Quality Standard for CHSP and HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

At the time of performance report decision, the service:

* Demonstrated it is providing consumers with the services and supports for daily living that optimise their independence, health, wellbeing and quality of life
* Demonstrated it is supporting consumers’ emotional, spiritual and psychological wellbeing
* Demonstrated it is assisting consumers to have social relationships and interests and making referrals as appropriate.
* Demonstrated it is providing suitable meals and safe equipment as appropriate.

Requirement 4(3)(a) for CHSP is assessed as compliant. The Quality Standard HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

At the time of performance report decision, the service:

* Demonstrating the provision of a welcoming consumer environment
* Demonstrating service environments are secure, safe, clean and maintained
* Evidencing equipment, furniture and fittings are suitable for consumers needs

The Quality Standard for the CHSP service is assessed as compliant as three of the three specific requirements reviewed have been assessed as complaint.

# 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. | Compliant | Compliant |

Findings

At the time of performance report decision, the service:

* Evidencing provision of information to consumers and representatives regarding feedback complaints
* Evidencing provision of information to consumers and representatives on advocacy, external organisation referrals, language assistance, and hearing impairment services
* Demonstrating action is taken in response to consumer feedback and complaints, utilising an open disclosure approach

The Quality Standard for the CHSP and HCP service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# 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

At the time of performance report decision, the service:

* Evidencing its workforce is planned to ensure enough staff with required skill mixes deliver care and services to meet consumer needs and preferences
* Demonstrating staff interactions with consumers and their representatives are kind, caring and respectful of each consumer’s identity, culture and diversity
* Evidencing workforce recruitment includes thorough staff inductions and orientations
* Demonstrating the workforce is competent, with staff that have skills and knowledge to effectively perform their roles
* Evidencing that staff performance and competency is regularly monitored and reviewed

The Quality Standard for the CHSP and HCP service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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. | Non-compliant | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

At the time of performance report decision, the service:

* Demonstrated consumers are involved in the development, delivery and evaluation of services
* Demonstrated the governing body’s accountability and commitment to a service culture of inclusivity
* Demonstrated effective governance systems in relation to information and risk management. In relation to continuous improvement, financial governance, regulatory compliance the service demonstrated related governance systems.

The Service has information management systems in place that include electronic consumer software, a website, consumer newsletters and video conferencing and online training portals

**Information management**

The Service has information management systems in place that include electronic consumer software, a website, consumer newsletters and video conferencing and online training portals. However, information management under the HCP and CHSP programs did not provide robust information on how consumers are supported to receive appropriate care and service delivery.

For Example:

Assessments, care plans and reviews along with recommendations from allied health and nursing services are not consistently available on HCP consumer files and could not be assessed at the Quality audit. Staff were unable to find documentation on at least 5 of the 9 HCP files reviewed.

The Assessment Team sighted information provided by the service that did not provide evidence of consumer complaints from contracted providers being documented, consumer incidents were not always documented and information in the organisation’s electronic consumer database was difficult to access by the staff providing support to the Assessment Team. It was evidenced that information was not always stored appropriately in consumer files and in some cases, information may have been stored in staff emails and so were not available for review.

**Continuous improvement**

Evidence analysed by the Assessment Team showed the organisation’s continuous improvement plan included improvements informed by consumer feedback, actions identified by the commissioned review, system improvements, policy and procedure review, and opportunities to upskill staff.

**Financial governance**

The Service’s Board receives monthly finance reports from the sub-committees. Documentation analysed by the Assessment Team advises Management have established a spreadsheet that captures large amounts of unspent funds. The spreadsheet sighted identifies HCP consumers with high amounts of unspent fund in their home care packages. This information is further alerted with case managers who will conduct conversations with HCP consumers and representatives. Corresponding comments were evidenced in the consumers care planning documentation.

**Workforce governance**

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers.

**Regulatory compliance**

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management advised that updates from peak government bodies on regulatory information, are consistently monitored and regularly communicated to senior management. Information and changes are fed down to relevant management and staff, and updates to applicable policies and procedures and related training requirements are implemented accordingly.

**Feedback and complaints**

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints.

At the time of performance report decision, the service did not:

* Demonstrate that it manages risks in relation to high impact of high prevalence risks associated with the care of consumers.

The service has a risk management framework and risk matrix. The service operates an incident management system and incidents are reported to the governing body every month. Management said the service has identified 77 organisational risks and all have documented risk ratings and additional treatments to control risk. Responsibility for monitoring each risk is documented and reported. Identified risks across allied health and nursing services include family violence, pressure injuries, deterioration, safe home visiting and medicine management. While some of these risks can be applied to HCP and CHSP services, the service did not demonstrate processes in place to consistently manage risks to HCP and CHSP consumers.

For example: out of the 404 HCP consumer packages, and around 750 CHSP services the organisation had no documented consumer falls in the last 6 months. Management said that if falls or incidents take place outside of service times, these are not documented. For consumers identified as falls risks, falls risk assessments were inconsistently evidenced on home care package files and consequently how falls risks are mitigated. Management confirmed elder abuse and neglect forms part of the staff training framework. The incident register does not show any incidents of abuse.

Management and staff could not provide information specific to the reporting of these incidents, how they were managed or how they were reviewed to prevent recurrence of further incidents or near misses.

In response to the Assessment Team Report in relation to standard 8(3)(d) the service has advised that incident management system, procedures and reporting is consistent with government requirements. The service advised in relation to the completion of falls risk assessments, these assessments are completed by contracted health professionals that the case management team or care coordination team refer a client to upon consultation and approval by the consumer. This may be an allied health assessment and the plan following that assessment is located on the consumers file. The case managers and care coordinator do not conduct clinical falls assessments but refer consumers to appropriate health professionals to conduct this.

The service advised that the procedure of recording “reported incidents” by consumers of other third parties has been highlighted to all staff with support to further utilise the incident management system. The service has advised as part of their continuous improvement plan it will further embed the incident management for accidents and incidents reported to case managers or case coordinators inclusive of escalation, review and recommendation phase.

The service intends to roll out training for case managers and service support coordinators to support this revised approach to accident and incident management. The service intends to develop a process for local information management to improve functionality and access to documents for staff.

Based on the information provided by the service, it will take time for the proposed actions identified in the Continuous Improvement Plan to become embedded. The Quality Standard for CHSP is assessed as non- compliant as one of the five specific requirements have been assessed as non- compliant and HCP is assessed as non- compliant as one of the five specific requirements have been assessed as non-compliant. Whilst the assessment team made a finding of not compliant in relation to requirement 8(3)(c), I have considered the response of the service in making my decision, and on balance I find the service compliant under this requirement.

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