**Performance**

**Report**

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| Name: | Great Ocean Road Health |
| Commission ID: | 300756 |
| Address: | 75 McLachlan Street, APOLLO BAY, Victoria, 3233 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 113 Great Ocean Road Health  
Service: 26457 LCH at Home  
Service: 26959 Otway Health and Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8694 Lorne Community Hospital  
Service: 27776 Lorne Community Hospital - Care Relationships and Carer Support  
Service: 25786 Lorne Community Hospital - Community and Home Support

**This performance report**

This performance report for Great Ocean Road Health (**the service**) has been prepared by Nicola Eastwood, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service is respectful of consumers. They indicated staff understand and value their culture and identity, acknowledging what is important to them. Care documentation noted cultural needs and preferences, lifestyle preferences and goals of care. Staff were encouraged to ask for feedback from consumers and representatives to ensure the care being provided was in line with consumer choices and needs. This was supported by consumers who provided information highlighting how staff have developed their care plans in line with their cultural needs, preferences, and identity. The Assessment Team viewed the services policies on cultural safety, and noted it facilitates training on values, dignity and respect, cultural respect, LGBTIQ and Aboriginal modules.

Consumers and representatives were satisfied the service encourages consumers to take risks to live their best lives, by making choices, decisions, and connections to support their independence. Staff discuss risks with consumers and representatives and offer alternatives as appropriate. Care documentation demonstrated that risks were identified, and strategies to mitigate them were developed.

Consumers and representatives informed the Assessment Team that they receive timely and clear information from care managers during phone calls or home visits. Management described sending emails, text messages and newsletters to provide information to consumers. This was supported by consumer accounts of receiving regular phone calls and the ability to contact them as needed. Monthly statements are sent to consumers, although it was noted there had been interruption to the regularity. Management advised there had been issues with the posting of monthly statements and acknowledged there had been some omissions recently, resulting in a new distribution strategy added to the Plan for Continuous Improvement (PCI). The Assessment Team reviewed statements which itemised monthly expenditure, care management and administrative fees, as well as unspent funds.

Consumers and representatives were confident the privacy and confidentiality of their information is maintained by the service. Management does not provide staff and volunteers with access to consumer personal information until they have completed mandatory training and signed privacy, confidentiality, and Code of Conduct documentation. All information is stored electronically and is password protected.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with care assessment and planning. They recalled conversations with care managers regarding preferences and advised they received a hard copy of the care plan following the initial assessment and updated versions when changes occurred.

Care documentation identified initial and ongoing assessments, including medical history, physical functioning, cognition, psychological and social supports, home environment, mobility, as well as risk identification and corresponding strategies. There was evidence of consumer preference related to the types of care provided, frequency of visits, preferred times and days and preferred gender for support workers. Input from external stakeholders including community nurses, medical practitioners, medical specialists, and allied health professionals was also included.

A review of care plans identified regular meetings with consumers and or representatives, which included discussion regarding risks and recommendations to support the delivery of safe and effective care. The Assessment Team noted the individualised care plans are easy to read and understand.

Management explained there are three triggers for updating a care plan: the annual assessment review process; when requested by a consumer or representative; or when change occurs. The latter includes deterioration, ill health, discharge from hospital, change in mobility and following an incident resulting in injury or potential harm. Management described the weekly care meeting, which includes staff and external stakeholders, where with consumer consent, care concerns are discussed, and recommendations and referrals made. The Assessment Team reviewed policies and procedures on clinical governance, assessment, and the referral processes.

Consumers and representatives confirmed they are supported and encouraged to develop goals and preferences to meet current needs, including advance care planning and end of life planning. Community care workers displayed an understanding of advance care directives and were aware that some consumers had them in place. The Assessment Team were shown advance care plans stored on the service’s electronic management system, and end of life discussions documented in the consumer notes.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal and clinical care received, indicating it meets consumer needs.

Community care workers described how care methodology is tailored to individual consumers and documented on consumer monitoring forms. Nurses explained how they assess clinical needs, making referrals to specialists and consultants with consumer consent, when required. This was supported by a review of consumer files which identified comprehensive documentation related to identification and assessment of personal and clinical care, individualised plans of care, referrals, recommendations, and outcomes.

A review of documentation identified policies and procedures on clinical care, validated assessment tools, clinical governance, incident management, palliative care, and responding to deterioration.

Consumers and representatives expressed satisfaction with the management of high-impact or high-prevalence risks. Care managers complete a home and environmental risk check by phone prior to the initial assessment and a visual observation is undertaken in the home. Community care workers advised they are provided with information that allows them to understand and manage consumers risks. Management explained incidents are entered into the electronic management system and reviewed by managers and staff with recommendations made to reduce the risk of reoccurrence or harm minimisation. The Assessment Team reviewed the services high-impact or high-prevalence risk register which identifies vulnerable consumers including those with medical conditions, living in isolated areas, without support at home and or at risk of abuse.

The service works alongside palliative care teams for consumers who choose to remain at home for end-of-life care. Consumers are encouraged to share their advance care plans with the service, and referrals to community nursing and palliative care services are made in consultation with the consumer and representative. A review of consumer files included a copy of the advance care plan, consent for referrals, regular meeting notes and consumer choices and preferences.

A review of documentation identified training modules on end-of-life care, palliative care, and advance care planning. Policies on end-of-life care, palliative care, pain management, and procedures for assessing pain, mobility and skin integrity were viewed by the Assessment Team.

Community care workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change to a care manager Care managers advised they have a 24 hour on call service which allows them to actively respond.

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.

Consumers and representatives were satisfied their health conditions, needs and preferences are communicated within the organisation and with others where care is shared, based on staff knowing the consumers well, recognising change and through communication. Community care workers described accessing consumer information through a document attached to their weekly roster or calling the office.

Care documentation identified the service actively communicates, internally and externally, to ensure the provision of safe and effective personal and clinical care. Care managers described the referral network and process. Consumers and representatives confirmed the service initiates appropriate referrals, involves relevant external providers, and maintains communication throughout the process.

Management explained staff undertake training in infection prevention and control and use of personal protective equipment. Consumers and representatives confirmed they are satisfied with the measures staff take to protect consumers from the risk of infection. Antimicrobial stewardship is undertaken in consultation with medical practitioners and registered nurses. Registered nurses monitor consumers taking antibiotics to ensure they are being taken as prescribed on referral.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives provided examples of how the service helps consumers maintain independence and quality of life by assisting them to participate in the community, go out for coffee, shopping, or do activities that they like. Consumers and representatives explained how community care workers know consumer daily living needs and how to provide individual support which is well coordinated, with continuity of services and supports.

Community care workers described the various activities and outings, reporting they felt the service supports each consumer’s independence and quality of life. Management explained that the service ensures the support they provide consumers optimises their independence and quality of life. The Assessment Team noted, in a newsletter and on flyers, a list of social support groups available to consumers.

Consumer documentation reflected consumer participation in programs and activities to meet their needs, goals, and preferences. Management explained consumers were often referred to various social support groups or bus outings and described the assessment and referral process.

The service does not directly provide meals to consumers. Consumers can source their choice of prepared meals, and expressed satisfaction with choice, quality, and quantity of the meals. Consumer file documentation included food allergies and dietary requirements.

Consumers and representatives explained how the service supports them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required. Care documentation demonstrated consumer needs for equipment are assessed to guide the acquisition of suitable equipment and evaluation of equipment occurs through the service’s allied health professionals.

The service provides transportation to appointments and for social outings. The Assessment Team reviewed vehicle documentation, including insurance, registration, and maintenance schedules, all of which were current and up to date.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are encouraged to provide feedback and felt supported in doing so. They can complete a feedback form, inform their care worker, use the service’s website, or call the service with any issues.

Management advised all complaints are acknowledged, investigated, and followed up, with final feedback to the complainant explaining what actions were taken to address the raised issue. Complaints are closed when the consumer is satisfied with the outcome. Complaints are monitored and reviewed by management to ensure response timeframes are met. They are recorded in the complaints register and categorised for trends to allow for improvement opportunities. All complaints and incidents undergo evaluation to determine whether it warrants classification and reporting as a Serious Incident response Scheme (SIRS) notification.

The Assessment Team reviewed the feedback and complaints policy, and the complaints and compliments register where all items had been closed out. Compliments are shared with staff by email communication. Staff confirmed training in open disclosure and complaints management has been provided.

Management undertakes surveys and develops an action plan to manage and monitor the effectiveness of actions and strategies. Incident and complaints registers are reviewed quarterly by the quality care advisory body and then provided to the governance body.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service plans its workforce to deliver safe and quality care and services. Management reviews hours delivered by service, monthly, to look for trends, forecast growth areas and identify needs for each service. They presented examples of providing the right staff to meet consumer preferences. The Assessment Team noted there were no unfilled shifts in the past 5 weeks and management explained that they have a list of available community care workers who are able to assist at short notice.

Consumers and representatives were satisfied with the performance of staff. They explained staff are kind, respectful, competent, and skilled to effectively perform their roles. They indicated the service always engaged a community care worker who provided safe and quality care and was always on time.

Management stated they check worker qualifications, references, and all other required information prior to them working for the service. All staff must complete education modules, prior to commencement, reflective of legislative requirements aligned with their roles. Ongoing mandatory and optional training is developed and recorded through both the formal and informal staff assessment process. A review of training records identified compliance with educational modules and a review of documentation identified regular performance reviews of all staff.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts an annual consumer survey and regularly seeks feedback from consumers. This was supported by a consumer account who advised they had previously provided feedback. The service has a consumer advisory body and information about meetings is included in their newsletters. Minutes of meetings confirmed active participation of consumers.

Service delivery is managed by staff, sub-committees, executive management, and a Board. The Board ensures Quality Standards are met using internal audits, complaints mechanisms, consumer surveys, feedback, and sub-committee reports.

The service uses an electronic health management system to store consumer documentation which is password protected. Staff can also access care plans via a hard copy in the consumer’s home.

Management advised opportunities for continuous improvement are identified via incidents, feedback, complaints, and legislative changes. The service’s continuous improvement plan evidenced improvements originating from a variety of sources including consumers, representatives, and staff.

The service issues monthly statements to consumers which includes expenditure, unspent funds, and fees, which care managers discuss with consumers. The finance and risk sub-committee prepares reports to the Board that includes unit costs, projected growth, and workforce planning. There was evidence of the utilisation of a performance management framework and workforce related policies and procedures. Staff demonstrated knowledge and understanding of these. Position descriptions include role responsibilities, accountabilities, tasks, and necessary qualifications.

Management advised the Assessment Team that service keeps up to date with Regulatory and Legislative change through its membership to peak bodies. Information is disseminated through a number of mechanisms including meetings, reports, and the consumer newsletter.

The feedback and complaints process includes acknowledgement, investigation and followed up with the submitter. Complaints are recorded in a register and are not closed until the consumer is satisfied with the outcome.

The service uses an electronic system to capture incidents. Reports contain de-identifiable information which is used to identify trends. Consumers who have an assessed risk are discussed during care meetings, with their consent, leading to referrals and recommendations aimed at minimising the risk of harm. There was evidence of relevant training and policies and procedures regarding abuse and neglect, incident reporting and incident review, including open disclosure and complex case review.

The service has a documented clinical governance framework that includes clinical guidelines, clinical practice, and investigation processes. A review of documentation demonstrated policies covering antimicrobial stewardship, restraint, and open disclosure. Records identified restrictive practice training as mandatory and there are currently no consumers subject to restrictive practice.

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