**Performance**

**Report**

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| Name: | Hesse Rural Health Service (HRHS) |
| Commission ID: | 300145 |
| Address: | 8 Gosney Street, WINCHELSEA, Victoria, 3241 |
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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: 31 Hesse Rural Health Service  
Service: 18816 Hesse Rural Health Service (HRHS)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8708 Hesse Rural Health Service  
Service: 27762 Hesse Rural Health Service - Care Relationships and Carer Support  
Service: 25787 Hesse Rural Health Service - Community and Home Support

**This performance report**

This performance report for Hesse Rural Health Service (HRHS) (**the service**) has been prepared by G. Harbrow, 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 | **Compliant** |
| **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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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 above and complies with this Standard.

Consumers and representatives confirmed they were treated with respect by service staff. The Assessment Team found assessment and care planning documents detailed information about consumers’ backgrounds, cultures, and preferences. Staff described and documents reflected ways respect for consumers is demonstrated and the Assessment Team observed and identified the way staff spoke of consumers as respectful.

Consumers and representatives were satisfied with service staff understanding of consumers’ cultural needs and delivery of culturally safe care. Staff demonstrated knowledge of the cultural backgrounds of individual consumers. Policies and care planning documents reflect that care is culturally safe with consumers supported to engage in activities of cultural importance to them.

Consumers and representatives said the service provides them opportunities to exercise independence through having choice and making decisions about their care. Staff provided numerous examples of ways consumer independence is supported, and documentation evidenced consumer consultation in identifying relationships of choice including people who they wish to be involved in their care.

Consumers and representatives were satisfied with the way the service supports consumers to take risks and live their best lives. Management explained how safety considerations are balanced with the consumers’ right to take risks. The Assessment Team identified staff were aware of and support consumers to make their own decisions. The service has a policy to guide staff in supporting consumers to take informed risks.

All consumers and representatives advised the service provides clear and timely information, which enables them to exercise choice. Staff said they are available to answer any consumer and or representative queries. The Assessment Team observed that information provided to new consumers was clear, relevant, and up to date.

Consumers and representatives were satisfied that confidentiality of consumer information, and privacy was respected by the service and effectively maintained. Staff described the importance of maintaining consumer confidentiality, with organisational policy and procedures available providing staff guidance on processes to do so.

# 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 above and complies with this Standard.

Consumers and representatives were confident assessment and care planning were considerate of risks to consumers’ health and well-being. Staff explained a comprehensive holistic assessment is completed for each consumer receiving services. Information is used from referral sources, validated risk screening tools, and consultation with the consumer and their representative. Documentation identified risk assessment and identification, and risk management strategies. Staff were knowledgeable of consumer's individual care needs, associated risks, and interventions necessary to provide safe and quality care.

Consumers and representatives confirmed a discussion with the service about consumers’ needs, preferences, and goals upon commencement with the service, including advance care planning.

Consumers and representatives advised they participated in the assessment and care planning process, including discussions about who consumers would like to have involved in their care. The Assessment Team identified brokered services from other health service organisations, to provide assessment, interventions, and treatment with documentation reflecting regular updates to the service.

Consumers and their representatives reported the service provides them access to their care plans following assessments. The Assessment Team identified staff are provided access to consumer care plans, with whom services are scheduled for the day.

Consumers and representatives confirmed service staff are in regular contact to discuss the changing needs of consumers’ care and services. Staff described a process of scheduled care and service review considerate of consumer acuity and complexity of needs and goals. Referrals for reassessment occur when consumer circumstances changes, post incident, where a need is identified, and or on request by the consumer or representative.

# 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 above and complies with this Standard.

Consumers and representatives were satisfied with the personal and clinical care and services received. Clinical care is provided through a brokered a nursing service and the Assessment Team identified consumers were satisfied with the level of expertise and care. Staff described tailoring care to meet the needs of individual consumers. The organisation has a range of policies and procedures reflective of best practice guidelines.

Consumers and representatives expressed satisfaction with how risks associated with consumer care were identified and managed. Management explained that high-impact or high-prevalence risks are recorded and monitored through a vulnerable consumers register that identifies numerous and an appropriate range of consumer related risks. The Assessment Team found, where the service has identified consumer risk, risk management strategies are initiated in consultation with the consumer with documentation demonstrating referrals to other specialist health service providers as required.

Most consumers and representatives recalled a discussion about and being provided with information regarding advance care planning on commencement with the service. Staff explained consumers nearing end of life are referred to a brokered palliative care, or community nursing service with end-of-life care provision delivered in consultation with consumer general practitioners and representatives.

Consumers and representatives were confident in staff capacity to identify and respond to a change in consumer health in a timely manner. Staff explained a process of escalation should they have concerns about a consumer’s change in condition. Management advised a consumer incident flow chart and escalation protocol provides guidance for staff in responding to changes in a consumer’s condition.

Consumers and representatives were satisfied with how information related to consumer health conditions, needs and preferences were captured in consultation with, and shared with others involved in a consumer’s care. The Assessment Team determined, and management and staff confirmed, consumer information is available and shared with others involved in consumer care, through the service’s electronic information documentation system, or paper-based files.

Consumers and representatives were satisfied the service initiates appropriate referrals to other health care service providers. Staff explained a process of referral for consumers to receive additional services as appropriate, and documentation demonstrated appropriate and timely consumer referrals made to multiple providers of health care services.

Consumers and representatives were satisfied with actions taken by staff to prevent the spread of infection. The Assessment Team determined staff are provided appropriate infection prevention and control (IPC), education and resources to prevent and control infection. Management advised the organisation has a policy document providing information and guidance to staff on the management of communicable diseases.

# 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 above and complies with this Standard.

Consumers and representatives reported, and documentation confirmed, planned social support services received by consumers, assists consumers to maintain their independence and quality of life. Management described services and supports planned specifically to support consumer independence, meet their goals, and provide access to community-based activities.

Consumers and representatives said the service ensures consumers are supported by service staff who understand their needs including emotional and or psychological needs. Consumers and representatives provided examples of support provided to consumers when they felt low or had felt lonely due to living alone. Care documentation reflected the engagement of consumers in activities that support their well-being.

Consumers and representatives reported, and documentation confirmed, consumers are assisted to participate in local and wider community activities at a level of participation suitable to them. Staff advised the service has strong ties and partnerships with many local community organisations that allow for a collaborative approach to service provision.

Consumers and representatives were satisfied staff know each consumer’s daily living and specialised needs and provide individual support accordingly. Care documentation reflected communication with others responsible for consumer care, including staff, representatives, and brokered service providers. Management advised care documentation is updated via regular reviews and when consumer circumstances change.

Consumers and representatives confirmed consumers had been appropriately referred to other healthcare service providers as requested or as identified through ongoing assessment and review. Management explained the process of referral, and consumer care documentation reflected appropriate and timely referrals as required.

Consumers described meals provided as varied, good quality and of suitable quantity. Staff identified and the Assessment Team confirmed, a dietary preference list which is reviewed at each group session to ensure consumers with dietary requirements are identified and provided correct meals. Consumer care documentation indicated consumer allergies, intolerances, and dietary requirements.

Consumers and representatives said the service supports consumers to purchase appropriate equipment and felt confident the service would assist them in accessing repairs and maintenance when required. Care planning documentation reflected equipment recommended following review by allied health professionals and equipment purchased through relevant consumer packages.

# Standard 5

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

Findings

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

The service offers a variety of centre-based activities at several sites throughout the local government areas. The Assessment Team attended one site during the Quality Audit, finding the service environment providing comfortable options for group-based activities. Consumers confirmed they look forward to attending the service and find it easy to navigate and access all available areas. The Assessment Team observed consumers engaged in table-based activities and seated exercise activities while interacting with other consumers and staff.

Consumers said the environment is comfortable, clean, and well-maintained. The Assessment Team observed the service was easily accessed from outside and consumers were observed to easily navigate the internal environment.

Consumers said they were satisfied that service equipment, furniture, and fittings are clean and well maintained. The Assessment Team observed tables being cleaned by service staff.

# 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 above and complies with this Standard.

Consumers and representatives confirmed knowing how to make complaints, and said they feel encouraged to provide feedback to the service. They were confident the staff and management would support consumers when raising concerns. Staff described regular consumer contact as opportunities to engage with consumers and receive feedback and complaints. Staff advised consumers are provided complaints and feedback information on commencement with the service.

Consumers advised of service support should they require an advocacy and or language service, or another method for raising and resolving complaints. Staff said advocacy support is discussed with consumers during assessment intervals and on commencement with the service. Staff demonstrated their knowledge of complaints and advocacy services.

Consumers and representatives described a service responsive to feedback and complaints. The Assessment Team found the service complaints records evidenced the practice of open disclosure and timely management of complaints.

Consumers and representatives advised the service reviews complaints and other feedback to improve the quality of care and services. Consumers described positive changes made to services following complaints and feedback, and management provided examples of improvements. The service’s feedback register and plan for continuous improvement (PCI) show service improvements have been made based on the service’s complaint data.

# 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 above and complies with this Standard.

Consumers and representatives were satisfied with staffing levels and the quality of care and services provided. They said they are contacted in advance with any changes to planned shifts. Management described a mix a staff to include staff directly employed by the service and brokered health services such as nursing and allied health.

Consumers and representatives described staff as kind, respectful, and caring. The Assessment Team found staff described consumers in a way that was personalised and demonstrated understanding and respect for individual consumers. Staff described ways to demonstrate kindness and respect to consumers and their representatives, and the Assessment Team observed staff interacting with consumers in a caring and respectful manner.

Consumers and representatives were satisfied service staff are competent and skilled to effectively perform their roles. Management discussed the qualifications, skills, and knowledge required by staff to perform their roles confirmed by position descriptions. Management advised of regular communication with consumers and enquires about their satisfaction with the care and services provided by staff.

Consumers and representatives were confident in the staff’s ability to deliver safe and quality care. Management described annual mandatory training as well as scheduled face-to-face training provided to the staff. Management explained staff training needs are identified through a variety of inputs including regulatory updates. The Assessment Team identified training to include topics specific to the desired outcomes of these standards.

Consumers were confident with staff performance and the service demonstrated staff performance is regularly reviewed and monitored. Staff described frequent informal performance reviews with their manager, and management described a process of scheduled and formal staff performance appraisal.

# 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 above and complies with this Standard.

The Assessment Team report indicates the organisation has established a community advisory committee which reports to the Board. This committee incudes consumer representation and meets every 3 months to review service design and delivery with a strategic focus on the consumer experience.

Management described the organisational structure that governs the delivery of quality care and services across the service. The board is responsible and accountable for performance concerning key areas of risk. The Board receives monthly reports on key clinical indicators, incidents, audits, and consumer feedback to enable monitoring and examination of the delivery of safe care in line with best practices.

The Assessment Team found the service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information management is informed by relevant policies and procedures which outline the systems for the management of records. There are checks within the system to ensure people only have access to the information they require.

The service has a PCI, which is informed by gap analysis, incidents, complaints, committee and clinical outcomes, staff forums, and consumer feedback. The continuous improvement policy outlines a framework for continuous improvement, ensuring that staff can identify quality improvement activities.

The finance, risk, and audit committee maintain oversight of income and expenditure through regular reviews of operating activities and estimates, including consumer expenditure and workforce budgets.

Workforce governance systems ensure sufficient, competent, and qualified staff are employed to provide services for CHSP and HCP consumers.

The organisation maintains up-to-date information on regulatory requirements via monthly bulletins from government departments, peak organisations, and service industry advisory groups.

The service’s consumer feedback procedure outlines how complaints and feedback are effectively captured, recorded, escalated, and resolved. An analysis of complaints and feedback data informs the PCI and improves outcomes for consumers.

The organisation has a risk management framework including a risk register and quality and risk management procedures. The Assessment Team found the service demonstrated effective risk management practices including identification, reporting requirements, escalation, and review.

The service has a clinical governance framework and an associated care and clinical governance committee meets regularly. The framework incorporates various clinical care considerations, including anti-microbial stewardship, the use of restraint, and open disclosure. Staff demonstrated their understanding of service policies and procedures regarding incidents, complaints, and open disclosure.

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)