**Performance**

**Report**

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| Name: | Intereach Limited - Deniliquin |
| Commission ID: | 200673 |
| Address: | Cnr Trickett & Napier Streets, DENILIQUIN, New South Wales, 2710 |
| Activity type: | Quality Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 19 April 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2520 Intereach Limited  
Service: 23523 Intereach  
Service: 17513 Intereach Community Support  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7483 Intereach Limited  
Service: 26059 Intereach Limited - Care Relationships and Carer Support  
Service: 26060 Intereach Limited - Community and Home Support

**This performance report**

This performance report for Intereach Limited - Deniliquin (**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.
* the provider’s response to the assessment team’s report received 18 April 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

**Standard 2:**

Requirement 2(3)(a) complete and ensure review and monitoring of risk associated with vulnerable consumers and associated records.

Requirement 2(3)(e) implement and sustain regular consumer assessment and planning review process.

**Standard 3:**

Requirement 3(3)(b) implement monitoring of vulnerable consumers and development of further management of high impact or high prevalence risk.

Requirement 3(3)(e) implement and sustain formalised sharing of information with brokered services and others where care is shared.

**Standard 8:**

Requirement 8(3)(c) ensure completion of proposed actions related to complaints and investigation refresher training, internal auditing and improvement and accuracy of financial statements.

# Standard 1

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

Findings

The Assessment Team recommended that Requirement 1(3)(e) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 1(3)(e):

Consumers and representatives described attempting to contact the service by telephone which would be unanswered, or messages for call back would not be actioned. Consistent consumer feedback and review of the complaints register reflected a poor exchange of information and lack of consultation regarding changes to rostering and financial statements.

The Approved Provider submitted a response (the response) and Plan for Continuous Improvement (PCI) including further clarifying information related to contributing factors around requests for changes to scheduled visits. The response also reflects immediate improvements to customer support staffing and a plan to implement a fit for purpose call centre phone system. The service has also planned to complete additional re-education sessions to ensure timely response to messages. I also note the additional focus on ensuring ongoing accuracy and timeliness of HCP statements under Requirement 8(3)(c). I am reassured that there is an adequate plan in place to address the deficits identified in the Quality Audit report and encourage the Approved Provider to ensure these improvements are implemented and evaluated. As a result, I consider Requirement 1(3)(e) is compliant.

Compliance with remaining Requirements:

Care file documentation for HCP consumers reflects the individual needs and preferences of each consumer, and their life history captures their background, culture, and diversity, including what is important to them. Care documentation for CHSP consumers included consideration of indigenous identity, the need for interpreters, and cultural requirements, but did always not capture individual information, profiles and background. The Quality Audit report noted incidents related to disrespectful interactions with staff, however most consumers confirmed they are treated with respect with individuality and values were acknowledged.

Consumer documentation generally shows the service is enquiring into consumers culture through asking questions and documenting each consumers country of birth, language, and Aboriginal or Torres Strait Islander identity. Care Coordinators provided examples of how they support consumers with choice and independence, by offering options and providing opportunities for discussion. Care Coordinators also how consumers are enabled to direct their care and service delivery, involve whom they wish in discussions and choose how the information is shared.

There was evidence of discussions with consumers and representatives related to risk are documented with supporting dignity of risk documentation actioned where a consumer chooses to take part in behaviours or actions that may result in a negative impact to their health.

Staff described being aware and respectful of privacy when in a consumer's home and maintaining confidentiality by password protecting electronic equipment with consumer details. Management demonstrated consumer information is shared electronically with authorised employees and external health providers with the consumer’s consent.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement’s 2(3)(a) and 2(3)(e) and as a result does not comply with Standard 2.

Requirement 2(3)(a):

The service did not perform consistent comprehensive assessment of consumers care needs, well-being and current functionality. Mobility, sensory, hydration, pain and medication management were not assessed or documented adequately documented within the consumers care and services plan. The Quality Audit noted a lack of staffing capacity to recognise, assess, evaluate, and introduce risk mitigation strategies where required. There was inconsistent involvement of health professionals to adequately establish care needs and the use of an unvalidated assessment tool was relied upon to inform initial assessment processes.

The response and supporting PCI indicated an immediate review of HCP and CHSP vulnerable client register and consumers would be carried out. The response also indicated updates to assessment templates and further subcontracting of clinical resources for assessment of identified risk. I note the response and planned actions related to the identified deficits and acknowledge the Approved Providers commitment to improving current systems. Given these actions are proposed and will require further time to implement and embed in practice I consider further time is required to ensure the completion and evaluation of actions. As a result, I consider this Requirement is non-compliant.

Requirement 2(3)(e):

The service did not demonstrate care and service planning was reviewed according to the recommended service schedule or consistently reviewed following incidents. Consumers and representatives reported ongoing contact with the service, in which the reporting of incidents and/or changes of circumstances are communicated. However, this did not always result in reassessment and care review. The Quality Audit noted no evidence of a structured review process. Management acknowledged this as an area for improvement implementing weekly meetings with management and senior care coordinators to review vulnerable consumers.

The response and supporting PCI indicated a review of HCP and CHSP consumers would be carried out. The response also indicated additional education related to care plan and consumer records is to be provided. I note the response and planned actions related to the identified deficits and acknowledge the Approved Providers commitment to improving current systems. Given these actions are proposed and will require further time to implement and embed in practice I consider further time is required to ensure the completion and evaluation of actions. As a result, I consider this Requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and their representatives expressed satisfaction that the care and services received are reflective of their needs and preferences. Concerns, goals and scheduling preferences were discussed with care coordinators during initial care consultations. Care coordinators explained they promote informed decision making by providing advance care planning forms during initial discussion.

Service delivery reflected consumer preferences related to the type of service, preferences for attendance times, gender specific carers and particular relationships of significance they wish to maintain. Care coordinators described how they aim to work in partnership with consumers and other organisations to ensure evolving needs and preferences are met and the care provided is responsive and coordinated. This was supported by a consumer example reflecting involvement and integration of allied health recommendations.

Most consumers and their representatives confirmed they received a folder containing resources, copies of agreements and a care and services plan. Consumer documentation reviewed demonstrated most consumer care plans were signed by the consumer and a copy had been provided to them.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant | Not 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 report and the Approved Provider’s response that the service does not comply with Requirement’s 3(3)(b), 3(3)(e) and 3(3)(f), and as a result does not comply with Standard 3.

Requirement 3(3)(b):

Clinical and allied health assessments are not always occurring and there was inconsistent evidence of risk mitigation strategies and evaluation post incidents. The service maintains a vulnerable client risk register which was incomplete and out of date. Although the clinical governance framework references procedures to investigate incidents, action evaluation and implement risk minimisation strategies post incidents, documentation does not reflect this practice. Where risk has been identified further assessment tools exist to guide care coordinators in implementing strategies, however, the Assessment Team did not see evidence of these being used.

The response and accompanying PCI indicate further monitoring of vulnerable consumers and registers will be carried out as also reflected with Requirements 2(3)(a) and 2(3)(e). The response also included supporting evidence of referrals for assessment by allied health professionals not considered at the time of the Quality Audit. I note the actions proposed to address the management of high impact or high prevalence risk, particularly related to monitoring of vulnerable consumers and development of further monitoring specific to high impact or high prevalence risk. Given these actions are proposed and will require further time to implement and embed in practice I consider further time is required to ensure the completion and evaluation of actions. As a result, I consider this Requirement is non-compliant.

Requirement 3(3)(e):

The Quality Audit report identified insufficient and inconsistent progress note entries for HCP consumers and little to no documentation or reporting for CHSP consumers. Where staff are brokered through another supplier, information exchange was occurring infrequently and through varied and unsecured media.

The response and accompanying PCI reflect the identified deficits according to the Quality Audit. I note the PCI proses actions related to development and implementation of systems for management and oversight of brokered serv ices as well as addition education regarding client records. Given these actions are proposed and will require further time to implement and embed in practice I consider further time is required to ensure the completion and evaluation of actions. As a result, I consider this Requirement is non-compliant.

Requirement 3(3)(f):

The assessment, planning and review procedures do not always identify risk or the appropriate personnel or organisation to engage. However, when care coordinators are actioning the referral process to occupational therapists for home environment and mobility assessments the procedure is well documented and reflects a pro-active approach to risk mitigation.

The response and accompanying PCI refer to actions related to Requirements 3(3)(b) and 3(3)(f) and note a further action to develop care planning and assessment procedures to include brokered services. Given these actions are proposed and will require further time to implement and embed in practice I consider further time is required to ensure the completion and evaluation of actions. As a result, I consider this Requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and representatives were satisfied personal and clinical care provided was safe and appropriate. The workforce is supported by management where clinical enquiries arise and the service maintains a suite of organisational policies and procedures related to personal and clinical care support. Management explained the service was progressing further focus on monitoring compliance with brokered suppliers, improving the review process for both HCP and CHSP consumers, introducing an internal consumer auditing schedule and weekly clinical meetings with senior staff.

The service has the capacity to assist consumers who wish to receive palliative care at home with palliative supports. The service was in the process of developing further resource material to support consumers with advance care planning, a palliative indicator tool to identify deterioration and implementation of after death audits and development of end-of-life policies.

Staff described using wellbeing forms and contacting team leaders to report or discuss instances of change in consumer presentation or circumstances. Care coordinators demonstrated knowledge of their responsibilities with reporting deterioration to family members and advising on further medical assessment.

Staff confirmed they have completed hand hygiene and infection prevention and control training and described use of Personal Protective Equipment (PPE). Care coordinators explained consumers and care support workers who are experiencing viral symptoms notify the service to make other arrangements for scheduled services. Management demonstrated training in infection control and PPE use is mandatory and completed annually. The service also maintains a staff vaccination register.

# 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 confirmed the services they receive assist them to maintain their quality of life and independence. Care documentation reflected care plans that document consumer goals and services are tailored to meet needs and preferences. The service’s policies state the service supports each consumer to optimise their independence and wellbeing. The service’s monthly newsletters to the social support consumer groups communicates a commitment to promote each consumer’s quality of life.

All consumers who attend the social group and weekly gatherings provided by the service confirmed how enjoyable they were. Care documentation and progress notes demonstrated assessment of consumer needs, with assistance provided to support consumer participation with community and social support services. Consumers and representatives indicated they are invited and supported to participate in the community, including events run by the service, social or exercise groups, shopping and other activities.

The service’s annual social support satisfaction survey included feedback related to social events, of which the strength and exercise social support group was positively rated and documented on the services social media platforms. Management explained the service uses a team coordinating model with the office as the central organising body. Issues or changes are allocated for action through the electronic health management system and changes to consumer care or condition are communicated to relevant staff through multiple pathways in the health management system.

Care coordinators explained they maintain a register of approved service providers from gardening, window cleaning, food delivery, building, personal alarms, social and community groups. Consumers and representatives receive assistance from the service to source their choice of prepared meals, shopping, food preparation and meal delivery. Consumers and representatives receiving delivered meals were satisfied with the choice and quality of the meal delivery service.

Management described the process of assessment for equipment purchase, all equipment funded by the HCP must be assessed and recommended by an appropriate health specialist and recorded in the electronic health management system.

# 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

Consumers and representatives spoke positively about the service environment. They enjoy attending classes, such as strength and exercise, and value the opportunity to interact with like-minded people. The environment was observed to be welcoming, accessible, functional, and included noticeboards, photographs, and artworks.

Staff ensure service environments are safe and accessible by keeping open spaces clear and positioning mobility equipment along the walls, allowing consumers to move safely and freely.

Consumers and representatives expressed satisfaction with the suitability, safety and cleanliness of furniture, fittings, and equipment. The service provides transport for group outings, with car registrations and maintenance managed through the services fleet management company. Assessments are carried out to ensure accessible facilities for wheelchairs, including appropriate toilet facilities and parking are available prior to use. The service environment, furniture and fittings were observed to be safe, clean, and suitable for consumer use. A maintenance system using various contractors keeps the service centres and surroundings well maintained.

# 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

The Assessment Team recommended that Requirement 6(3)(c) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 6(3)(c):

There was evidence of some consistency regarding concerns with financial statements requiring formal complaint resolution and involvement of external complaints entities. Several continuous improvement actions are in place to improve distribution of HCP statements to clients.

The Quality Audit report noted that there was no evidence of a formal investigation or response to relevant external complaints entities as required. Management acknowledged the missed deadline for a response and stated they would request an extension. The information available demonstrated an inadequate approach to formalised complaints.

The response and accompanying PCI provided further supporting actions to ensure a committed approach to continuous improvement. The response also included additional clarification regarding the identified gap in response to a formal external complaints process indicating this was an isolated incident and the service has demonstrated positive survey responses regarding complaints resolution. With consideration to the additional information and supporting evidence I am reassured the service has adequate systems in place to ensure appropriate actions are taken in response to complaints. As a result, I consider Requirement 6(3)(c) compliant.

In relation to compliance with the remaining Requirements:

Feedback and complaints can be made through various channels including telephone calls or using the services Welcome booklet and the In-Home folder, which contain the privacy and complaints brochure, the internet feedback form, quick response (QR) code, satisfaction surveys and face-to-face contact. Documentation showed the service has a complaints policy and mechanism for consumers to provide feedback, with complaints noted in progress notes and documented in the electronic health management system.

Consumers and representatives reported they feel safe raising concerns. While consumers reported receiving information about advocacy services and other ways they can make a complaint, including contacting the Older Persons Advocacy Network (OPAN) and the Aged Care Quality and Safety Commission, the Quality Audit noted that the service complaints process policy did not include information for accessing advocacy services and complaints resolution through the Aged Care Quality and Safety Commission. Information about advocacy services is supplied to consumers in the welcome booklet and In-Home folder.

Consumer issues are addressed and improvements occur through discussions with care coordinators and managers. The complaints register and Plan for Continuous Improvement (PCI) demonstrated that complaints data has led to improvements, such as the implementation of a new electronic finance system and increase in recruitment of rostering staff.

# 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

The Assessment Team recommended that Requirement 7(3)(e) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(e):

The service does not currently have a regular assessment, monitoring, and review of the performance of each member of the workforce. Management confirmed they monitor internal staff performance through regular check-ins and coaching, and support meetings. While performance monitoring included consideration of incidents and feedback, staff indicated the service had not provided regular catch ups or performance assessments. Management explained a PCI action is in place to implement a formal annual staff performance review. The brokered service agreements are not reviewed annually, and management mentioned a PCI action to rectify the identified deficits.

The response and PCI reflect a plan to implement a formal performance management process and annual review of brokered service agreements. I am reassured that the plan in place to implement and monitor staff performance and brokered service is adequate to address the concerns identified in the Quality Audit. As a result, I consider Requirement 7(3)(e) compliant.

Compliance with remaining Requirements:

Direct service delivery is provided by service-employed staff, excluding contract home maintenance, gardening, nursing, and allied health services. A mix of full-time, part-time, and casual staff covers unplanned leave, with the rostering team replacing absent staff from the casual pool. Consumers are contacted for their preferences, including rescheduling, or cancelling services. An action is noted on the PCI to review processes and address complaints regarding communication on rostering and service time changes.

Consumers and representatives confirmed staff are kind, caring and respectful. Staff demonstrated these qualities by understanding consumers’ priorities, communicating politely, and respecting consumer home environments. Position descriptions documented service expectations of staff and the service has a code of conduct policy introduced in induction and revised during annual mandatory training.

A review of documentation outlined expectations, required qualifications, and police check requirements for roles. Training processes ensure staff are competent and qualified, with annual mandatory training monitored via an electronic learning management system. Management assesses internal staff capability by reviewing experience and certifications. A PCI action is in place to improve qualification and registration checks for subcontractors.

Consumers and representatives expressed their confidence in staff ability to deliver quality care and services. Staff were satisfied with the service’s training and ongoing support. The service provides orientation and role-specific training, identifying needs through meetings and regulatory changes. Staff complete mandatory annual training, with additional needs identified through supervision and informal discussions. A staff survey and a developing training needs analysis assist identifying training needs. The human resources electronic learning management system assigns role specific mandatory training. Training plan and records demonstrated staff had completed annual mandatory training.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not 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 report and the Approved Provider’s response that the service does not comply with Requirement 8(3)(c) and as a result does not comply with Standard 8.

Requirement 8(3)(c):

The service did not demonstrate it has an effective organisation wide governance system relating to information management, feedback and complaints and financial governance. The service implemented a new statement management system in June 2023 to address late and incorrect statement. Despite these changes, staff report ongoing issues with financial statements. The service has a broker portal within its Finance – Business Central system to onboard new subcontractors as suppliers.

The response and PCI reflect proposed actions related to reviewing system refinements to ensure accuracy of financial statements. The response also reflects a plan for future internal auditing, complaints handling refresher and training related to complaint investigations.

The service has organisation wide governance systems to monitor continuous improvement and workforce governance. The board reviews complaints and feedback, as noted in meeting minutes. Staff and management acknowledged that while they promptly address complaints, not all complaints are formally recorded. To effectively improve services, feedback and complaints require recording, monitoring, analysing, and reviewing with consideration to continuous improvement and to inform future actions. A PCI action to provide training to staff about case notes and poor-quality client interaction is in place.

There was evidence to support that the service identifies opportunities for improvement through audit findings, feedback from consumers, representatives, and staff, as well as board recommendations and legislative changes. The quality management framework guides continuous improvement effort. The plan includes updating policies and procedures for regulatory compliance, formalising performance reviews, improving communication, training, and financial statements. Workforce governance systems ensure sufficient and competent staff are employed to provide services for CHSP and HCP consumers. All staff have a position description, are supplied with policies and procedures, and complete annual mandatory training.

The service maintains up to date information on regulatory requirements via monthly bulletins from government departments, peak organisations, and service industry advisory groups. Management discussed the PCI action in place to develop a formal process to ensure legislative and regulatory compliance is monitored and implemented. The service is in the process of forming a consumer advisory body to meet legislative requirements.

I have considered the response and proposed actions related to specific aspects of Requirement 8(3)(c) particularly information management as well as feedback and complaints management. I acknowledge the actions which are planned for commencement soon and encourage the Approved Provider to ensure that these actions are implemented and evaluated. Given these areas of improvement have not yet commenced, further time is required to ensure they are embedded and sustained in practice. As a result, I consider Requirement 8(3)(c) is not compliant.

Compliance with remaining Requirements:

Management explained that surveys provide opportunities for consumers to suggest improvements. Program managers and care coordinators support consumer involvement with developing and evaluating their own care to the extent they wish. Consumers are evaluated upon entering the service and then annually, with assessments including feedback provided to the service. The service is in the process of establishing a consumer advisory board.

The service has a range of policies, procedures, and work instructions to support and guide management and staff to provide a safe and inclusive culture for consumers. Documentation reviewed demonstrated the service has an Aged Care and Clinical Governance Framework, with the Quality and the Environment, Social and Governance (ESG) committee providing quality and clinical governance reports to the Board.

The service has a risk and incident policy, along with a risk management framework, including a risk treatment plan to identify, monitor, and manage risks. Risks and incidents are escalated and managed according to policies and procedures. There are clear reporting lines for escalating risks to management and, ultimately, the governing body responsible for overseeing risks and risk management systems. All staff have been recently trained in identifying abuse, neglect, and Serious Incident Response Scheme (SIRS) reporting, as reflected in documentation.

The service has a clinical governance framework and a quality committee which meets monthly. The framework incorporates various clinical care considerations, as well as current policies and procedures relating to the use of restraints and open disclosure. Following feedback to management on the limited information on how the service manages Antimicrobial Stewardship (AMS), the service updated the PCI to include a plan to develop a process for antimicrobial stewardship by 30 June 2024.

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)