**Performance**

**Report**

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| Name: | Latrobe Community Health Service - Gippsland |
| Commission ID: | 300222 |
| Address: | 81-87 Buckley Street, MORWELL, Victoria, 3840 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 28 February 2024 to 29 February 2024 |
| Performance report date: | 8 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: 1126 Latrobe Community Health Service  
Service: 28058 Latrobe Home Care Packages - Barwon South Western  
Service: 19298 Latrobe Home Care Packages - Grampians  
Service: 19304 Latrobe Home Care Packages - Hume  
Service: 26813 Latrobe Home Care Packages - Loddon Mallee  
Service: 28059 Latrobe Home Care Packages - Northern Metro Region  
Service: 23563 Latrobe Home Care Packages - Outer East  
Service: 26899 Latrobe Home Care Packages - Riverina  
Service: 26537 Latrobe Home Care Packages - Southern Metropolitan Region  
Service: 28436 Latrobe Home Care Packages - Sydney Metro  
Service: 28060 Latrobe Home Care Packages - Western Metro Region  
Service: 18838 Latrobe Home Care Packages Gippsland Koorie Level 2  
Service: 22885 Latrobe Home Care Packages Gippsland Level 1  
Service: 18837 Latrobe Home Care Packages Gippsland Level 2  
Service: 18839 Latrobe Home Care Packages Gippsland Level 3  
Service: 18840 Latrobe Home Care Packages Gippsland Level 4

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8206 Latrobe Community Health Service  
Service: 24670 Latrobe Community Health Service - Care Relationships and Carer Support  
Service: 25257 Latrobe Community Health Service - Community and Home Support

**This performance report**

This performance report for Latrobe Community Health Service - Gippsland (**the service**) has been prepared by Aidan Kinsmore, 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 Assessment contact (performance assessment) – site 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 22 March 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements assessed** |

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)(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 |

Findings

Requirement 1(3)(e)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where deficits were found in the provision of information to consumers with a result that choices or decisions consumers made were not always fully informed.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated that it now ensures consumers and representatives understand the information provided to them, including what care and services can be purchased with HCP funds. New processes ensure that monthly financial statements are correct. The responsiveness of staff to consumers’ requests for information has improved and accurate information is provided to consumers to support informed choices about care and services.

All consumers and their representatives expressed satisfaction that the service provides adequate information to help them make decisions about the care and services consumers receive. All HCP consumers advised their monthly statements are clear, and if they require any assistance in understanding them, they can contact their care advisor who will explain it to them. Monthly statements outline funding allocations, itemise expenditure and note the current balance.

Staff describe the various ways they communicate information to consumers that face challenges with communication, with tailored methods implemented for consumers living with hearing impairments, vision impairments, cognitive impairments and linguistic barriers. Staff and management confirmed the service utilises an interpreter service as required.

Management said that monthly budget discussions with consumers are occurring and advised that a ‘how to read your statement’ guide has been developed.

Documentation review showed that communication regarding changes to fees are made in writing and the service’s ‘welcome pack’ includes fee information and HCP expenditure options together with a range of other relevant information.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1 Requirement (3)(e).

# 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)(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

Requirement 2(3)(a)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where deficits were found in the adequacy of assessment and planning processes. Assessments did not consistently capture key information and were not sufficiently detailed to inform staff about consumers’ care needs.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated that it now ensures each consumer’s clinical risks are assessed and the outcome of these assessments inform how the care is planned to support the best outcomes for the consumer’s health and wellbeing.

At assessment, a risk and vulnerability tool is completed to inform of risks to the consumer. General practitioner health summaries and other information is also considered when planning care.

The Commonwealth Home Support Program staff (CHSP) assess risks to consumers, with a focus on those consumers getting personal care. Where a risk is identified at this assessment point, the consumer is referred to allied health professionals for a clinical assessment. The outcome of the clinical assessment is then used to plan appropriate care.

The Assessment Team found the Home Care Package (HCP) risk assessments were comprehensive and that the outcome of these assessments are sufficient to inform staff of the care needs of each consumer.

Consumers who recently joined the service described clinical assessments being undertaken and plans to manage their care needs being put in place, including home nursing visits and referrals to other health organisations.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2 Requirement (3)(a).

Requirement 2(3)(d)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found that while consumers recalled being offered a care plan, the outcomes of assessment and care planning are not consistently communicated and available at the point of care.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated that it now has processes for those delivering care in the consumer’s home to have access relevant care and service information.

A ‘My Care Guide’ document is created for each consumer at assessment and provided to support workers including any subcontracted workers. It clearly identifies risks to the consumer and has directives for how consumers are to be supported when a service is being provided.

Inhouse support workers have access to the consumer’s care plan and the ‘my care guide’ through and ‘App’ on their mobile devices.

An in-home communication folder is also being implemented.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2 Requirement (3)(d).

Requirement 2(3)(e)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found while annual or scheduled reviews were occurring, a review of the consumer’s care and service needs did not consistently occur following an unexpected event such as a change in health status.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated that it has implemented processes and monitoring systems to ensure that reassessment and care plan reviews are undertaken at any point when the consumer’s care needs change or an incident impacts on their health or wellbeing and they require more or different care and services.

Management has implemented a monthly review of consumers on a HCP. Consumers confirmed that they have meeting with the care advisors every month. If issues are identified then discussions on the need for a home visit to reassess their care needs occurs and the visit undertaken when necessary.

Care advisors discussed consumers whose circumstances had changed and demonstrated they were aware of consumers with reviews pending, for example consumers in hospital or in rehabilitation services who will get a reassessment on their return home.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2 Requirement (3)(e).

# 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)(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 |

Findings

Requirement 3(3)(a)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found care was not always tailored to the current needs of the consumer.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated consumers are getting care that is safe and tailored to their needs.

All consumers and representatives stated consumers’ personal care services are generally provided by the same staff member each time, that they are happy with the way staff provide care, and that staff know about care needs and do not need to be directed by the consumer or representative in what to do when delivering care.

Staff interviewed were able to provide detailed information on each consumer’s personal and clinical care needs, and any risks and areas of concerns.

Management explained the service ensures personal and clinical care services delivered are in line with best practice through ensuring assessments and reports are received regularly from subcontracted clinical care providers, undertaking monthly telephone calls to HCP consumers to discuss clinical and personal care, and ensuring for both CHSP and HCP consumers that service tasks lists are clear and detailed, supporting staff to deliver safe care. The service maintains a risk register which includes all consumers receiving complex care.

The Assessment Team’s report notes consumer documentation review consistently showed each consumer’s personal and clinical care is best practice, tailored to their needs and is provided in a way that optimises their health and wellbeing.

The report evidences that clinical care is delivered effectively, it was noted for example, that a consumer with a current wound has had a recent care plan review, was referred for specialist review and planning and the service engaged with the consumer’s general practitioner. Wound care dressings are being undertaken in line with best practice protocols and feedback from the consumer on their wellbeing is actively sought.

Management have line of sight to consumers with current medical conditions via risk registers. The team noted consumers with complex care needs were consistently placed on the risk register and the care was appropriate overseen by a clinician.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 3 Requirement (3)(a).

Requirement 3(3)(b)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found risk mitigation strategies were not consistently followed by staff when delivering care.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated consumers’ clinical and other risks are being effectively managed.

Strategies to mitigate risks to consumers are developed in collaboration with the consumer and the appropriate clinical professional and evident in a range of documents, such as consumer care plans, allied health and nursing assessments and risk and vulnerability registers. Recommendations on minimising risk are tailored to each consumer’s circumstance and include home modifications, supply of equipment and treatment recommendations from allied health clinicians.

Staff described strategies to reduce known aged care risks including responding to falls, supporting good nutrition and skin integrity and practicing evidence based dementia support risk mitigation strategies. Staff were alert to risk in their day to day delivery of care and spoke of reducing environmental hazards, accessing allied health practitioners, implementing care plan strategies and using equipment safely.

Consumers are satisfied with the management of their care including wound management, falls management and the management of their complex health needs.

The Assessment Team found the way care has been planned and is being delivered is appropriate, effective, timely, is supporting consumers’ wellbeing and reducing risk.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 3 Requirement (3)(b).

Requirement 3(3)(d)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found staff did not consistently identify and respond to changes in consumers’ health and wellbeing which may have indicated deterioration.

The Assessment Team’s report for this assessment of performance outlines that the service demonstrated staff are recognising and responding to signs of deterioration in consumers.

The service has improved its review and assessment processes to support staff in identifying changes in consumers’ health and wellbeing. It has also improved engagement by management with staff to enable complex case discussions to occur where deterioration has been identified by staff.

All consumers and representatives expressed confidence that staff know them, and would know if their health changed suddenly. In addition, consumers interviewed described how the service has supported them with allied health and nursing services, equipment and increased in home care services when their health deteriorated, or they became unwell. Consumer documentation reviewed consistently showed the service is responding to consumer deterioration promptly with appropriate engagement with consumers and their families, allied health clinicians and nursing services.

Staff interviewed were able to consistently recall significant changes in consumers’ personal or clinical care needs, and described the response, including increased in-home care services, accessing allied health services and reassuring consumers.

The ‘home care service management guide’ refers to identifying potential decline in a consumer’s condition during monthly calls between care advisors and the consumer.

Consumers described getting additional services, welfare checks, reassessment and new equipment when their health has been declining.

A consumer incident register is maintained and reviewed to identify any potential deterioration and if identified, to trigger various referral processes.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 3 Requirement (3)(d).

Requirement 3(3)(e)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found relevant information was not effectively passed between those providing care and services to the consumer.

The Assessment Team’s report for this assessment of performance outlines that the service now has effective information systems.

Management stated they ensure all staff within the organisation have appropriate access to sufficiently detailed and current information to enable them to deliver personal and clinical care to consumers. Information sources include the ‘My Care Guide,’ service requests and associated information.

Management noted the service ensures information relating to consumer’s personal and clinical care is consistent and current across various documents through regularly updating service requests to external providers and ensuring regular reviews of consumer’s documentation including their My Care Guide.

The service’s review and reassessment guide provides instruction to staff in completing documentation review to ensure consistency across documentation.

Care staff said they have sufficient information to effectively deliver care and services. Consumers are satisfied that those attending / managing their care have the relevant information and they do not have to repeat themselves.

An in-home care folder is currently being implemented so that it is accessible to anyone attending the consumer to deliver care including those delivering episodic care such as allied health clinicians.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 3 Requirement (3)(e).

Requirement 3(3)(f)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found that while referrals occurred, oversight of the outcome of referrals was inconsistent and did not support optimal care.

The Assessment Team’s report for this assessment of performance outlines that the service now has dedicated brokerage administrative staff who ensure timely and appropriate referrals occur when a need is identified.

Consumers and representatives interviewed consistently stated the service contacts a doctor or other health professional, including nursing or allied health services, promptly when their personal or clinical needs change. Consumer documentation reviewed shows the service consistently undertakes referrals to other health professionals promptly when a need is identified.

Clinical assessments and recommendations once received are now consistently recorded in the service’s electronic client management system and used to inform care planning.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 3 Requirement (3)(f).

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| 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 |

Findings

Requirement 6(3)(c)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found complaints were not always actioned in line with a best practice approach.

The Assessment Team’s report for this assessment of performance outlines that the service now has strengthened its approach to complaints management to ensure complaints can be actioned appropriately.

The Assessment Team reviewed the service’s continuous improvement plan, spoke with consumers, staff and management, and reviewed complaints documentation, and was satisfied that appropriate action in response to a complaint takes place.

A formal complaint was reviewed in line with the service’s procedure and it was noted that at the end of the process the complainant was provided an opportunity to express whether they were satisfied with the process and outcome.

The new electronic client management system allows staff to use naming conventions such as ‘feedback’ and ‘compliant’ when inputting information. I note that informal complaints are resolved / recorded at the consumer level and encourage the approved provider to ensure it can capture trends at this level with their new system.

Formal complaints and any trends in formal complaints are reported through various committees and are appropriate overseen from a governance perspective.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 6 Requirement (3)(c).

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 |

Findings

Requirement 7(3)(c)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found the service did not adequately demonstrate that staff across various positions and functions are competent to effectively perform their roles.

The Assessment Team at this assessment of performance was not satisfied the workforce is competent, with qualifications and knowledge to effectively perform their roles. The following evidence was provided relevant to my finding:

* While the service has processes or procedures that reference some of these items, actual training to all care advisors and care staff has not been delivered in, identifying and responding to deterioration; open disclosure; elder abuse; antimicrobial stewardship and the serious incident response scheme.
* Care advisors and care staff interviewed could not confirm having undertaken training in open disclosure, elder abuse, restrictive practices, antimicrobial stewardship and the Serious incident response scheme (SIRS).
* Management advised that its internal workforce undertakes competency-based training depending on their role.
* New staff have been recruited to meet the demands of the HCP and CHSP programs.
* Direct care staff hold a certificate III in aged care or disability and have weekly supervision meetings with the team leader.
* Domestic assistance staff do not have formal qualifications, however, have undertaken firs aid training.
* Management was unable to confirm that staff from the subcontracted services have undertaken training in identifying and reporting on deterioration; open disclosure; elder abuse; restrictive practices; antimicrobial stewardship and the Serious incident response scheme.

The approved provider’s response to the Assessment Team’s report provides the following evidence relevant to my finding:

* A plan for continuous improvement relating to Standard 7. The plan details what training had occurred prior to the latest visit in February 2024 and in the weeks up to April 2024.
* A training matrix that outlines training already delivered and training planned to support the competency of the workforce.
* An action to communicate with all brokered providers the requirement to complete the identified suitable training by June 2024 and to provide a letter that the providers may complete to confirm the training and the staff levels of completion.
* An undertaking to review outsourced contracts to ensure the contract outlines the training requirements relevant to the service being brokered.
* Notes that the service assures itself that its consumers feel well supported in their home by competent staff through regular consumer surveys. Noting consumer survey results over the last quarter indicate 85% of responses were promoters of our service (scoring 8 or above out of 10) and are very happy with their Home Care Package service. This is echoed by our Consumer Advisory Body group members.

In coming to my finding, I have considered the Assessment Team’s report which does not evidence the workforce performance is ineffective. I have considered the high satisfaction levels of consumers in regard to the quality of the service which would include care delivered by the service’s own employees as well as those from brokered organisations. I have also taken regard of the work the service has undertaken in relation to training in the weeks following this assessment of performance. I am satisfied, based on its previously demonstrated ability to drive improvements, that the approved provider will deliver on the remainder of its continuous improvement activities for Standard 7 in the timeframe noted.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 7 Requirement (3)(c).

# Standard 8

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| Organisational governance | | HCP | CHSP |
| 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 |

Findings

Requirement 8(3)(d)

The service was found non-compliant following a Quality Audit conducted from 15 July 2022 to 19 July 2022 where it was found that risk management systems were ineffective.

The Assessment Team’s report for this assessment of performance outlines that the service now has strengthened its approach to risk and effective systems are in place at a governance level.

The Assessment Team’s report evidences that the service has:

* Implemented clinical indicators and put in place processes and timeframes to report on risks to the board quality committee.
* Consistently applied a risk and vulnerability screening tool on consumers at entry to the service and when incidents are identified.
* Transferred to a new electronic database that provides staff and management with better access to consumer information.
* Improved assessment and planning processes including developing a ‘My Care Guide’ document that is provided care staff and subcontracted service providers which outlines the consumer’s medical considerations, associated risks and how to support the consumer when providing care and services.
* Is documenting all incidents, witnessed and unwitnessed, and taking appropriate actions to support a consumer following an incident.

Demonstrated effective systems to the Assessment Team in managing high-impact or high-prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 8 Requirement (3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)