**Performance**

**Report**

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| Name: | Matthew Flinders Home Inc. |
| Commission ID: | 600102 |
| Address: | 61-63 Oxford Terrace, PORT LINCOLN, South Australia, 5606 |
| Activity type: | Quality Audit |
| Activity date: | 14 May 2024 to 15 May 2024 |
| Performance report date: | 21 June 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: 1112 Matthew Flinders Home Inc  
Service: 18535 Matthew Flinders Home Inc. Home Care Packages Program  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7452 Matthew Flinders Home Inc  
Service: 23904 Matthew Flinders Home Inc - Community and Home Support

**This performance report**

This performance report for Matthew Flinders Home Inc. (**the service**) has been prepared by M Glenn, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 7 June 2024, which includes a plan for continuous improvement (PCI) outlining the issues identified, planned actions, planned completion dates and outcomes, as well as supporting documentation.

# 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 | **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 | **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 | **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 8 requirement (3)(a)**

* Review processes relating to:
* how consumers are supported and engaged in the development, delivery and evaluation of care and services;
* how feedback from consumers is provided to the governing body for oversight and identification of improvement opportunities; and
* how the governing body communicates with consumers.

# 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 service is consumer focused and works to ensure staff treat consumers with dignity and respect. Personal information about consumers’ life history and interests are captured in the support plans to guide staff in provision of care and services. Staff spoke of consumers’ past and current circumstances with care, dignity and respect, and consumers interviewed said they feel valued and spoke positively about their relationships with staff. All consumers interviewed said staff are respectful when they enter their homes and treat them with dignity and respect when assisting with services.

Care and services provided are culturally safe for all consumers. Staff are aware of consumers who wish to have specific gender of staff attend to their personal care needs, and these preferences, as well as religious and cultural preferences, are outlined in consumers’ support plans. Consumers and representatives said care and services are provided in line with consumers' needs and preferences, particularly in relation to culture or staff gender requirements.

Consumers are supported to exercise choice and independence, including to make decisions about their care, the way services are delivered and to make decisions about who is involved in their care and services. Care and services are scheduled based on times and dates requested by consumers and can be changed at consumers’ request. Consumers are contacted on a regular basis to ensure they are happy with the care and services they receive. Consumers said staff are respectful and support them to maintain their independence and they make their own choices regarding the care and services they receive.

Each consumer is supported to takes risks to enable them to live the best life they can. Consumers said they are supported to take risks and to continue to live their best life. Where consumers are identified as partaking in an activity which involves an element of risk, discussions are undertaken with consumers, representatives and staff regarding potential risks, outcomes and management strategies to support informed decision making, and risk assessments are completed and signed by consumers’ to show they understand the risks.

Consumers and representatives said they are provided with accurate and timely information when consumers first commence services, on an ongoing basis or when there are changes to consumers’ services. Information is provided to consumers through newsletters, noticeboards, emails and by staff when delivering services. Consumers attending the day centre are provided with a welcome information pack that includes the monthly activity program, staffing provisions and safety information. HCP consumers have monthly meetings, and meeting minutes are available to all consumers. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Care files sampled show comprehensive assessment and planning is undertaken with consumers and includes completion of risk assessments using validated tools for community care. Consumers' needs and risks are assessed at commencement of services, reviews, and as required following incidents or changes in the consumer's condition. An alert sheet is completed on entry that identifies any medical, behavioural, environmental, contact or other areas of risk. All care files sampled include a contact detail for no response to a scheduled visit and natural disasters assessment to guide staff in actions to be taken in emergency situations. Consumers and representatives confirm assessments are completed on commencement of services, and consumers' care and services are discussed and planned to meet their health and well-being needs.

Care files show consumers' needs, goals and preferences, including end of life and advance care planning, are discussed with consumers and documented, with the information used to coordinate care and services. The service recommends all consumers have an advance care directive, statement of end of life choices or a 7-step pathway in place.

Consumers said they are involved in regular discussions and make decisions about the care and services provided, including personal care, social support, transport services and domestic assistance, and confirm changes to their services are made when needed. Initial assessments are completed with the consumer and their representatives, if they choose, and include discussions relating to how care and services can be provided.

Outcomes of assessment and planning are documented in a service plan which is available at point of care and services. An initial support plan is completed following commencement of services and the outcomes of the assessments are communicated to the consumer, including through a support plan weekly planner. A copy of the support plan is provided to consumers to be kept in their homes; a copy is also placed in the consumer's paper files and a copy uploaded into the documentation system.

Assessments and support plans are reviewed annually or when consumers’ care needs change. Staff said when situations that affect consumers' care and clinical needs, including incidents, occur, assessments and support plans are completed and/or reviewed to ensure strategies are current and effective. Consumers and representatives said they are contacted by case managers regularly to ensure consumers are happy with the services and staff and are notified of the occurrence of incidents and outcomes promptly.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers and representatives said consumers receive tailored care and services, including in relation to wounds, personal care, medication assistance, blood glucose level monitoring and allied health services. Care files show personal and clinical care is based on consumers’ assessments, and support plans provide detailed instructions for staff to support consumers’ needs, goals and preferences. There are processes to identify, assess, plan for and manage high impact or high prevalence risks relating to consumers’ care. Through the implementation of a new management team, monitoring of high risk consumers has commenced, with daily toolbox meetings being undertaken to discuss all consumers and capture any changes or concerns.

The assessment team’s report indicates requirement (3)(c) in this Standard is not applicable. However, I have considered evidence in the assessment team’s report that shows end of life and advance care planning goals, needs and preferences are discussed with consumers. The service recommends all consumers have an advance care directive, statement of end of life choices or a 7-step pathway in place. One consumer’s statement of end of life choices includes their wish to be comfortable, have pain well managed, to be cared for with dignity, and to pass away at home with family present. The end of life choices for this consumer guides staff to contact family members and/or friends in the case of deterioration with actions, including to be transferred to hospital and to have resuscitation undertaken, where required. I have also considered management and staff described processes to report and respond to changes in consumers’ condition, and care files evidence actions taken in response, including adjustments to care and services and referrals to individuals, other organisations and providers of other care and services. Consumers and representatives feel confident staff would notice if consumers' health changed and would respond in an appropriate and timely manner.

Information about consumers' condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared, including day centre staff. Staff receive information through a range of avenues, including access to support plans, progress notes, daily huddles, and mobile alert systems. Representatives said staff communicate with them in relation to any changes and feel they are kept well informed of everything that is occurring with their loved one, however, said consumers are able to make their own decisions on the care and services they receive.

Infection related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infections. The service has processes for minimising risk of infection in the community, including procedures, education and an outbreak management plan. The service provides limited care in relation to antimicrobial stewardship practices due to the type of services provided through HCP and CHSP. Staff interviewed said they contact consumers prior to delivering care and services to ensure they are well and complete a COVID-19 home care recipient questionnaire prior to entering the consumer's home. Consumers said staff keep them safe through use of personal protective equipment, cleaning and COVID-19 testing.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers interviewed said they are encouraged to maximise their independence and to participate in activities that reflect their interests and lifestyle needs, including attending the day centre or outings. Care files include interests and activities that are important to consumers, and information to support individual choice, daily living, well-being, and service delivery. Support plans include services and supports to promote and support each consumer’s emotional, spiritual and psychological well-being. Staff described how they support consumers' emotional well-being, including through one-on-one conversations, and where they identify any issues, they inform the case manager. Consumers and representatives said appropriate referrals to other services are made in a timely manner, including to allied health professionals, and My Aged Care.

Support plans include detailed information about consumers' interests and hobbies and how staff can support them to continue to do things of interest to them. Consumers who access the day centre are provided with a monthly calendar that shows what activities are held, and monthly meetings are held with consumers to discuss activities they would like to do and what they would like to see to be added to the calendar. Consumers receiving HCPs have access to a ‘what's on’ calendar that provides consumers access to social events in the community. Consumers said they attend ‘what's on’ services that enable them to do things of interest and maintain social relationships, such as going shopping, social groups or attending the day centre, and they are provided information about what is occurring for the month.

Consumers said staff know them and their needs, goals and preferences well and confirm they have a copy of their care plan that is accurate and easy to understand. Consumers’ needs and preferences are effectively communicated through various methods, including an electronic management system, handover and staff meetings. Staff said they are notified when there is a change to the consumers they care for, and day centre staff have a daily meeting to ensure they are aware of any changes to the consumers attending. A communication board has been implemented in the staff room that displays a photograph of all consumers attending the service for the day, as well as their diet and fluid requirements and any monitoring required by staff.

Meals are provided to consumers who attend the day centre through the aged care service and are prepared in line with a four week rotating menu which includes two lunch options. Consumers can decide what they would like to eat, and this is communicated to the main kitchen. A dietary requirement spreadsheet is maintained and updated regularly and includes information to guide staff with meal provision, including allergies, fluid intake, including restrictions, dietary choices and allied health recommendations. Consumers said they are asked what meal they would like when attending the day centre.

Equipment used for lifestyle activities is clean and in good condition. Consumers are reviewed by allied health services prior to the purchase of equipment to ensure it is safe and suitable for their needs. There are processes to monitor equipment, including personal vehicles used for transport to ensure they are well maintained, clean and safe to use, and the organisation's fleet vehicles are monitored through the aged care service. Staff described how equipment is kept safe, clean and well maintained and are aware of processes to report equipment requiring repair or replacement.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

The day centre has a spacious, open area for activities with a fully equipped kitchen and outdoor area for consumers to access. The day centre has recently been renovated, with the layout reviewed and changed to allow consumers more room and better access. Navigation signs are in place to assist consumers and visitors to find their way around the day centre, and hallways are not obstructed, enabling consumers to mobilise around the day centre with ease.

The day centre environment, furniture, fittings and equipment are safe, clean, well maintained, suitable and comfortable. Consumers have access to indoor and outdoor areas, which includes a safe and secure outside area. Preventative and reactive maintenance of the day centre is provided through the residential aged care service, and there are processes for cleaning and to report any hazards.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

All consumers and representatives feel comfortable and supported to raise any issues or concerns with support workers or case managers and are aware of the available services to assist in raising complaints or feedback. Consumers are made aware of internal and external complaints avenues and advocacy services on commencement and ongoing through provision of a handbook, brochures, newsletters and face-to-face presentations by advocacy providers. Support workers described how they support consumers to provide feedback or complaints either verbally or in writing.

All consumers and representatives said if they need to raise an issue or provide feedback, this is actioned promptly. Support workers described feedback and complaints processes, stating they address any issues in real-time, if needed, by apologising straight away if something occurs. Staff said they regularly pass on feedback and complaints to the office and/or case managers. Case managers are in regular contact with consumers and representatives and will address any feedback and complaints to ensure these are actioned and resolved, with open disclosure principles applied. There are systems and processes to ensure feedback and complaints are reviewed and used to improve the quality of care and services. However, while feedback is reviewed on a monthly and quarterly basis, management acknowledge a lack of analysis and trending of this data, linking this to current limitations of software systems. This has been further considered in my finding for requirement (3)(c) in Standard 8.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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 Quality Standard is compliant as all five requirements assessed have been found compliant. The assessment team recommended requirement (3)(e) not met for both HCP and CHSP.

**Requirement (3)(e)** The assessment team recommended this requirement not met as regular assessment, monitoring and review of each staff member's performance is not occurring. All staff interviewed confirm performance reviews have not occurred in the last 12 months, with most stating an appraisal has not been undertaken for the entirety of their employment, which encompassed periods of up to three years. New and established staff cannot describe what the performance appraisal process involves, and all said field spot checks have not occurred. The schedule of staff appraisals list shows 15 of 20 staff have not completed an appraisal in the last 12 months. Management acknowledge performance appraisals or regular monitoring of the workforce has not been scheduled or actioned for a long time.

I have come to a different finding to that of the assessment team and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s response which demonstrates appropriate actions have been taken subsequent to the quality audit to address the deficits identified. Performance appraisals and field spot checks have been completed for all staff, except for two who are currently on leave. This was evidenced through a spreadsheet which includes dates performance appraisals and field spot checks were completed, as well as feedback from the employee and consumers. Monitoring processes have been established through the creation of management calendars to enable effective oversight of the performance appraisal and field staff spot check process and due dates.

**In relation to all other requirements**, the service's workforce is planned to ensure an appropriate number and mix of staff are available to deliver care and services, encompassing consumers' preferences, type of service and/or care requirements, as well as individual requests for specific staff and established staff partnerships. Rostering is completed and reviewed in collaboration with managers and administration staff, and the chief executive officer undertakes allocation reviews as part of workforce planning and speaks with managers about adequate workflow. The service employs support workers who work across home care and the day centre, where applicable, with back up staff available through the residential service in the event of extended leave or outbreak scenarios. The majority of support workers said there are enough staff with a good mix of skills to undertake care and services, and they have enough time to complete their duties. Consumers and representatives said staff are reliable, consumers feel supported and they can access services within their packages.

Staff are kind, caring and respectful of consumers and described how they support each individual consumer's identity, culture and diversity. Staff said they receive regular training in code of conduct and culture and diversity and take a person-centred care approach to engage and support consumers to promote their individual choices, preferences, and independence. All consumers and representatives said support workers are wonderful and are respectful of consumers and their choices.

All consumers and representatives said support workers are competent, know what they are doing, and effectively perform their roles. Staff job descriptions include accountabilities and key performance indicators, and the service seeks qualified and skilled staff and review certification and applicable registrations. Onboarding processes include an induction, mandatory training and buddy shifts. All support workers said they participate in various training from the time of induction and through ongoing mandatory and other learning topics. Staff are not permitted to work if they have outstanding training, with email notifications and alerts sent prior to expiry dates. The service ensures support workers are competent with appropriate knowledge through onboarding, completion of relevant competency assessments and consumer feedback and engagement. Case managers are in regular contact with consumers and consumers provide feedback on support workers monthly. Incidents, feedback and complaints data is monitored for learning and improved competency opportunities.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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. | Not Compliant | Not 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

The Quality Standard is non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirements (3)(a) and (3)(c) not met for both HCP and CHSP.

**Requirement (3)(a)** The assessment team recommended this requirement not met as consumers are not supported to provide input in the development, delivery and evaluation of care and services. While consumers and representatives interviewed are happy with care and services and feel the organisation is generally well run, they said they have no interaction or engagement with the Board, and do not have an awareness of how they can be supported to influence the delivery and evaluation of care and services. Management are in the process of setting up a consumer advisory body for home care recipients and have put out an expression of interest. Management said the consumer advisory body should be established within the next one to two months. Management said some consumers and representatives attend the annual general meeting where the various programs, the organisation's future scope, and opportunities for feedback are discussed. However, the organisation has not fully considered the demographic of the consumers in relation to the various towns they reside and the distance, impairments, or their ability to use social media platforms. Management acknowledge there are currently no formal channels in place for the specific engagement of consumers which supports interaction and engagement.

The provider’s response states there are measures in place to identify consumers’ preferred communication methods and any assistance required. Consumers’ communication methods and any significant disabilities are noted on a spreadsheet which is reviewed monthly. A communication survey will be issued to consumers to identify existing communication methods. Accessibility options for the website and newsletter are being investigated, and a draft consumer communications and engagement strategy has been developed to define suitable methods of consumer engagement with the Board and effective feedback mechanisms.

I acknowledge the provider’s response. However, I find the organisation’s processes do not ensure consumers are effectively engaged in development, delivery and evaluation of care and services or supported in that engagement. In coming to my finding, I have placed weight on feedback from consumers and representatives who said they have no interaction or engagement with the Board, nor an awareness of how they can be supported to influence the delivery and evaluation of care and services. Management acknowledge there are currently no formal channels in place for the specific engagement of consumers which supports interaction and engagement. I have also considered a consumer advisory body, which ensures feedback is received from consumers about the quality of care and services they receive and provides opportunities for consumers to give feedback to the governing body on the quality of aged care provided, is yet to be established. As such, I find the organisation’s current processes have not ensured consumers’ experience and quality of care and services has been considered in the development, delivery and evaluation of care and services.

For the reasons detailed above, I find requirement (3)(a) non-compliant for both HCP and CHSP.

**Requirement (3)(c)** Effective systems for continuous improvement, financial governance and regulatory compliance were demonstrated. However, the assessment team recommended this requirement not met as effective information management, workforce governance or feedback and complaints governance systems were not demonstrated.

The organisation has two electronic systems, one for rostering and one for care management, and hard copy folders are located in consumers' homes and the day centre. The organisation has self-identified deficits with current systems and processes which are not consistently up to date with accurate information or when changes occur. Recent audits show some actions have been undertaken to amend the deficits, however, these are transitional and yet to be fully imbedded. While improvements are noted, further gaps have been identified by the assessment team, including outstanding assessments, staff process deficits in blood glucose monitoring and inconsistent recording practices. Management acknowledge deficits relating to the structure and oversight or staff performance appraisals, staff monitoring, and reporting processes which has been impacted by recent changes to key management roles. Management acknowledge the lack of analysis and trending of feedback and complaints, stating this is due to the current limitations of software systems. Quality assurance committee minutes dated February and May 2024 review quarterly information and record a list of either what has occurred, actions or reminders, however, does not show any significant variation in wording between the minutes nor any specific analysis or trending of data in relation to feedback and complaints.

I have come to a different finding to that of the assessment team and find this requirement compliant. While I acknowledge inconsistencies with information management, I have considered these issues have been identified by the provider through an audit undertaken in May 2024, with actions and preventative measures identified to support improvement. Additionally, the organisation has commenced an information technology transformation project to implement reforms in this space, which is reflected in monthly chief executive officer reports between January and March 2024, as well as the 2023 strategic plan. While the assessment team note there were outstanding consumer assessments, this was identified by the service through an audit in February 2024, with actions taken to ensure each consumer's file was reviewed, and missing assessments completed during the annual review process. Deficits noted by the assessment team relating to blood glucose level monitoring are negligible, with four of 13 BGLs not captured in one consumer’s progress notes. I have also considered that while inconsistencies in information management were identified during the quality audit, this has not impacted staffs’ ability to access information to assist them in their roles, including in relation to providing consumers’ care and services.

As noted in requirement (3)(e) of Standard 7, the provider’s response demonstrates staff performance appraisals and field worker spot checks have been completed subsequent to the quality audit and measures implemented to monitor these on an ongoing basis. I have also considered evidence in the assessment team’s report shows the organisation had identified and were addressing workforce governance issues, with scheduled staffing arrangements, which have either commenced or are pending implementation, with a focus to reduce workflows errors and deficits, improve operational oversight and monitoring and provide direct reporting lines across the workforce.

While a lack of trending and analysis of feedback and complaints was noted, the assessment team’s report indicates a manual review is undertaken and a spreadsheet is maintained to track feedback and complaints, which are reviewed at the time of lodgement and through quarterly assessments. The provider’s response includes an informal feedback register which has been created to log all feedback received, with feedback scored to enable trends across key feedback categories, which align with the Standards, to be identified and actioned.

**In relation to all other requirements**, the governing body consists of seven Board members with various professional expertise, who meet on a monthly basis. The organisation has mechanisms to ensure the governing body is accountable, with a focus on promoting a culture of safe, inclusive and quality care and services within the community. Responsibilities are managed through various reporting lines and monitoring processes, with the governing body and delineated organisational structure being aware of and accountable for the delivery of care and services, which is underpinned by the organisation's purpose and values.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice.

Based on the assessment team’s report and provider’s response, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

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