**Performance**

**Report**

**1800 951 822**

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| Name of service: | Mercy Health - Grampians |
| Service address: | 18 Humffray Street North BAKERY HILL VIC 3350 |
| Commission ID: | 300157 |
| Home Service Provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2022 to 19 September 2022 |
| Performance report date: | 3 November 2022 |

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.

**This performance report**

This performance report for Mercy Health - Grampians (**the service**) has been prepared by G.McNamara, 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.

# Services included in this assessment

**Home Care:**

* Mercy Health Home Care Services - Your care, your home, your choice, 27075, 18 Humffray Street North, BAKERY HILL VIC 3350
* Mercy Health Home Care Services - Your care, your home, your choice, 27071, 18 Humffray Street North, BAKERY HILL VIC 3350

**CHSP:**

* Domestic Assistance, 4-BACC1ZE, 18 Humffray Street North, BAKERY HILL VIC 3350

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 19 October 2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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.

**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*.*

# 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 Quality Standard for the Home Care Package services is Compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six specific requirements have been assessed as Compliant.

The service demonstrated that it ensures care and services delivery is respectful of each consumer diversity, that it provides consumers with accurate and timely information to support consumer decision making and that it protects consumer information and respects the privacy and confidentiality of consumers.

Consumers and representatives provided positive feedback about how the services support their dignity and choice, describing how their preferences, including their background and culture, informs the care and services they receive, that they are generally involved in decisions relating to their care and services and how services received support them in maintaining connections with others. They felt supported to engage in activities they enjoy and maintain their independence through safe and effective services. While most consumers and representatives interviewed stated they understand information they receive, and can seek the help of staff if they do not, one consumer indicated they did not understand a fee they were charged and indicated they would discuss this with the service. The approved provider was informed of this feedback and took prompt action to discuss the issue with the consumer.

Staff demonstrated an understanding of each consumer’s diversity and described how the personal background of consumer’s informs care delivery and the way they adapt their communication style based on each consumer’s needs to support consumer decision making relating to their care and services. They provided examples of how they encourage consumers to continue doing activities they are able to and offer support only as they need to, to boost their confidence while keeping them safe, and how they support consumers by following up queries.

Care documentation, organisational policies and training records demonstrated that the organisation supports the workforce to deliver services with inclusive and respectful practices. Care documentation, staff training records and organisational policies demonstrate how cultural safety is taken into account when delivering care and services. The service identifies important relationships of choice for the consumer and ensures people elected by the consumer are kept informed of relevant information. Care documentation shows alerts communicated to care workers of consumer risks and activities they enjoy, which informs the workforce of the type of supports required to maintain their independence. Information provided to consumers includes a service information handbook, inclusion and exclusion list for package purchases and contacts for advocacy services.

# 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

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that they undertake assessments and complete documented care plans and care instructions, and identify the consumer’s current needs, goals and preferences through the assessment and planning process, including discussing advance care planning, where appropriate. Assessment and planning is undertaken in partnership with the consumer and other individuals and services or individuals involved in the care and support of the consumer, and care and services plans are available to the consumer and to staff where care and services are delivered and reviewing care and services regularly and when circumstances change.

All consumers interviewed said they were satisfied with the assessment process, expressing in various ways that care advisors and regular staff understand their needs, and care plans are discussed and agreed upon. Care advisors and support staff interviewed were familiar with the needs and preferences of consumers to whom they are providing care.

While not all assessments identified and recorded risk that may impact a consumer’s health and wellbeing, in most instances risk have been identified and documented. Support staff interviewed generally understood the consumer’s needs and risks to enable appropriate service delivery and reported accessing sufficient information to guide service delivery, and all consumers and representatives interviewed said in various ways that care advisors and regular care staff understand the consumer’s needs and risk to their health and wellbeing.

Consumers interviewed believed that care advisor staff monitored their situation and there was communication between consumer and/or representative and the care advisor or service coordinator. There is an annual review process triggered by reminders in the consumer information management system to prompt review, and there was evidence from the files reviewed that care and services reviews occur regularly.

There are policies and assessment templates to guide assessment and care planning.

# 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

The Quality Standard for the Home Care Package services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers commented positively on the personal care and clinical care provided by staff. Contracted nursing and allied health staff said they follow treatment plans and use appropriate products and equipment. Consumers generally felt confident that regular staff would identify changes.

The service demonstrated that it assesses consumers personal care and clinical care and provides instructions to care workers through an ‘app’ on their mobile telephone. Where risks are identified and managed (such as wounds or falls), the service has referral avenues to allied health and nursing, and other risk mitigation strategies such as aids, to mitigate the risks associated with the care of the consumer.

Care documentation shows some evidence where changes has been reported and actioned and confirmed a holistic approach to care and services. There was evidence in care documentation, including progress notes, requests for service and referral reports, on information being appropriately communicated to others involved in care.

Care advisors showed a strong understanding of the processes for liaising and communicating with various services involved in the provision of palliative care, including the general practitioner and the local palliative care team (hospice) delivering palliative care at home. Contracted nursing and allied health staff said they follow treatment plans and use appropriate products and equipment.

Care staff explained how they report back any changes either through the reporting system or by telephone to the service. Care documentation showed evidence where changes has been reported and actioned. Care advisor staff demonstrated an understanding of when and how to make referrals and action recommendations.

The service is implementing an appropriate approach to care and support for consumers nearing the end of life, and provides information to others involved in the care and services. It makes referrals to allied health professionals in response to an identified need for the consumer. It practices and monitors infection control to minimise infection related risks.

# 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. | Non-compliant | Non-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 have assessed this Quality Standard as non-compliant as I am satisfied that requirement 4(3)(a) is non-compliant in relation to CHSP and HCP.

I am satisfied that requirements 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) are compliant. Consumers provided positive commentary on individual and the importance of their interactions with them, the support they receive to participate and do things of interest to them, that they were satisfied with and equipment was in good order. Staff understood the needs, goals, preferences and interests of consumers and demonstrated how they supported them. Staff stated that receive appropriate information about consumers and described how they receive it. Care planning documentation supported the provision of care and referrals were seen to be made when required. Procedures were in place for referrals.

However, the Assessment Team found that the service was not able to demonstrate that all consumers get services and supports for daily living that meet the consumer’s needs, goals and preferences and that optimises their independence, wellbeing and quality of life.

In particular, the Assessment team found that while consumers commented positively on how services help them to maintain independence and remain living at home, all consumers interviewed commented, to varying degrees on changes to their service times and staff. In some instances, these changes were not in line with the consumer’s needs or preferences. This was identified primarily in relation to domestic assistance, and specifically that consumer’s preferences and needs had been affected by shortages in care worker numbers. Concerns were expressed by consumers in relation to garbage bins not being taken out as required, domestic assistance either not occurring regularly or not occurring at preferred times (mornings) and gender preference of care workers not being able to be always met, shift changes occurring at short notice, services being cancelled, not knowing what staff member was coming and at what time ‘until the last minute, and not knowing a shift is cancelled until it does not occur if a telephone call from the service advising of a change is missed. One of these consumers stated they had taken the bin out themselves when they felt this should have been done by the service. While another one of these consumers expressed great satisfaction with the package, they stated that constant changes to their shower times and to support staff caused them to be agitated as routine was important to that consumer. Another described how the uncertainty of services caused anxiety and frustration.

In its written response the approved provider disputed the Assessment Team’s findings. It stated that due to the COVID pandemic health related services in particular had been affected by staff shortages and there was limited interest in staff working in the Industry. It stated that as a result of staff shortages it had decided earlier in 2022 to implement a risk-based approach to the priority of service delivery when staff numbers do not allow for all services to be provided on the preferred day and/or time. It provided a response to the consumer feedback, in which it indicated that the recorded feedback was not indicative of the correct situation. It stated it had worked with the consumer to take bins out, that not all cancelled shifts were at the instigation of itself, that for one consumer there had been no service cancellations, that there had been changes to staffing due to staff illness, leave or staff moving out of the Industry, or that contact was made with the consumer’s nominated representative. It also noted it had limited the number of new consumers to counter reduced staffing, and that it communicated with consumers when changes when the need for changes were identified, and it worked with consumers to identify options.

The Assessment Team reported that Four of 7 care workers spoke of the difficulties with staffing levels, with one stating that consumers want to have consistency and want to know the person coming into their home, with another stating it was not possible to provide person centred care when services for the consumer change so much. Care advisors were reported as stating that the issues relating to staff shortages is having an impact on the service’s ability to deliver regular services at the times the consumer chooses. The approved provider did not directly respond to that information in this requirement but in its response it disputed that it did not give consumers adequate notice when service changes were made and that it had worked closely with consumers to manage staffing shortages.

I acknowledge that the service had identified staffing as an issue, and that it had adopted a risk-based approach to the priority of service delivery and a strategy to communicate with consumers. I accept its clarification of some of the information given by consumers, and note that the consumer who indicated their bins were not being put out stated a process was now in place for this to be done.

However, I am not satisfied that the risk based strategy is always effective in determining need or changed circumstances, and communicating with consumers. While the approved provider was responsive when issues were identified, this was after issues had been communicated to it rather than being demonstrably elicited through its own processes., For example, in its response the approved provider stated that as a result of additional information provided by a consumer to the Assessment Team, it re-assessed that consumer as a high-risk service. Another consumer’s representative advised the Assessment Team that communication about shift changes had improved after they had transmitted the consumer’s need for notification. The approved provider disputed this, and stated notice had always been given and the representative had been the contact point for a number of years, however in relation to this consumer I accept the sentiments put forward by the representative.

I am also persuaded by other consumer sentiment which, while moderated by the approved provider’s response, indicated that consumers needs goals and preferences were not always met to optimise their well-being and quality of life. While there is communication with consumers, I am not satisfied this communication is effective is supporting consumers. In coming to this conclusion have also take into account the feedback from care workers.

I acknowledge the challenges faced by the approved provider. And while I accept that the approved provider had processes in place at the time of the Quality Audit, I consider that further embedding and refinement of these processes is required.

On balance I am satisfied that requirement 4(3)(a) is non-compliant.

# 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

The organisation does not provide a service environment therefore this Standard is not applicable.

# 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 Quality Standard for the Home Care Package services is Compliant as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers provided positive feedback, stating they understood how to give feedback, felt safe raising concerns and had access to contacts for internal escalation, advocacy services and avenues for external complaints. They stated actions were taken to resolve their complaints and reported improvements in communication.

Staff described how they encourage consumer feedback and instances where they have supported consumers to provide feedback and stated they had access to resources on advocacy and language services. They demonstrated an understanding of open disclosure principles and described how they are applied on a day to day.

The feedback register contains feedback from CHSP and HCP consumers. Complaints policies, consumer information packs, training records, care documentation and organisational policies demonstrated that functional feedback systems are used to encourage and record consumer feedback. Consumer information packs includes internal and external complaint contacts and information on advocacy and language services. Complaints procedures refer to external supports for consumers. The feedback system shows complaints are recorded and measured for closure within an timely manner, in accordance with organisational complaints procedures.

# 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 for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

In relation to requirement 7(3)(a), the Assessment Team found that the service did not have adequate staff numbers to deliver services for consumers or provide adequate notice to consumers when their services are rescheduled. The Assessment Team reported that due to workforce shortages, rosters cannot be completed until the day prior. Most consumers and representatives interviewed reported impacts as a result of frequent changes to their schedule or services cancelled with minimal notice, with some reporting their ability to plan their day is affected by the irregular schedules. Details of this feedback and specific feedback on how consumers felt about this is detailed under requirement 4(3)(a).

The Assessment Team recorded that staff reported feeling rushed and not having adequate time to complete their work, and that Four of 7 home care workers said, in various ways, time pressures in relation to service delivery, including insufficient travel time, has an impact on consumers. Management was recorded as advising the Assessment Team of contributing factors to workforce shortages, including to pandemic related unplanned leave and challenges in workforce retention. Management reported recruitment activities occurs in an ongoing capacity, and that intake of new consumers occurs with consideration to service capacity.

The Assessment Team stated that a review of shift allocations showed the service has complied with their approach to service prioritisation for personal care, transport and respite services. Management reported they are selective with the intake of consumers based on the consumers’ service needs and geographic location. However, care advisors expressed concern over the intake of consumers with current service delivery capacity. The service coordinator showed how every morning they reprioritise the schedule to ensure personal care shifts are filled based on staffing skillset and availability, then consider which domestic assistance services can be fulfilled based on how many cancellations a consumer has had previously.

The Assessment Team reported that the service had 79 unfilled shifts in the past month, all services related to domestic assistance services, with 76 unable to fill and 3 shifts had the replacement rejected.

In its written response the approved provider disputed the Assessment Team’s findings. I have detailed aspects of that response under requirement 4(3)(a). As noted there, the approved provider stated that in early 2022 it implemented a risk-based approach to the priority of service delivery when staff numbers do not allow for all services to be provided on the preferred day and/or time, and that the recorded feedback was not indicative of the correct situation.

In addition, the approved provider stated that rosters were done in advance, but that any known absence such as planned leave or a permanent vacancy are unable to be filled until the day prior. It stated that the time allocated to each consumers service remained the same regardless of shift vacancies or staffing shortages, and that recruitment activity is ongoing.

I acknowledge that the service had identified staffing as an issue, and that it had adopted a risk-based approach to the priority of service delivery and a strategy to communicate with consumers. I accept its clarification of some of the information given by consumers and the geographical challenges it faces in the area it serves.

On balance I consider that the approved provider is compliant with this requirement. While there is a need for the continuation of the improvements it has implemented, I consider the approved provider had, prior to the Quality Audit, put in place measures to manage the staffing issues it identified. While I have concerns about the impact of these measures on some consumers, I have considered these matters under requirement 4(3)(a).

In relation to all other requirements under this Standard, consumers/representatives provided positive feedback in relation to staff involved in their care and services. They said staff are respectful, courteous and go above and beyond to support their needs, and reported that staff involved in their care are competent in the services they deliver.

Staff described the importance of maintaining a friendly demeanour, through clear communication and being self-aware of their body language and tone of voice, as imperative aspects to delivering services in a kind, caring and respectful manner. They stated they complete competency assessments for competencies relevant to their role and that training is delivered on a regular basis and they always have access to additional training.

Annual mandatory training modules for service staff include equity and inclusion, person-centred care and client engagement and professional boundaries. Staff competencies are monitored through human resources systems to assure the organisation staff hold current competencies relevant to their role. Systems have inbuilt functions to remind staff of upcoming renewals and notify their manager of outstanding competencies. The service’s training matrix identifies specific training for each service role and systems monitor staff completion of required training. The service monitors staff performance through consumer feedback, internal audits and formal performance appraisals.

# Standard 8

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

Findings

The Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as four of the four specific requirements have been assessed as Compliant.

Feedback registers are used to inform consumer driven improvements. In 2021 the organisation established consumer/representative group to advise on the impact of industry and organisational changes. The governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers receiving services through the Commonwealth Home Support Programme and Home Care Packages. Monthly reports identify risks and management strategies, bi-monthly regional management review data for incident and feedback registers. Established sub-committees meet regularly to monitor service delivery and provide specific guidance to the organisation to promote safe and effective quality care and services. The board receives and reviews reports at quarterly meetings.

The service has effective organisation wide governance systems relating to information systems, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Although I have identified the need for continuation of the improvements in relation to workforce planning, on balance I have found it had put in place measures to manage the staffing issues it identified.

The organisation’s incident management system and risk registers are reviewed at a service and organisational level to support risk management strategies related to the care of each consumer. The organisation’s clinical governance framework includes policies and systems to guide best practice care delivery and established roles and responsibilities to manage the oversight of clinical care. Policies, relating to open disclosure, environmental restraint and infection prevention and control, identify points of escalation to guide decision making and support organisational oversight of clinical care delivery. The clinical governance and quality committee, includes the infection, prevention and advisory committee, assemble bi-monthly to monitor risks, review clinical incidents and make recommendations to manage clinical risks.

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)