**Performance**

**Report**

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| Name: | MHA Care Limited |
| Commission ID: | 300643 |
| Address: | 22 Orr Street, YARRAWONGA, Victoria, 3730 |
| Activity type: | Quality Audit |
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| Performance report date: | 9 July 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: 3542 MHA Care Limited  
Service: 26329 MHA Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8453 MHA Care Limited  
Service: 25474 MHA Care Limited - Care Relationships and Carer Support  
Service: 25475 MHA Care Limited - Community and Home Support

**This performance report**

This performance report for MHA Care Limited,has been prepared by A.Cachia, 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 all services, 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 was informed by a site assessment, observations, review of documents and interviews with staff, consumers/representatives and others.
* the Assessment Team’s report for the site Assessment Contact undertaken on 3 June 2024 was informed by a site assessment, observations, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s Assessment Contact report, addressing deficiencies outlined in Requirement 1(3)(b) received 20 June 2024.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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)(e)
  + Ensure a clinical governance framework is implemented to guide staff and monitor the use of restrictive practices and antimicrobial stewardship.
  + Staff to complete training in antimicrobial stewardship and restrictive practices.

# 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

Requirement 1(3)(b)

The Assessment Team reported that each service did not demonstrate that consumers are receiving care and services that are delivered in a culturally safe way. The Assessment Team provided the following evidence to support their assessment:

* Three of eight consumers and representatives with culturally and linguistically diverse backgrounds said their cultural and social needs were not considered or supported by each service. Three consumers shared their experiences, with each consumer describing how they have ceased receiving services, due to the provider not understanding their cultural and psychosocial needs or making them feel comfortable. Specifics relating to each consumer are described below.
* Consumer A
  + Consumer A’s cultural background was discussed during the initial assessment, however the representative said staff were not informed, noting the consumer was upset and uncomfortable with the provider thereafter.
  + The provider said they are organising HCP services to better support the consumer with access to different services.
* Consumer B
  + Consumer B comes from a culturally and linguistically diverse background, has a vision impairment, hearing loss and poor mobility.
  + The representative said staff were not approachable or understanding that Consumer B wished to maintain a social connection by attending social support group activities.
  + Consumer B stopped attending activities as the provider advised they could not accommodate Consumer B’s increasing health needs.
  + Representative of Consumer B said the consumer has experienced a general decline since group participation was withdrawn.
* Consumer C
  + Consumer C comes from a culturally and linguistically diverse background, which was discussed during admission to receiving services.
  + Numerous services were included to support Consumer C, however respite in the home was not accessed due to no bi-lingual staff available to communicate with Consumer C in their preferred language.
  + Consumer C’s representative said they resolved the issue by connecting Consumer C with friends to maintain their social and cultural engagement.
* Staff explained how they can access consumers’ care plans and task lists from a mobile application, however cultural and psychosocial needs and strategies are not outlined or provided to support staff in establishing effective communication with consumers.
* Management said consumers cultural and psychosocial needs are discussed during the initial assessment and reassessment by care managers, to establish supportive strategies.
* The Assessment Team identified the provider is registered with translation and interpreter services, however, utilise consumer’s representatives for consumers who do not speak English as their primary language.

In response to the Assessment Team’s report, the provider submitted a response outlining additional information and actions undertaken to address the deficiencies. The response includes the following evidence relevant to my finding:

* The provider advised that Consumer A is identified as Aboriginal on their client information management system, with no communication issues identified, and although Consumer A speaks English, there is a communication preference that all communication goes through their representative in the first instance. The provider outlined no complaints or feedback were received. Consumer A has since chosen another provider to manage all services through their HCP package, with the exception of still receiving one service from the provider.
* The provider maintains Consumer B’s health and declining mobility, advising that Consumer B is unable to attend the social support group due to safety risk to themself and others. The provider explained the social support group could not cater for one-to-one support, however organised for social support individual as an alternative. Although Consumer B’s budget is at capacity, the provider referred the consumer on for an ACAT assessment, requesting a higher-level package to cater to the consumer’s needs.
* The provider advised Consumer C’s preferences were discussed, with numerous attempts by the provider to identify a bi-lingual worker to deliver services. Consumer C’s representative agreed to proceed with an English-speaking staff member, however ceased services due to cold weather and chronic pain Consumer C was experiencing. The provider attempted to organise connecting Consumer C with two social support group providers, however Consumer C declined. Interpreter services were offered to Consumer C, however the representative advised Consumer C’s family are happy to assist with communication.

In coming to my finding, I have considered the Assessment Team’s report and provider’s response, which does not demonstrate deficits in relation to this Requirement.

While information in Requirement 1(3)(b) suggests that care plans did not include cultural‑specific information, I find this is more relevant to assessment and care planning identifying consumer’s needs, goals and preferences and have therefore considered this information under my finding for Requirement 2(3)(b).

Furthermore, while consumers and representatives raised concerns in relation to supporting consumers to participate in their community and have social and personal relationships; I find this is more relevant to, services and supports for daily living and therefore have considered this information under my finding for Requirement 4(3)(c).

Although the Assessment Team have provided information demonstrating consumer and/or representative dissatisfaction, there is no sufficient evidence indicating that care and services are not delivered in a culturally safe way. I place weight on the provider’s response, as I find the additional information and actions taken by the provider in relation to this Requirement, as described in their response, satisfactory and addresses the Assessment Team’s concerns. I have also placed weight on evidence in the Assessment Team’s report indicating 5 of the 8 consumers and representatives interviewed about this requirement were satisfied that care and services were culturally safe.

Based on the information summarised above, on this occasion, I find the provider, in relation to each service, compliant with Requirement 1(3)(b) in Standard 1 Consumer dignity and choice.

Requirement’s 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)

Consumers and representatives said staff treat them with dignity and respect, with one consumer sharing how staff respect her privacy and routine when they attend to deliver services. Staff were knowledgeable and provided examples of how they treat consumers with dignity and respect, sharing how they ensure they are aware of individual needs along with giving consumers time and space they need. Sampled care plans identified how consumers are informed of their rights, including a code of conduct that supports consumer dignity.

Consumers and their representatives said they are supported to actively make decisions about their care and delivery of services, and felt their independence was maintained. One representative shared how the consumer values their independence and is not open to asking for support. However, the provider has helped negotiate with the consumer to ensure they receive the appropriate level of support while maintaining their independence. Management said they encourage consumers and their families to discuss their choices at the initial admission and during the review process.

Consumers and their representatives advised consumers are supported to live independently by doing things they otherwise might not feel confident to do, or that may involve a level of risk. Staff explained how they engage with consumers to help them maintain their independence by safely taking risks, including suggesting options to minimise risk while supporting consumers to participate in what is important to them. Care documentation did not show the provider was utilising risk planning and assessment tools, and management explained how they are developing new care documentation to include consideration of risk and added the issue to the continuous improvement plan.

Consumers and their representatives said they are frequently provided with service information in various ways, which is easy to understand. Consumers said they receive monthly statements, care planning documentation and invoice of services on time. Management explained how care managers contact consumers regularly to ensure information is understood, including any changes to care planning.

Consumers and their representatives said consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. Staff were knowledgeable and provided examples of ways they protect consumer privacy and information. The organisation has privacy policies and procedures and information as part of consumers home folders, outlining the providers commitment to maintaining privacy and confidentiality, along with a consent form to share information with those involved in the consumers’ care.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) in Standard 1 Consumer dignity and choice.

# 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

Consumers and representatives are satisfied with how services support consumer independence and quality of life, which was captured through each services assessment and planning process. Staff said, and documentation showed consumer information was readily available to guide staff in delivering services safely through the effectiveness of the assessment and planning processes, including risk assessment considerations and assessments. Management said each service ensures assessment and care planning processes result in safe and effective care and services through feedback processes, care planning reviews and team meetings. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified, and mitigation strategies are documented. The provider has care planning policies and procedures, which outline how the provider undertakes assessment and care planning.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services, however information regarding use of equipment is not consistently recorded to support staff to provide safe and effective care. Consumers and representatives said care and services meet consumers’ needs and goals. Consumers and representatives said they could not recall if the provider discussed advance care planning, however documentation showed end-of-life discussions during the initial assessment stage. Staff said they access information about consumer’s needs, goals and preferences via a mobile application to review the care plan, including information on medical conditions, allergies and mobility requirements. Management explained how they balance consumer preferences and budget through conversations involving the consumer and their representatives and assess consumer risk to ensure these are addressed and mitigated through the process.

While information in Requirement 1(3)(b) indicates that care plans did not include social or cultural specific information, evidence outlined in Requirement 7(3)(b) reports consumers social and cultural needs are discussed during the assessment and care planning processes and reflected in consumer files. Based on the conflicting information, I have found the Requirement compliant, however, I encourage the provider to consider reviewing all care plans to ensure individualised and detailed information is documented in consumers’ care plans, including consumers cultural needs.

Consumers and representatives said they are actively involved in the decision-making process when developing a care plan that meets consumers’ needs, including one consumer and representative who said it was made easy to be involved in the consumers’ care planning process. Staff and management said they work in partnership and collaborate with consumers by involving them in care planning discussions. Management said the organisation coordinates care and services with various partnerships, including external services and health professionals involved in consumers’ care. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer.

Consumers and representatives confirmed they are provided with a copy of the consumer care plan and said staff explain information about their care and services. Staff described how they provide services and support in alignment with the consumers care plan. Management explained how all services communicate with consumers and their representatives about changes to their care plans when responding to changing needs and during the review process. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

While information in the Assessment Team’s report under Requirement (3)(b) in this Standard shows information relating to equipment use could not be identified in order for staff to provide safe and effective care and services, there is no evidence of how this impacted care delivery. I have therefore placed weight on management’s response to the Assessment Team, explaining that they would revise the current care planning template to include aids and equipment. I have also considered the overall positive feedback from consumers and representatives, as demonstrated throughout the Assessment Team’s report indicating care and delivery of services are satisfactory.

Consumers and representatives said the provider reviews care and services, including in response to change in needs or preferences. Staff and management said consumers’ care and services are reassessed on an annual basis or when a change in circumstances occurs. The organisation maintains a ‘monitor and reassess customer needs’ policy to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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 they are satisfied with the personal and/or clinical care provided, with consumers describing consistency in staff delivering care and services supported their health and well-being. Staff demonstrated familiarity with the personal and clinical care needs of consumers, including high impact or high prevalence risks associated with their care and describing how consumers are assessed as individuals. Management said each service ensures personal and clinical care provided is best practice by reviewing consumer feedback. Furthermore, management explained how they are currently reviewing their clinical care policies and procedures to ensure they are adequate and effective. Each service maintains care documentation, with information, excluding aids and equipment, detailing how care and services are required to be delivered.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Staff provided examples of how they adjust care and service delivery to consumers nearing end of life, including increasing their comfort through increased engagement with palliative care services. Sampled consumer documentation demonstrated that advance care planning is addressed and discussed with consumers during the initial assessment to guide staff on consumers’ needs, goals and preferences when nearing the end of life.

While the Assessment Team identified assessment documentation did not contain prompts for advanced care planning discussions; management assured the Assessment Team they would look to include advance care planning prompts in future assessments. I acknowledge that the provider has assured action would be taken to address deficits identified by Assessment Team, however, there is no evidence they have been effectively implemented or embedded. I encourage the provider to consider their advanced care planning processes to ensure individualised and detailed information is documented in consumers’ care plans, including during the reassessment process.

Consumers and representatives said staff would identify and respond to consumer deterioration and change and explained how the provider has assisted numerous consumers to access increased services, allied health or nursing services. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in their assigned consumers personal or clinical care needs. Documentation showed, and management said deterioration in consumers’ health, cognition or physical function is recognised and responded to through a services feedback form, regularly reviewed by management. The provider maintains an incident reporting policy and procedure to guide staff throughout the reporting process.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Numerous consumers said they do not need to repeat instructions or direct staff in how to deliver services. Management said each service ensures all sub-contracted staff are provided with sufficient detail and information to enable staff to deliver services.

Consumers and representatives said the provider has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Support worker staff said they complete reporting via a feedback form to care managers who complete referral processes to external services to support the consumer’s needs. Management said they refer all consumers promptly by involving My Aged Care, following identifying a consumer need. The provider maintains an intake and service referrals procedure to guide staff.

Consumers and representatives said staff limit possible infection by always practicing hand hygiene and use of personal protective equipment. Staff said they are vigilant in their adherence to hygiene practices to reduce infection-based risk and have completed infection control training. Management said they have a prevention and outbreak management plan to guide practices of infectious disease and mandatory infection and control training for all staff to complete.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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 and representatives said, and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received. Staff said they support consumers independence, health and well-being through providing support to access social support groups and access to mobility aids and equipment to increase independence. Management said each service ensures care and services optimise independence and consumers quality of life through the initial assessment process, by seeking feedback and through consumer experience surveys. Sampled care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers and representatives confirmed their emotional and psychological well-being is supported and provided examples of how staff would recognise if they were feeling low. Staff said they sensitively support consumers by taking time to discuss any concerns and supporting consumers to access appropriate services and schedule welfare checks as required. Sampled documentation outlined consumer information relating to the spiritual, emotional and psychological wellbeing of consumers, including religious values and social activities.

Consumers and representatives described how each service enables opportunity for consumers to participate in meaningful activities, including social support groups and community access services to support continued social and community interactions. Furthermore, consumer and representative feedback described how each service supports their relationships through collaborative approaches to care planning. Staff described the various community and social support groups available to consumers, and the importance of services for consumers that allows them to remain connected to their community and to do things of interest. Documentation showed information regarding consumer’s likes, interests and preferences to support their engagement and participation in activities of interest.

While information Requirement 1(3)(b) suggests that consumers and representatives were concerned in relation to consumers not receiving support to participate in their community and have social and personal relationships, evidence outlined throughout Standard 4 reports consistent consumer feedback that most consumers are receiving support to enable them to participate in meaningful activities. Although deficiencies were identified, I find these to have been isolated to Consumers B and C and therefore, I have placed weight on evidence outlined in the provider’s response.

Consumers and representatives said they are comfortable talking to staff about their care and services, advising that staff are aware of consumer conditions, needs and preferences. Staff said they are aware of changes in care through consumer assessments and care plan reviews. Furthermore, staff explained how they become aware of changes to consumer needs through regular communication with consumers, and document and share information on consumer files and share with staff involved. Management said staff have appropriate access to information required to provide care and services. Sampled care plans demonstrated care planning and reassessments are completed annually and developed in consultation with consumers and representatives.

Documentation, and consumer and representative feedback showed referral processes are effective. timely and support the lifestyle needs of the consumer, including referrals to planned activity groups, social support groups and counselling services. The provider has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers and representatives said, and documentation showed they receive food that is of suitable quality and quantity, with consumer information relating to allergies, dietary requirements, likes and dislikes reflected in their care documentation. One consumer explained how the meals they receive are made locally and the food is enjoyable. Staff said they actively seek feedback from consumers to ensure suitability and that needs and preferences were met.

Consumers and representatives said they are satisfied with equipment provided to consumers, that is safe, suitable, and maintained to assist consumers in their daily lives. Staff said they have access to best support consumers in using a variety of equipment available, including mobility equipment, lifting hoists and shower chairs. The Assessment Team identified that not all sampled care plans contained consistent information or documentation to guide safe and effective use of equipment by staff. Management said equipment are purchased based on allied health assessments conducted and sought through appropriate suppliers to ensure all equipment is tested and trialled with the consumer, following allied health recommendations.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements, in Standard 4 Services and supports for daily living.

# Standard 5

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

Findings

Consumers and their representatives said they always feel welcome and safe, sharing how consumers find it easy to navigate the social support group service environment. The Assessment Team observed how staff ensure all service environments are welcoming, by including notices and imagery to depict each service as culturally safe. Service environment signage is clearly displayed, and functions were observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. Consumers who utilise the services buses said the vehicles are clean and comfortable. Staff and management said they maintain the cleanliness of the environment, utilising cleaning schedules and clean equipment between use as appropriate. Staff were knowledgeable in how to report maintenance requests. The environment was well laid out and provided spacious areas wide enough for consumers to move freely.

Each service has buses which appeared to be clean and well-maintained, with consumers sharing how furniture, fittings, and equipment are safe and suitable. Staff explained how fittings and equipment is well-maintained by reporting any faults and requesting the organisation’s maintenance to rectify any issues in a timely manner. The Assessment Team observed handwashing facilities and personal protective equipment to support each service environment maintaining a clean and well-maintained environment.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers and representatives said they are encouraged and know how to provide feedback and make complaints. Staff were knowledgeable of the feedback and complaints process, and said they support consumers and representatives by providing information on their rights, how to make a complaint and provide feedback. Management said, and consumers and representatives confirmed, the provider has identified complaints trends relating to rostering times and allocation of staff.

Consumers and representatives said they were aware of ways to receive advocacy support, referring to friends and family. Staff said they support consumers and representatives by providing advocacy service and complaints information in their information pack. Management explained that they provide services to consumers who are predominantly from English speaking backgrounds, however access to interpreter and translation services is accessible when required.

Consumers and representatives said they are informed about the service’s commitment to respond to their complaints in a timely manner. One consumer said, and documentation showed that when they’ve raised a complaint it is rectified quickly and reflected in their consumer file. Staff provided mixed reviews on whether they received training on open disclosure, and management explained how each service has a policies and procedures to address open disclosure.

Consumers said they are satisfied each service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly, and improvements to care and service delivery are identified and implemented as a result. Management said feedback is monitored and discussed by senior management, the Board and sub-committees and improvements are made as a result of feedback and complaints received.

While the Assessment Team identified that not all feedback was recorded in a centralised location, making it difficult to trend data, the provider demonstrated evidence in the quality improvement register that staff require training in responding and recording feedback and complaints. Although deficiencies have been identified, I have placed weight on statements from consumers demonstrating complaints and feedback are recorded and followed up appropriately and encourage the provider to ensure all feedback and complaints data is collated in a centralised register.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6 Feedback and complaints.

# 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

Consumers and representatives were satisfied with the number of staff available, advising that staff have enough time to complete their duties. Consumers said they used to receive a copy of the roster, however this is no longer occurring. Staff said in different ways that each service allocates sufficient time to complete their work effectively. Management and human resources discussed workforce planning and analysis of workforce needs, by discussing amongst staff and the Board, as well as monitoring the roster, to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences. Furthermore, staff said they are guided by the consumers individualised care plan, particularly in relation to consumers social and cultural needs.

Although information in the Assessment Team’s report under Requirement 1(3)(b) indicated that the provider and its workforce interactions did not consider consumer’s cultural needs, evidence outlined in (3)(b) in this Standard suggests otherwise. Based on the conflicting information, I place weight on the providers response and wider consumer and representative satisfactory feedback.

Consumers and representatives provided positive feedback that staff understood consumers’ needs. Management said staff and subcontractors have relevant qualifications, skills and knowledge to effectively perform their role, including the use of information from observations during supervision and buddy shifts to reflect on staff performance and feedback to identify workforce competency. Each service demonstrated, and the Assessment Team sighted position descriptions in place outlining relevant qualifications and competencies required for each role. Staff explained how they have also completed relevant training to effectively perform their roles. Management said service agreements are in place with subcontracted agencies to ensure adequate and effective services are delivered.

Consumers and representatives said they are satisfied with staff skills and knowledge, advising that consumers felt confident in staff delivering care and services. Staff said, and the Assessment Team sighted that staff have access to some training opportunities. Management explained training available to staff, describing how new staff are required to complete modules on commencement of employment and ongoing staff attend additional forms of training which is reflected in the staff training calendar. The Assessment Team identified minimal training opportunities for new staff, and the provider responded by reflecting feedback onto the quality improvement register for review to update induction training.

Staff are required to undertake performance appraisals annually, with new staff completing six-month probation periods. Staff said they have completed their performance management and review process. Human resources monitor and coordinate staff performance reviews to ensure they occur on time. Management said they are guided by the managing employee performance policy and procedure.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# 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. | Not Compliant | Not Compliant |

Findings

Requirement 8(3)(e)

The Assessment Team reported the provider did not demonstrate that they are utilising an effective clinical governance framework to address antimicrobial stewardship and minimising the use of restraint. The Assessment Team provided the following evidence to support their assessment:

* Staff and management said they do not have a clinical governance framework, policy or procedures for minimising the use of restraint or antimicrobial stewardship.
* Management said, and documentation showed that clinical care is provided by sub-contracted providers; however, no further information indicates sub-contracted providers are aware of antimicrobial stewardship, minimising the use of restraint and open disclosure.
* The provider demonstrated that they have established a clinical governance and quality committee, comprised of a care manager with nursing background and the clinical member of the Board. However, no clinical governance framework, policy or procedure was identified or sighted by the Assessment Team.
* Antimicrobial Stewardship
  + Staff and management said they do not have a policy or procedure for minimising the use of restraint or antimicrobial stewardship. Furthermore, staff have not had training in antimicrobial stewardship, however, have received training in infection control.
* Restrictive Practices
  + Staff said the provider does not have processes relating to minimising the use of restraint, nor are they monitoring consumer restraints. Staff confirmed they have not received training in relation to restrictive practices.
  + The provider’s self-assessment tool and quality improvement register outlined the inclusion of use of restraints, either in the abuse and neglect policy or in a stand-alone policy, however the Assessment Team did not evidence this had been developed.
* Open Disclosure
  + Management said, and documentation showed the provider has an open disclosure policy and procedure.

The provider’s response did not include any information in relation to this Requirement.

In coming to my finding, I have considered the Assessment Team’s report which does not demonstrate the provider has clinical governance safety and quality systems in place to maintain and improve clinical care. It is expected that the provider’s clinical care addresses antimicrobial stewardship, minimising use of restraint and practicing open disclosure. I find this did not occur, as no mechanisms were in place to monitor and manage consumers that are subject to restraint, have had a clinical incident or have been prescribed antibiotics. Furthermore, staff have not received training in these areas. I acknowledge the provider demonstrated a responsiveness to the Assessment Team, outlining a quality improvement register; however, there is no evidence at the time of my decision to indicate any changes have been implemented or embedded.

Based on the information summarised above, I find the provider, in relation to each service, non-compliant with Requirement 8(3)(e) in Standard 8 Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d)

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through feedback forms and by speaking to staff or management. Staff consistently reported all service to be well run from their own experience. Management explained how they engage consumers through various mechanisms, including involving consumers on the consumer advisory body as well as regularly seek input and feedback from consumers through feedback forms and consumer surveys to improve care and services.

The provider’s governing body is comprised of a Board of Directors with a mix of skills, including a clinical member from a exercise physiologist background. Management said the Board meets monthly to ensure oversight of quality care and services is maintained by reviewing financial reporting, chief executive updates, human resources, training and education, and quality and compliance reporting inclusive of incidents, complaints and feedback, clinical governance report and updates to policies, procedures and continuous improvement. Consumers and staff said they are satisfied that each service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by the provider’s executive leadership to inform staff and address in regular meeting mechanisms.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff training records showed staff have completed training on identifying abuse and neglect of consumers and were knowledgeable in the services reporting processes, including incident escalation. Management advised staff assess consumer risk during the assessment process to ensure consumers live the best life they can, by understanding what’s important.

Based on the above evidence, I find the provider, in relation to each service, compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) in Standard 8 Organisational governance.

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