**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Monash Health Community |
| Commission ID: | 300114 |
| Address: | Kingston centre, 400 Warrigal Road, CHELTENHAM, Victoria, 3192 |
| Activity type: | Quality Audit |
| Activity date: | 26 June 2024 to 28 June 2024 |
| Performance report date: | 26 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: 1448 Monash Health  
Service: 18771 Community Support Options Community Aged Care Packages  
Service: 18772 Community Support Options General Community Aged Care Packages  
Service: 18773 Community Support Options Housing Linked Community Aged Care Packages  
Service: 23511 Monash Health Community Aged Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8190 Southern Health  
Service: 24003 Southern Health - Care Relationships and Carer Support  
Service: 25966 Southern Health - Community and Home Support

**This performance report**

This performance report for Monash Health Community (**the service**) has been prepared by P.Frangiosa, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 22 July 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives stated consumers are treated with respect by staff. Staff described how they treat consumers with dignity and respect, including using culturally appropriate greetings, verbal and non-verbal communication. Documentation showed detailed recognition of consumers’ identity, culture and diversity, with each consumer’s background, social, cultural, language and family composition recorded.

Consumers confirmed care and services are culturally safe, with staff and consumers having similar cultural backgrounds. Staff confirmed they consider the consumer’s cultural background when providing care and services. Management stated all staff are bilingual in the consumers’ languages and there is cultural understanding or commonality between staff and consumers. Survey results confirmed consumers agree the service respects their religious or cultural beliefs.

Consumers and representatives confirmed the service supports consumers to exercise choice and independence, with staff ensuring the consumer is provided opportunities to decide on services and care provided. Staff described how they support consumers to make day-to-day choices. Management discussed how the service has ongoing discussion with consumers to support consumer choice and independence. Documentation showed the service captures details about whom the consumers wish to be involved in decisions.

Consumers and representatives confirmed consumers feel confident to take risks around mobilising in the community. Staff confirmed they encourage consumers to undertake challenging tasks. Documentation showed the service has a dignity of risk procedure and waiver process for consumers undertaking higher risk activities.

Consumers and representatives confirmed consumers receive information about the care and services provide. Staff described strategies used to assist consumers with communication barriers, including using body language and written cues.

Consumers and representatives confirmed staff respect and protect the consumer’s privacy. Staff described how they maintain consumer privacy and confidentiality by not sharing information with others who are not authorised to receive it. Management described the process for sharing personal and sensitive information only with those who require the information. Documentation confirmed the service uses a privacy consent process prior to sharing information with others.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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 confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. The service uses validated tools to assess risks to guide the delivery of safe and effective care and services. Risks assessed include falls, pain, wounds and cognition. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advanced care planning and end of life planning if the consumer wishes. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers. Documentation showed staff at the social support groups have access to clear directives in care plans to support consumers with their interests, likes, dislikes and medical conditions and HCP care plans have clear directives for staff.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

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

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirement 3(3)(e) The Assessment Team was not satisfied 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. The Assessment Team provided the following evidence to support their assessment:

* Consumer documentation reviewed under HCP shows inconsistencies in the consumer file as reports and documentation provided by subcontracted service providers was not available initially. This information is not monitored by the service and is not easily shared.
  + CHSP consumers in contrast, receive services from inhouse care staff therefore documentation on file are communicated within the organisation.
* 3 consumers wound assessment and documentation were not available on consumers’ files.
  + Management were able to provide the reports on the following day of the Quality Audit after procuring them from the subcontracted service provider.

The provider provided the following information and response to the assessment report.

* The response to the not met has been based upon the following legislation and guidance material in relation to record keeping as the not met did not reference any clinical impact or risks to the consumers focusing on the record keeping and governance requirements:
* Aged Care Act 1997 sections 63-1 91) (a) and 87-2
* Aged Care quality and safety commission act 2018 Part 7B
* User rights principles 2014
* Home Care Packages Program operational manual version 1.4 August 2024 page 152
* “Providers must keep the following kinds of records about care recipients:
* Assessments or care recipients, Individual care plans, Medical records, progress notes and other clinical records”

Within the standard 3 (3)(e) page 76 of the guidance and resources it states *“how information is communicated can vary, but the method needs to be efficient and fit the situation”.*

Monash Health Community HCP utilises an exception report documentation system. There is no expectation that a progress note is written after every care contact. Monash Health has a requirement and expectation that where there is any variance to planned care there will be a progress note entry and an escalation to the appropriate team member. This process also applies to the brokered services engaged to provide planned care on Monash Health HCP behalf.

There is no requirement within the standards or Aged Care Act that prescribes that a provider uses a particular method of documentation. Monash Health maintains that the by exception reporting method in use meets the requirements of standard 3 requirement (3)(e).

The files reviewed contained no evidence of any failed communication in relation to deterioration that should have been communicated to the service. In addition, there was no evidence to suggest that care was not provided or that there was a system failure.

Page 7 of the quality audit report “Documentation review evidenced reports from sub contracted services delivered to consumers were not available on the consumers file”.

* Supporting documentation provided for the exampled consumers does not contain any evidence of deterioration or change from planned care thus there was no requirement for the brokered service to have alerted Monash Health Community HCP.
* During the quality audit, management facilitated contact with the nurse providing care which enabled an in-depth discussion of the management of client’s wounds and examples of when deterioration had been communicated back to the service were provided. The nurse at interview confirmed that Monash Health had responded when notified of client deterioration appropriately and demonstrated that the by exception documentation system was effective.
* The three clients reviewed by the assessor and who were referred to in the quality audit report had no identified clinical risk or deterioration evident in the file review. Further evidenced by.
  + Supporting comprehensive Care Plan Home Nursing Assessments
  + Community Support Options - Broader needs Assessment
  + Individual Care Plans for the identified consumers
  + Progress Notes (Care Notes)

The intent of this requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer’s condition, needs, goals and preferences. The information the workforce has access to, should help them provide and coordinate care that respects the consumer’s choices. Good information management systems mean the consumer doesn’t have to keep repeating their story.

How information is communicated can vary, but the method needs to be efficient and fit the situation. Organisations need to collect and share consumer’s personal information in a way that complies with relevant privacy legislation. The organisation is also expected to find ways to include consumers, their representatives and others the consumer wants involved, in communication processes.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which addresses the deficiencies identified with supporting evidence, and references *Home Care Packages Program operational manual version 1.4 August 2024 page 152* in conjunction with other guidance material that demonstrates the service is:

* Evidencing the use of an effective system to manage information that keeps suitable controls over privacy and is in line with relevant legislation.
* Evidencing that the organisation is actively communicating with others, internally and externally, to make sure that care and services are delivered without any disruptions, with proportionate responses to identified risk which is managed in a timely manner.
* Where applicable, consumer care and service plans show evidence of updates, reviews and communication alerts. This includes information from multiple sources, updates from reassessments and their results.

Additional supporting evidence addresses the services relationship with, and response mechanisms to, changes in consumer’s condition, needs and preferences and is documented and communicated within the organisation, and with others where responsibility for care is shared.

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

Requirements 3(3)(a) and 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g)

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives confirmed discussions about end-of-life planning are held. Staff and management described strategies for maximising consumer comfort when a consumer is nearing end of life. Documentation showed the service has procedures to prioritise services and onward referrals for consumers nearing end of life.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers on the mobile application to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through a mobile application. Management advised consumer care plans are available to staff through a mobile application and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying and nutritious. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes. Documentation showed the service has a documented emergency plan which identifies allergies, likes and dislikes of consumers and there are special directives for consumers with diabetes.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

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

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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 confirmed they feel comfortable and welcome in the service environments. Staff described how they support consumers to interact and use the service environment to suit their needs. Management described how they know consumers feel welcome by assessing attendance and participation in activities. Consumers were observed participating in activities in the service environment.

The service environment was observed to be clean, accessible and fit for purpose. Staff stated the environment is rearranged for the needs of consumers on the day and there is a cleaning process in place to ensure the environment is clean and ready for use by the consumers.

Staff and management described the processes for cleaning equipment and escalating issues with furniture. The service environment was observed to be clean and well-maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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 confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options, in the consumer’s language of choice.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

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

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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 confirmed consumers feel respected. Staff described how they relate to consumers respectfully. Results from a survey conducted by the service showed consumers feel they are treated with integrity and respect.

Consumers stated staff are competent. Staff described the minimum qualifications required for their roles. Management described the service’s processes for determining staff competency, including for subcontracted staff. Documentation showed evidence of minimum qualifications and knowledge required for each role.

Staff confirmed they receive induction training and ongoing mandatory training. Management explained the service uses an online training system for staff. Documentation showed the service maintains up-to-date training and competency records for staff.

Support staff confirmed they undergo regular informal performance appraisal processes with management. Management confirmed support staff undergo regular informal performance appraisal processes with office staff undergoing formal annual appraisal processes. Management stated a review of performance appraisal processes will be undertaken. Documentation showed evidence of performance reviews being completed for office staff.

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

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirement 8(3)(b) The Assessment Team was not satisfied the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team provided the following evidence to support their assessment:

* There are deficits in oversight for subcontracted services under the HCP and some CHSP programs. As a result, the governing body could not demonstrate accountability for the quality of care and service delivery.
* The Assessment Team requested a listing of the expired contracts however these were not provided to the team.
  + The Chief operating officer at interview regarding the expired contracts, stated that according to him the contracts are still valid as per their legal team till the new tenders are closed and new contracts are in place.
* The organisation was unable to provided information on the monitoring of subcontracted service providers. It could not confirm if all subcontracted care staff providing care and services have a current police check, drivers licences and vehicle insurance to safely provide care and support to consumers receiving HCP and CHSP services.
* Management advised that the subcontracted care staff providing care and services to consumers are required to be suitably trained, however, they could not confirm if all care staff have appropriate mandatory training and training that includes code of conduct, SIRS, elder abuse, restrictive practice, open disclosure and infection control training.

The provider provided the following information and response to the assessment report.

* The response to the not met has been based on the following legislation and guidance material in relation to record keeping. “Providers must keep records that enable them to demonstrate that: They have police certificates for all staff members or volunteers that are not more than 3 years old; For any period where a staff member or volunteer was without a police certification, an application for a police certificate had been made, and Any statutory declaration to be made by a staff member or volunteer has been made. Police certificates must be kept in compliance with the Privacy Act 1988. “
* Monash Health procurement department advised that 20 contracts had technically expired and not 60 as stated in the quality audit report. Management advised repeatedly during the quality audit Monash Health’s legal position, as confirmed with the legal department, that no contracts were expired as they remain current until the next tender round has been completed. “Monash Health and the service providers by conduct treat the contracts as being on foot and enforceable pending the completion of the procurement process.” Ongoing contact and discussions regarding service provision such as pricing changes, invoicing and payment thereof demonstrate that contracts remain active and ongoing.
* It was further explained that Monash Health, being part of a large health service, had a process of extensions of contracts that occurred via an extension letter.
* A continuous improvement project had prior to the audit been implemented to further improve the procurement process. This was repeatedly raised with the assessment team leader and highlighted that the service was aware and had plans to improve contract management processes. The quality audit failed to identify any risks in relation to the service’s contractor management. See attached continuous improvement project plan which includes an implementation plan.
* The Chief Operating Officer and Deputy Chief Operating Officer, on interview with the assessment team leader also confirmed Monash Health’s legal position regarding contract management that there was an implied ongoing contract which was demonstrated through updated terms and conditions such as pricing and that the contracts described as “expired” are in fact enforceable pending the completion of the tender system. The current tender evaluation being set to be finalised by September 2024.
* Smaller brokered services are not required to participate in a tender process. This was discussed with the assessor during the quality audit. The smaller brokered services are still required to be on boarded to Monash Health and meet all probity and regulatory obligation. These agreements are entered into with the provider with the understanding that the agreement is ongoing until terminated by either party, noting that there is no obligation for a fixed term or limited time tender agreement to be in place. The use of the smaller service providers enables greater choice to the consumers.
* The service repeatedly attempted to provide evidence that the brokered services tender process was a continuous improvement item with a documented project plan. Currently Monash Health is finalising a tender process which includes clearly articulated obligations and expectations from subcontractors to ensure that the tender process has an aged care focus. Noting that the tender process for Monash Health could cover multiple service provision and not just HCP and CHSP. The assessor declined to view this evidence.
* Prior to the commencement of the audit Monash Health provided the required contract information as requested by the Commission. Late in second day of the audit, the assessment team leader requested additional information be added to the spreadsheet originally supplied to the Commission. The information requested needed to be compiled manually for all 258 contractors. Management offered to go through the available electronic systems with the assessment team leader to provide the required evidence. The assessment team leader declined advising that the spreadsheet had to be updated in her required format and that this could be supplied post the audit. The spreadsheet is attached noting that for a number of the brokered services there would be no end date as they have not entered into a fixed term or limited contract rather an ongoing one as previously explained. For these a commencement date has been added to the spread sheet. In addition, some listed brokered services do not require a contract with the service e.g. Pharmacy for these N/A has been added to the spreadsheet.
* Monash Health acknowledged that the monitoring of the brokered services was part of a continuous improvement project contained within the continuous improvement plan that had been submitted prior to the quality audit occurring and offered evidence of the project plan and progress to date. Monash Health also offered a copy of the brokered services audit that forms part of the current monitoring system along with the updated statement of requirements that has been developed as part of the improved tender process. The assessment team declined to review the evidence offered.
* During the audit the assessment team leader requested probity checks for brokered service staff. Monash Health management advised that copies of probity checks are not requested as Monash Health interpret the legislation in relation to the Privacy Act 1998, as Monash Health have no legal right to have on record the private information of staff members that Monash Health have not directly employed or entered an employment contract with. All employment information should remain with the brokered provider as the employer or those staff.
* The brokered service provider has the obligation through the agreement they have entered, to provide services on behalf of Monash Health to ensure that their staff meet all requirements and that Monash Health as the service provider monitor the brokered services overall compliance. Monash Health could demonstrate that there was a process to review probity checks with brokered services at commencement of agreement and periodically through audit.
* As documented in the continuous improvement plan, Monash Health acknowledge that improvements could be made to the current probity check governance. However, no risk was identified by the assessment team during the quality audit with the current system of governance nor was it proven by the assessment team that the current was ineffective.
  + Vulnerable consumers register.
  + Two invoices for clients who have not been charged care management fees during a period of leave.
  + Subcontractor's contracts list with the additional information as requested by the assessment team leader.
  + PDSA model of improvement: Brokered service agreements
  + Request for tender for: community brokered services – Part B statement of requirements which details the brokered services obligations under contracts offered.
  + Letters to brokered services 2023 and 2024.
  + Communication framework.
  + Monash Health Board Finance Committee – Procurement plan and tenders report Q3 2023/4.
  + Monash Health executive committee – Procurement plan Q3 2023/4, incorporating sourcing and tenders quarterly report.
  + Monash Health Board of Directors – Procurement plan and tenders report Q 3 2023/4.
* Planned improvements:
  + Brokered service monitoring improvements will include the following (see attached PDSA model for improvement)
  + Implementation of updated and strengthened contracts for all brokered service providers which outline clear governance and reporting obligations, to meet all legislative requirements.
  + Embedded monthly monitoring and review of compliance obligations into monthly Operations Committee.
  + Additional requirement for all brokered services to complete an annual statutory declaration stating they have met all the obligations contained within their contract with Aged Care Services.
  + Monthly spot audits of brokered services to monitor ongoing compliance with probity requirements.
  + Brokered service contracts improvement will continue as planned with the addition of the above requirements. The current implementation plan for updated contracts is currently planned to be completed by 30 September 2024.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response, which addresses the identified deficiencies with proportionate supporting evidence. The intent of this requirement is to ensure that the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality, care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards.

The service has provided ample evidence to support it’s strategic, business and diversity action plans that describe the priorities and strategic directions for inclusive care endorsed by the governing body. Further evidence of how the organisation implements, monitors and improves these is provided, including contemporary evidence and planned improvements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 8(3)(b) 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)