**Performance**

**Report**

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| Name of service: | North Richmond Community Health Limited |
| Service address: | 23 Lennox Street RICHMOND NORTH VIC 3121 |
| Commission ID: | 300664 |
| Home Service Provider: | North Richmond Community Health Limited |
| Activity type: | Quality Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 26 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for North Richmond Community Health Limited (**the service**) has been prepared by M Balukovska, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Allied Health and Therapy Services, 4-B84ZPAX, 23 Lennox Street, RICHMOND NORTH VIC 3121

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. |

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| 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. |

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating the delivery of services that are inclusive of consumers culture, background, and values
* Demonstrating ongoing support to consumers in making choices and assisting them to maintain independence
* Evidencing the provision of timely and clear consumer information
* Evidencing embedded practises that protect consumer information and privacy

Six of the six requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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. | Non-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 |
| 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 |
| 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 |

Findings

At the time of performance report decision, the service was:

* Demonstrating that assessment and care planning considers consumer risks and informs safe and effective service delivery
* Demonstrating assessment and planning is undertaken in partnership with consumers
* Demonstrating embedded care plan development and review processes

At the time of performance report decision, the service was not:

* Demonstrating 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.

The service was unable to demonstrate 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. Assessment and planning do not consistently identify consumers’ current needs and preferences. Advanced care planning and end of life wishes are not explored, and information is not supplied to consumers. For example:

* Number of consumers interviewed by the Assessment team could not recall the service having discussed advanced care planning with the consumer.

Management advised the Assessment Team that the information pack provided to new consumers has been adjusted to include a brochure regarding advanced care planning.

Assessment of the consumers current needs and preferences is documented in the consumer’s electronic file. However, consumers of the dietetics program do not currently have goals identified on their nutrition plans.

Four requirements have been assessed as complaint. One requirement has been assessed as non-compliant. I therefore find this standard to be not met.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

At the time of performance report decision, the service was:

* Demonstrating the delivery of safe and effective personal and clinical care
* Demonstrating the management of high impact or high prevalence consumer risks
* Evidencing appropriate referrals are made to external stakeholders involved in consumer care
* Demonstrating the recognition of changing needs for consumers nearing end of life
* Demonstrating infection related risks are minimised through embedded processes

Seven requirements have been assessed as compliant. I therefore find this standard to be met.

# Standard 4

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| Services and supports for daily living | | 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

This Quality Standard was not assessed during this quality audit, as the service is not funded by HCP or CHSP to deliver services in a service environment.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

At the time of performance report decision, the service was:

* providing a clean and welcoming environment and private consulting rooms for consumer treatments.
* ensuring all equipment used is tagged tested and sterilised to manage infection related risks.
* ensuring secure access for staff and consumers.
* ensuring lift and stair access for consumers are well signed and clean

Three requirements have been assessed as compliant. I therefore find this standard to be met.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

At the time of performance report decision, the service was:

* Demonstrating that consumers and representatives are enabled and encouraged to make complaints and provide feedback
* Evidencing the provision of information to consumers and representatives to access external services, including complaint resolution, advocacy, and translating services
* Demonstrating open disclosure process and practises when addressing complaints
* Evidencing the assessment of complaint trends and subsequent improvement processes

Four requirements have been assessed as compliant. I therefore find this requirement to be met.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing recruitment practises including brokered services that ensure staff are kind, caring and respectful to consumers
* Demonstrating that active recruiting is underway to increase staff levels in key areas
* Evidencing that workforce monitoring and staff performance reviews are undertaken

Five requirements have been assessed as compliant. I therefore find this standard to be met.

**Standard 8**

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| Organisational governance | | 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 |
| 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 |
| 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. | Non-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 |
| 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 |

Findings

At the time of performance report decision, the service was:

* Evidencing embedded processes that engage consumers in the development, delivery and evaluation of care and services
* Demonstrating the promotion of a service culture that offers inclusive care and services
* Evidencing that monitoring and trending of risk-based consumer data is undertaken, including incidents for CHSP consumers

At the time of performance report decision, the service was not:

The service did not demonstrate that there are effective governance systems relating to management of regulatory compliance of program guidelines in relation to police checks and statutory declaration.

#### **Regulatory compliance**

The service demonstrated maintenance of up to date information on regulatory requirements through a legislative update service and government notifications. Relating to effective governance, the service’ regulatory compliance processes do not evidence accurate information to ensure currency of police checks, statutory declarations as required under the CHSP program for all staff and board. The requirements of a signed Charter of Aged Care Rights is incorrectly applied and not made available on consumer documentation.

* The information provided to the Assessment Team identified that not all staff and board members had current police checks. The spreadsheet provided showed at least 10 nursing staff had expired police checks. While nursing is funded under CHSP, nurses have access to and provide services to aged care consumers as part of the health centre.
* Management advised that the service has a process that staff cannot commence employment without a valid police check. Supervisors and staff are notified 6 weeks before their police checks expire.
* Further statutory declarations for staff who have lived overseas since turning 16 or had been a citizen of a country other than Australia are not completed.
* The service is not complying with the *Charter of Aged Care Rights* within the User Rights Amendment (Charter of Aged Care Rights) Principles 2019 under the *Aged Care Act 1997.* The Assessment Team identified that while the intake officer sends out the Charter of Aged Care Rights to consumers to sign and return copies of the charter signed by the provider and/or the consumer were not available on the consumer files viewed.

***Information Management***

The service evidenced it has a information management system in place that includes: electronic consumer software, website, risk management software system, meetings, newsletters, short message service (SMS), video conferencing and an online training portal. Information is maintained securely and information privacy policies apply.

A review of consumer electronic files by the Assessment Team identified consumer care plans are not consistently documented and provided to consumers.

Management advised that the consumer electronic software had not been updated and the service is in the process of implementing new documentation and updates to ensure information is provided to consumers and all concerned in the care and support of consumers.

#### **Continuous improvement**

The service advised opportunities for continuous improvement are identified through internal and external audits, survey evaluations, complaints, feedback and incidents. Discussions with management, staff, consumers and representatives show improvements are ongoing.

Examples of recent improvement activities include:

* The update of the consumer electronic system to ensure better functionality, reporting capacity and improve the priorities waitlist to meet the urgent needs of consumers within the disciplines.
* The program has implemented a healthy ageing hub to upskill consumers health literacy and safety issues.
* The services has implemented a My Aged Care service where staff can assist consumers to register for aged care services and clinicians, medical practitioners or others within the organisation can send in immediate referrals to My Aged Care for consumers.

#### **Financial governance**

Financial governance is overseen by the organisation’s financial subcommittee. The finance subcommittee reports to the Board in relation to the organisation’s financial position.

Four requirements have been assessed as compliant. One requirement has been assessed as non-compliant. I therefore find this standard to be not met.

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)