**Performance**

**Report**

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| Name: | Orbost Regional Health |
| Commission ID: | 300803 |
| Address: | 45 Forrest Road, ORBOST, Victoria, 3888 |
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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: 1874 Orbost Regional Health  
Service: 26511 Orbost Regional Health

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8475 Orbost Regional Health  
Service: 25321 Orbost Regional Health - Care Relationships and Carer Support  
Service: 25320 Orbost Regional Health - Community and Home Support

**This performance report**

This performance report for Orbost Regional Health (**the service**) has been prepared by V Stephens, 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.

# 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 | **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 | **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

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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

Consumers and representatives reported being treated with dignity and respect by both service and subcontracted staff. Staff outlined how they demonstrate respect for consumers and staff interactions with consumers were observed to be respectful. Care documentation reflects information on consumer backgrounds and any cultural needs and preferences.

Consumers and representatives said staff understand consumers’ cultural needs and preferences and consumers feel supported and safe. Staff demonstrated they are familiar with the cultural backgrounds of individual consumers and have participated in cultural safety training.

Consumers and representatives said they are supported to make choices about the care and services they receive. Care workers described how they support consumers by offering options during regular discussions. Management described how consumers can direct their service delivery in line with the choice and dignity of risk policy. Care documentation demonstrated assessment of each consumer included consideration of their relationships, goals and how they wished to be involved in decision making.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives expressed their satisfaction with how the service supports consumers to live their best life. Staff described support and assistance measures to ensure consumers are as safe as possible while living their best life. Care documentation reviewed included risk assessments and individual strategies to support consumers and mitigate identified risks.

Consumers and representatives were satisfied they received clear and timely information from the service. Consumers confirmed they receive a consumer information pack, a copy of their care plan, a regular schedule of services and a monthly statement.

Consumers and representatives were confident the privacy and confidentiality of their information was maintained by the organisation. Care workers discussed how they protect consumer privacy and all staff sign code of conduct documentation including privacy and confidentiality. Management explained access to consumer information is attained after completion of mandatory training modules. The Assessment Team viewed signed consent forms in consumer documentation.

# 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 confirmed the service seeks to understand consumer needs and preferences through the care planning and assessment process. Staff discussed ongoing assessment and care planning processes and how risk is identified and assessed through best practice tools such as pain and falls risk assessments. File review identified comprehensive initial assessments, risk identification and strategies were documented in a way that was easy to understand.

Consumers and their representatives discussed how the care and services provided were reflective of their needs and preferences including discussions about advance care planning. Staff confirmed consumers' needs and goals are discussed during the initial meeting which included advance care planning. Management described weekly multi-disciplinary meetings between clinical staff, allied health, care managers and care workers. The Assessment Team viewed the service’s welcome pack which included a brochure on advance care planning and the booklet ‘Charter of Aged Care Rights’.

Consumers and representatives discussed how they were supported to be involved in deciding consumer services. Care managers explained the way they keep consumer representatives involved and how they call and visit consumers regularly to check in. Care documentation reflects the people involved in the care planning process and the consumer’s chosen representatives. The involvement of others in the process includes allied health professionals and medical practitioners.

Consumers and representatives explained they receive a hard copy of the care plan following the initial assessment and updated copies via mail or email when changes occur, or re‑assessment is undertaken. Consumers are provided with a folder which includes their package agreement, care plans and a communication book which care workers, family or medical professionals utilise to detail what service has occurred and any handover information. Care workers described how they access consumer care details through the electronic management system.

Consumers and representatives spoke of regular conversations with care managers during which the effectiveness of the current care plan was discussed, with changes made as required or requested. Care managers described the formal assessment review process as occurring every 12 months, when requested by consumers or representatives or when changes occur. Care managers explained they also check in with a monthly phone call.

# 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 interviewed expressed satisfaction with the personal and clinical care received. Care workers outlined how they tailor care to the needs of individual consumers. Management said they review feedback forms submitted by care workers and encourage phone calls to report any concerns or identified change. Management explained they attend monthly district nursing service best practice meetings. The Assessment Team reviewed consumer progress notes from brokered nursing agencies and allied health providers. Progress notes acknowledged referrals, contained reports outlining assessments undertaken, recommendations and notification when modifications are provided.

Consumer documentation reviewed shows high-impact or high-prevalence risks associated with the care of sampled consumers are identified and documented, with clinical and allied health assessments occurring where appropriate. Interventions to manage and mitigate risks to consumers are developed and are evident in consumer care plans and home care assessments. Staff identified and discussed common risks including falls, cognitive impairment and social isolation. Staff outlined the ways they mitigate and minimise risks, including prompting consistent use of mobility aids. Management discussed how consumer falls are reported during the delivery of care and consumers are encouraged to report incidents that occur outside of the provision of care and service. All incidents are investigated, and preventative actions or consumer deterioration are identified and followed up.

Management discussed strategies for consumers nearing the end of life including liaising with external palliative care providers to assist consumers to remain at home. The service provides aids or equipment as required to maximise comfort and provides support to the family or representative, including referral to counselling and support services.

Consumers and representatives expressed confidence staff would identify and respond to consumer deterioration or change in a timely manner. Care workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change to a care manager, calling emergency services if required and documenting deterioration in shift notes. Care documentation was reviewed and identified timely responses and action when changes in a consumer’s health or condition occur.

Feedback from consumers and representatives included staff knowing consumers well, recognising change and communicating with care managers and others as appropriate. Care managers update care plans as required and the updated version is available to care workers electronically or in the consumers home in their personal folder. Brokered services are sent relevant information electronically. Care documentation review identified the service actively communicates with others, internally and externally and that information provided by other providers, such as occupational therapists and physiotherapists, was consistent between reports and care plans.

Consumers and representatives confirmed they are satisfied, that when needed, the service initiates appropriate referrals, involves relevant external providers and maintains communication throughout the process. Care managers demonstrated an understanding of referral networks and described internal and external referral processes. Documentation showed referrals were made in response to identified needs.

Consumers and representatives expressed satisfaction with the actions staff take to protect consumers from infection. Staff interviewed explained how they comply with hand hygiene and discussed their use of personal protective equipment (PPE) including masks and gloves. Management discussed the mandatory infection control training and procedures staff complete. The Assessment Team reviewed the work procedures available to care workers and confirmed they include hand hygiene and PPE donning and doffing techniques.

# 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 reported the services they receive help them to maintain independence and quality of life. Consumer documentation outlined the services most suited to each consumer. Care workers, care managers and the lifestyle coordinator described the various activities and outings most important to consumers. Staff reported they feel the service is doing all they can to support each consumer’s independence and quality of life.

Consumers and representatives stated consumers participate in activities that optimise their independence, health and well-being. Care workers provided information on how they assist consumers to do things they want to do. Care plans provided clear directives to support consumers to achieve their goals.

Consumers and representatives stated they were happy with the support the service provides to enable them to stay engaged within the community. Care documentation reflects consumer participation in community activities which meet their goals and preferences. The Assessment Team noted flyers throughout the service, a weekly calendar listing of social support groups and activities available for consumers.

All consumers and representatives expressed satisfaction with information, communication, consent and coordination of services. Consumers and their representatives said care workers understand consumers daily living needs and know how to provide individual support which is well coordinated. Staff described consumer information is updated when changes in consumer condition, needs or preferences occur. Care documentation demonstrated communication with others responsible for care, including representatives, staff and other services.

Consumers and representatives stated they had been referred to other care and services when required. Care documentation showed examples of referrals to a range of services and supports.

Consumers and representatives were satisfied with the quality, quantity and variety of meals provided by the service. They have a choice of weekly frozen meal delivery frozen or meals on wheels which are prepared onsite and delivered to consumer homes daily, as ordered. Staff described information regarding allergies and preferences for consumers being available to them electronically. The Assessment Team viewed menus and consumer surveys in which consumers could provide feedback on meals.

Consumers and representatives said the service supports them in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance services when required. Care workers said consumer equipment was appropriate, clean, and well maintained. Care documentation demonstrated consumer equipment needs are assessed, and evaluation of equipment occurs.

# Standard 5

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

Findings

The service provides group social supports on their premises. Consumers indicated they find the environment welcoming and easy to understand and navigate. The Assessment Team observed consumers engaging with each other and with staff.

All consumers indicated they feel the group social support sites and the service-owned buses are safe, clean, and well-maintained. All indicated they can move freely within buildings and outdoors. The Assessment Team observed the activity room in which consumers could move freely.

Management advised regular preventive maintenance occurs at each site and demonstrated to the Assessment Team the process for reporting maintenance, triaging and completion. Consumers, representatives and care workers described the reporting process and expressed satisfaction regarding the timeliness in which issues raised were actioned. A range of activity and recreational equipment was observed, and all appeared clean and in good condition.

# 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 were comfortable providing feedback and making complaints. Management and staff described how consumers and representatives can provide feedback. The Assessment Team observed complaint information was available in the reception area and the consumer information pack. Documentation, including meeting minutes and feedback systems, showed the service encourages and actions feedback.

Consumers stated they were aware of the various ways to make complaints. Staff demonstrated their knowledge of complaint and advocacy services. Information about advocacy, feedback and language services is supplied to consumers in the consumer information pack.

Consumers and representatives expressed satisfaction with how complaints are managed at the service. Management stated they manage complaints as they arise, including performing open disclosure and documenting open disclosure in consumer file notes. Documentation reviewed by the Assessment Team demonstrated the service is taking appropriate and timely action in response to complaints and utilising open disclosure.

Consumers and representatives indicated the service reviews feedback and complaints to improve the quality of care and services. Management and staff reported they generally respond to feedback immediately. Management identify issues and improvements through discussions with consumers, representatives, care managers and relevant committee members. The feedback register and plan for continuous improvement demonstrate improvements have been made based on feedback provided.

# 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

Care and services are delivered by staff employed directly by the service, district nursing service staff, and subcontracted staff, including gardening, cleaning and allied health. Management said the organisation has a mixture of permanent full time, part time and casual staff. Consumers and representatives said staff are always punctual and that services are reliable.

Consumers and representatives stated staff are very kind and caring. Staff described each consumer's needs and identity. Management said consumer preferences are considered when allocating care staff, with the service aiming to ensure consumers have consistent staff. Care documentation reflected consumer needs to assist staff in understanding consumer identity and culture. The Assessment Team observed all staff members discussing consumer's circumstances respectfully.

Consumers and representatives stated staff perform their duties effectively and they are confident staff have the skills to meet their care needs. Management described the onboarding process and how the organisation verifies qualifications and professional registrations. Staff described the onboarding and orientation process, including completing competencies and mandatory training.

Consumers and representatives expressed their confidence in the ability of staff to deliver quality care and services. Staff interviewed were satisfied with the training the service provides and with the ongoing support they receive. Management described orientation programs, role specific training, and staff being supported to engage in ongoing training. Training is role specific and includes manual handling, cultural awareness, infection control and identifying abuse.

The service demonstrated staff performance is regularly reviewed and monitored. Staff said they have regular ‘catch ups’ with their manager, during which performance and any challenges are discussed. The service conducts annual staff performance reviews. Management said they monitor internal staff performance through regular supervision and support meetings. Performance monitoring includes consideration of incidents and feedback. Performance issues are escalated and actioned as required, with human resource and employee assistance program support as appropriate.

# Standard 8

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

Findings

Staff described how they support consumers to be involved in the development and evaluation of their own care. Management described formal and informal methods for consumers to provide feedback including the annual consumer satisfaction survey, and regular communication between care advisors and consumers.

Consumers and representatives expressed satisfaction with the quality of care and services provided. Organisational documentation demonstrated governance structures and processes are in place, including operational and clinical governance frameworks and quality and safety governance committees. Management discussed how the governing body promotes quality care and services and is accountable for their delivery. For example, incident data, including falls, infections and wounds, is regularly reviewed by the quality of care subcommittee, which meets monthly to discuss issues related to quality and clinical governance.

The Assessment Team reviewed documentation and conducted staff and management interviews that demonstrated governance systems and applications relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The organisation has a risk management framework including a risk register and quality and risk management procedures. Incidents are reported to the board each month. The organisation has a risk management plan, compliance program and corporate governance policy to provide guidance to staff in managing high-impact or high-prevalence risks. In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice, and sense of self.

The service has a clinical governance framework and recently had an external review of their clinical policies, systems and processes. The framework incorporates various clinical care considerations, including antimicrobial stewardship, the use of restraint and open disclosure. Staff have received training regarding restrictive practices and open disclosure. Staff demonstrated an awareness and understanding of the service’s policies and procedures including open disclosure and antimicrobial stewardship.

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)