**Performance**

**Report**

**1800 951 822**

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| Name of service: | Partners 4 Health Limited |
| Service address: | Level 1, Market Central, 120 Chalk St LUTWYCHE QLD 4030 |
| Commission ID: | 700740 |
| Home Service Provider: | Partners 4 Health Limited |
| Activity type: | Quality Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 02 February 2023 |

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 Partners 4 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:**

* Social Support – Group, 4-CR0CV09, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Specialised Support Services, 4-7ZFY2EO, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* CHSP Transport, 4-7ZG7KRZ, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Nursing, 4-7ZG7KUS, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* CHSP Personal Care, 4-7ZG7KYF, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Allied Health and Therapy Services, 4-7ZG7L18, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Domestic Assistance, 4-7ZGLV2J, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Social Support - Individual, 4-7ZGLV9P, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030
* Partners 4 Health Limited, 15194, Level 1, Market Central, 120 Chalk St, LUTWYCHE QLD 4030

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 23 December 2022.

# 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 | **Not applicable as not all requirements have been assessed** |
| **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 to remain compliant with the Quality Standards.

**Other Matters**

Partners 4 Health (the service) is a public company trading as Brisbane North Primary Health Network (PHN). The service provides the overarching corporate governance structure for the CHSP consortium members and support members in the delivery of quality services achieved through the structure of consolidated overarching support.

The consortium has a total of 17 consortium members (the consortium), 11 of those members are local aged care service providers who provide services across the Brisbane North and Caboolture region, in addition to 6 aged care organisations that provide support and information to the consortium such as Aged and Disability Advocacy Australia (ADA Australia) and the Council on the Ageing (COTA). The service is the lead commissioning agency holding the primary contract with the Department of Health (DoH). Consortium members are engaged through sub-contracting arrangements.

The service currently receives over 12 million dollars in funding to facilitate the provision of allied health and therapy services, domestic assistance, nursing, personal care, transport and individual and group support services. Approximately 9000 consumers receive services per annum with approximately 4000 receiving services in the last month.

The service operates entirely through a consortium arrangement with the 11 aged care service providers under the consortium who undergo their own individual Quality Audits conducted by the Aged Care Quality and Safety Commission (the Commission). Due to this model, the service was unable to provide consumer contact lists or care plans for this Quality Audit but upon discussion with the Chief Executive Officer (CEO) from Community and the Chief Opportunity Officer (COO) from BallyCara, they were able to provide a total of 3 consumer’s contact details for consumer interviews.

To be a part of the consortium, members are required to meet specific criteria outlined in the service’s Due Diligence Policy which is reviewed annually to ensure that requirements continue to be met. Although Partners 4 Health do not directly provide services to consumers, the Assessment Team were able to evidence the high-quality standards of support for consortium members.

The Assessment Team were able to evidence how the consortium provides extensive additional support for members, to elevate their skills and knowledge through the sharing of best practices, creating a space for accountability and continuous improvement, providing a wide network of lived experiences to learn from and by instilling an overall sense of responsibility to maintain the highest quality standards of care and services to meet all of their consumer’s needs.

# 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 the performance report decision, the service is:

* Demonstrating that consortium members are treating consumers with dignity and respect with their identity, culture and diversity valued.
* Ensuring care and services delivered by consortium members are culturally safe.
* Demonstrating that consortium members are supporting consumers to exercise choice and independence.
* Supporting consortium members to provide information to each consumer in a current, accurate and timely way.
* Ensuring that consortium members are respecting consumers privacy, and that personal information is kept confidential.
* Demonstrating that consortium members are aided in supporting consumers to take risks.

While the service is not involved in direct processes or service provisions, management discussed how the service provides support to consortium members to ensure that consumers are treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment team sighted documentation to evidence the service engages in projects that support the consortium to continue to develop their ability to treat customers with dignity and respect. For example:

* A consumer interviewed by the assessment team who attends physiotherapy at the service’s gym, stated the service is “very considerate and thoughtful of their abilities”.

The service is demonstrating compliance with the Due Diligence Policy by ensuring it has in place a Declaration of Compliance to work with vulnerable people. In addition, the service demonstrated a Clinical Governance Assurance checklist involves an assessment of consumers needs and co-design, clinical governance, partnering with consumers and clinical safety. In October 2021 management of the service attended a training session relating to Measuring and Enhancing Consumers well-being in Aged Care.

The Assessment team evidenced the service engages in activities with the consortium members to ensure that culturally safe care and services are provided. For Example:

* Management advised the consortium is inclusive of two providers that are Culturally and Linguistically Diverse (CALD) organisations, providing culturally sensitive services to consumers. Both providers provide services for Islamic, Maltese, Portuguese, Italian and Greek Orthodox consumers.

The Assessment team evidenced that the service engages in activities that support the consortium members to enhance their ability to support the consumer’s right to make independent decisions.

The Consumer and Carer Engagement Policy demonstrates the service’s commitment and approach to consumer engagement to ensure their perspectives, priorities, interests and concerns are presented and protected through the delivery of consortium member’s care and services.

Management stated the service holds quarterly Aged Care Forums for the Brisbane North region. The service ensures to include the consumer voice by including consumer panels and presenters in the forum with the intention of capacity building in the aged care community. The Assessment Team reviewed Aged Care Forum survey results that included the Consumer Voice as a criteria. Survey results showed that 91% of attendees felt that the consumer voice was captured in the forum. A consumer interviewed, stated they spoke at one of the Aged Care Forums and felt that the consumer voice was acknowledge and part of the conversation for service providers to gain insight into improving care and service.

The assessment team were able to evidence that the consortium engages in activities that support their consortium members to develop their ability to clearly communicate their consumers. For example:

* The service created a language guide in partnership with EveryAGE, which was discussed and shared amongst consortium members as recorded in Clinical Reference Group meeting minutes dated 9 June 2022. The intention of the language guide is to increase the awareness and understanding of how language can impact aged care consumers by using simple techniques to improve language - especially relating to key messaging.

In response to the Assessment Team Report the service has provided additional information to demonstrate how the consortium supports consortium members to ensure they empower consumers to take risks and live their best life. The service engaged an independent consultant to undertake internal reviews of the consortium members to ensure their compliance with the above requirement. The Service further engaged in various training sessions with their consortium members. For Example:

* The service held a (Care Management for CHSP services) workshop in 2022. The workshop covered a range of topics including, the legal framework of aged care and services, care management for CHSP providers, client communication and clinical governance. Balancing duty of care with dignity and risk was also covered.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard 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. | 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 the performance report decision the service is:

* Supporting consortium members to implement assessment and care planning processes, including the considerations of risk, to ensure the delivery of safe and effective care.
* Ensuring consortium members are aware of the need to include consumers in the care planning process.
* Ensuring consortium members are reassessing consumer care and services annually or earlier if required.
* Supporting consortium members in relation to communicating the care and services plan with consumers, ensuring it is readily available to the consumer, and where care and services are provided

While the service is not involved in direct processes or service provision, Management discussed how the service provides support to consortium members with training opportunities and the sharing of experiences through independent reviews, forums and meetings.

Management evidenced other aspects of assessment and planning are also discussed during Coordinator Group meetings for example risk assessments.

Meeting minutes dated 14 September 2022 for the Coordinator Group confirmed discussion around risk assessments related to falls and high needs consumers.

Management evidenced the benefits of having a Clinical Reference Group. This group meets every 2 months and provides consortium clinical staff the opportunity to meet and discuss clinical assessments and issues.

Meeting minutes for this group dated 13 October 2022 demonstrated discussions around the use of validated screening tools in the assessment and planning of their consumers such as tools for falls risks, nutrition screening, Waterlow assessments and chronic disease plans. The service’s contract includes a clause where consortium members must attend 90% of all Coordinator Group and Clinical Reference Groups meetings and activities. Management described how support is provided to consortium members with training opportunities and the sharing of experiences through independent reviews, forums and meetings. For example:

* Management explained in 2019 an independent consultant conducted a quality review for care and services provided by all members of the consortium including care plans. The Assessment Team reviewed this report and noted identified learnings from this review relating to consumer assessment of needs, goals, and preference which resulted in discussion using de-identified care plans being shared with the consortium to drive best practice. The Clinical Reference Group administrator maintains a resource list which is available to all the consortium members. This list was reviewed by the Assessment Team and was noted to include links to Queensland’s advanced care planning forms.

While the service is not involved in direct processes or service provision, Management described how support is provided to consortium members with training opportunities and the sharing of experiences through governing checklists, forums and meetings. For example:

* Management discussed the Clinical Governance Assurance Checklist and described how it is used to guide consortium members to consider consumer needs and ways to include them and the people they want to be involved in the assessment and planning process.
* The Assessment Team reviewed this checklist which confirmed there are sections relating to partnering with consumers in relation to care planning activities.

In response to the Assessment team report the service provided additional information to advise that while the service is not involved in direct service provision, during the transition to the current quality standards, the PHN contracted a consultant to undertake an in-depth review of consortium service providers processes and practices in meeting the eight quality standards. For example:

* A consortium member (provider) ensures that consumers understand the information provided to them. For consumers with visual impairment the care plans and charter etc are verbally discussed with them in person by the assessor and then confirmed again by the Lifestyle co-ordinator. For those with hearing issues - talk to text systems, or AUSLAN Interpreters will be used face to face in the home.
* A consortium member (provider) report states that a copy of the care plan is provided to the consumer and remains in the home. It is explained verbally to the consumer and a schedule of visits documented for easy access. Information is presented to consumers in various ways to assist their understanding. For example, hearing impaired consumers TTY has been used along with a request that all information or shift details be sent as a text message. Auslan interpreting has also been used. For sight impaired consumers Vision Australia might be involved and information will be verbally provided. Similarly, those with low literacy levels will have every document explained in detail before consent is given.
* A consortium member (provider) ensures that information is communicated to the consumer in a way they will understand. This might include the use of TIS (or a family member) for culturally and linguistically diverse consumers, providing verbal explanations for those with low literacy levels; AUSLAN interpreter, communication boards or talk to text tools (Relay systems) for hearing impaired. Big Print might also be used for consumers who have a visual impairment. The provider also organise super-sized calendars for visually impaired consumers to document appointments and visits.

In addition, to support continuous quality improvements in care planning, the service led an in-depth Community of Practice with consortium providers on care planning in 2021/22, the aim of which was to:

* share resources
* ensure care plans are tailored to individual needs
* focus on important information that should be included regarding consumer identity, culture, and social and community connects
* promote the development of person-centred goals.
* Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant.

# 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 the performance report decision, the service is:

* Supporting consortium members to deliver personal and clinical care that is best practice.
* Having discussions with consortium members around high impact, high prevalent risks for consumers and providing a forum to discuss best practice and strategies relating to consumers.
* Overseeing infection control processes of each consortium member to minimise infection related risks.

While the service is not involved in direct processes or service provision, Management described how they provide support to consortium members with training opportunities and the sharing of information and experiences through forums and meetings. For example:

* Management described how they know the information they share with their consortium is evidence based, best practice including: ensuring their information is coming from a reliable source; with appropriate references such as the Commission, the government (state or federal) or a relevant peak body such as COTA. This was discussed in relation to COVID-19 during a Clinical Reference Group meeting. During this meeting members were advised where the “sources of truth” should come from when relying on information relating to COVID-19 updates. Examples provided in this meeting included the World Health Organisation, Department of Health and Queensland Health.

Management discussed their role in the development of “Health Pathways” in conjunction with GP’s and specialists in their medical fields.

Management advised these are online clinical care pathways which include information about background, assessment, management, next steps and where to go for further information for a range of conditions across the lifespan.

The Assessment Team reviewed the pathways and noted a section for older adult’s health which includes behavioural disturbances, cognitive impairment and dementia, depression, elder abuse and neglect, falls prevention and assessment, medication management review, health assessment, weight and nutrition, and unexpected deterioration.

Clinical Reference Group meeting minutes sighted by the assessment team identified discussion between the service and consortium members to ensure care is provided that is best practice, specific to the consumer, and is provided to optimise their health and wellbeing. For example:

* Minutes sighted by the assessment team dated 13 October 2022 discussed the importance for all staff to understand what is outside their scope of practice and how to escalate concerns. Members also reviewed a booklet called the Practical handbook for Basic Clinical Care Tasks in the Home. Minutes confirmed the members believed this would be a good resource for their clinical staff and Management confirmed that booklets were purchased for all consortium members.

While the service is not involved in direct processes or service provision, Management described how support is provided to consortium members with training opportunities and the sharing of experiences through forums and meetings. For example:

* Providing clinical staff the opportunity to come together and discuss the management of high impact or high prevalence risks they identified in the following Clinical Reference

The Assessment Team reviewed this checklist which includes clauses under clinical safety that guide consortium members to ensure the ‘provider communicates for safety with other providers to ensure timely, purpose driven and effective communication and documentation that supports continuous, coordinated and safe health care’.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant.

# 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

While the service is not involved in direct processes or service provision, Management described how support is provided to consortium members with an assessment tool called the Adult Social Care Outcome Toolkit (ASCOT) and training to support the use of this tool. Management described how the use of this tool has enhanced consumer care to ensure they are receiving support to optimise their health, wellbeing and quality of life.

Management evidenced their funding of an Active at Home program which trained support workers within the consortium to undertake a 10-minute exercise program with consumers whilst they are providing services. The Assessment Team reviewed the evaluation summative report of this program dated 12 August 2022 which highlighted many consumer benefits including:

* Consumers interviewed for the report stated they were ‘highly satisfied’ with the program especially that it helped them overcome barriers that prevented them in taking part in other types of exercise.
* Barriers reportedly overcome for consumers include level of intensity, transport requirements, costs, and waitlists for allied health.
* Consumers enjoyed the rapport they built with support workers, stating they found their presence motivating.

The service has engaged services both within the consortium and externally to assist members to support consumers’ emotional, spiritual and psychological wellbeing.

Management discussed a project on centre-based respite that was conducted by the service based on a request that came from consortium members.

The Final Project Report dated August 2021 reviewed by the Assessment Team confirmed the request came from consortium members who raised concerns relating to ‘consumers living with dementia and being supported by informal carers in the home; increased social isolation and numbers of people experiencing loneliness; changing demographics and consumers needs and preferences in the future; and policy and access issues impacting uptake and delivery of this service type’.

The service has governance processes in place to guide the consortium members in communication between services. Management discussed the importance of the Clinical Governance Checklist which all consortium members must complete to demonstrate appropriate, effective and safe care for their consumers.

The Assessment Team reviewed this checklist which includes clauses under clinical safety that guide consortium members to ensure the ‘provider communicates for safety with other providers to ensure timely, purpose driven and effective communication and documentation that supports continuous, coordinated and safe health care’.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant. Requirements 4(3)(f) & 4(3)(g) are not applicable to the service as they do not provide meal service and equipment services.

# 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. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This standard is not applicable as the service does not provide a physical environment where care and services are delivered.

# 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 the performance report decision, the service is:

* Supporting consortium members to encourage consumers to provide feedback and make complaints.
* Ensuring that appropriate action is taken by consortium members, and open disclosure is used in response to complaints by consumers.
* Supporting consortium members to make consumers aware of and have access to language services.
* Ensuring that consortium members are reviewing feedback and complaints and using this information to improve care and services.

The service does not receive feedback and complaints data from consortium members unless they are considered severe, therefore the Assessment Team were unable to review any consumer related feedback and complaints registers, individual or collated, that cover all consumers across the 11 consortium members. It is a requirement for each consortium member to manage their own feedback and complaints in addition to having their own individual Quality Audits by the Commission.

The service evidenced a Complaints and Feedback Policy that describes the processes for consortium members to acknowledge, review and resolve any feedback received related to their care and services. The policy is designed to ensure that all feedback is captured, recorded and addressed promptly and fairly and for members to effectively handle feedback to support continuous improvement to the consortium’s services.

The Assessment Team were able to evidence that the service engages with the consortium members to encourage consumers to give feedback and complaints. For example:

* Consumers interviewed said that they would feel comfortable giving feedback or making a complaint directly to staff if they needed to do so.

In response to the assessment team report the service submitted additional information to evidence how the service supports consortium members to comply with the above requirement.

The service has engaged in organising external services such as World Wellness Group to deliver information to their consortium members about their dedicated multicultural health and aged care services to which providers can refer for specialised language services. In addition, the service regularly distributes updates to support awareness among consortium members of language services available to consumers.

The consortium includes the following advocacy organisations – Aged and Disability Advocates Australia, Council on the Ageing Australia and Carers Queensland - who regularly provide insight and information to the Consortium Management Group about how consumers access advocacy services and make complaints. Having these organisations as members of their Consortium fosters strong relationships between their service providers and those organisations so that they are aware of the services offered to consumers by the advocacy organisations.

Consortium members are provided a copy of the service’s Complaints and feedback policy as part of their contractual documentation. The policy is designed to ensure that all feedback is captured, recorded and addressed promptly and fairly. Handling feedback effectively will support continuous improvement of the service’s activities.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant.

# 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. | Not applicable |

Findings

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

* Supporting consortium members to ensure that workforce are planned to enable the delivery and management of safe and quality care and services.
* Supporting consortium members to ensure that workforce are kind, caring and respectful of each consumers identity, culture and diversity.
* Supporting consortium members to ensure that workforce are trained, equipped and supported.
* Supporting consortium members to ensure that the workforce are competent and have qualifications and knowledge appropriate to their roles.

Consumers interviewed provided positive feedback in relation to their interactions with the workforce. They said staff are kind, caring, respectful and helpful.

Management stated consortium members include two providers that are CALD organisations, providing culturally sensitive services to consumers. Two consortium members provide services for Islamic, Maltese, Portuguese, Italian and Greek Orthodox consumers.

All Consortium member Program Schedules (contracts) include the clause below to ensure that staff are competent and have qualifications and knowledge appropriate to their roles.

The Service obtains copies and reviews each service provider’s clinical governance framework as part of our annual due diligence process. The clinical governance frameworks outline how the organisation ensures the workforce are competent and have qualifications and knowledge appropriate to their roles, therefore providing oversight to the service.

The service has held discussions on knowledge and skill gaps and professional development needs are identified in their Consortium governance meetings. Once identified, the service explores training options which are then provided to the Management Group for a decision on whether to proceed with making the training arrangements. Once approved, the service liaises with the approved trainer to confirm and finalise arrangements and communicate with the consortium to register participants. Where possible, the service gather feedback from participants on the training they received and provide this feedback to the consortium management group. The training is then included in the consortium training register maintained by the service.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant.

# 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. | 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 the performance report decision, the service is:

* Supporting consortium members to engage consumers in the development of care and services.
* Promoting a culture of safe, inclusive and quality care.
* Effectively supports consortium members with risk management systems and practices.
* Demonstrating the use of effective organisation wide governance systems.
* Demonstrating a clinical governance framework to support consortium members to minimise the use of restraint.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. The Consumer and Carer Engagement Policy expresses the service’s commitment and approach to consumer, carer engagement to ensure consumers perspectives, priorities, interests and concerns are presented and protected through the delivery of consortium members care and services. The policy states that the service will advocate and encourage consortium members to engage with consumers and carers in the planning, delivery and evaluation of services.

Management and the CEO said that management provide a performance report to the CEO who provides a CEO report to the board members. Performance Reports include information on high-level incidents or complaints and survey results. The board members review and make recommendation on various issues to the Board including issues on clinical governance.

The overall organisation includes incident reporting in their incident register which is shared with the Clinical Reference Group in accordance with the Clinical Governance Assurance Policy. There were no incidences relating to CHSP consumers in the incident register that was provided, however, reportable incidents for the other branches of the PHN were captured in the register. Management said that only severe cases are reported to the Governance Committee as part of the Clinical Governance Report.

Clinical Governance Committee analyse how some incidents are assessed, followed up, resolved and escalated as appropriate. Incident data is recorded and used to inform continuous improvement practices and prevent reoccurrences.

Recruitment support for Consortium members

The service obtained detailed workforce information from each of our service providers. This included current job vacancies (number and types of role), identifying mandatory workforce requirements, and position descriptions outlining the roles and responsibilities of staff. This information was used to target suitable candidates for a consortium group recruitment event held 25 October 2021.

As part of their annual contract compliance we collect each organisation’s Clinical Governance Framework which addresses their key clinical risk areas, including minimising the use of restraint. The PHN then applies a clinical governance framework quality checklist to assess the quality of each service provider’s clinical governance framework and associated processes.

Based on the information provided in the assessment team report and taking into consideration the response the service has provided I as the decision maker find this standard compliant.

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)