**Performance**

**Report**

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| Name: | Shepparton Villages Home Care & Support Services |
| Commission ID: | 300083 |
| Address: | 9 Batman Avenue, SHEPPARTON, Victoria, 3630 |
| Activity type: | Quality Audit |
| Activity date: | 23 January 2024 to 24 January 2024 |
| Performance report date: | 23 February 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1665 Shepparton Retirement Villages Inc  
Service: 22585 Shepparton Villages Home Care & Support Services

**This performance report**

This performance report for Shepparton Villages Home Care & Support Services (**the service**) has been prepared by Nicola Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 19 February 2024.

# Assessment summary for Home Care Packages (HCP) and Short Term Restorative Care (STRC)

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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 Assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 7**

* Requirement 7(3)(c) obtain and maintain adequate compliance information related to brokered service carers
* Requirement 7(3)(d) obtain and maintain training details of brokered service carers

**Standard 8**

* Requirement 8(3)(c) consider centralising information systems to ensure consistent information availability and access, maintain consistency with Plan for Continuous Improvement information, continue towards completing a register of brokered staff information and ensure feedback and complaints monitoring is reported through governance structures
* Requirement 8(3)(d) maintain incident reporting and oversight of risk and vulnerability at governance level

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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**

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and, as a result, complies with this Standard.

Consumers and representatives confirmed they are treated with respect, are valued as individuals and inquiries are undertaken to understand their culture, values, and diversity. Staff described how they treat consumers with respect. Care documentation demonstrated that the service generally enquires into consumers’ culture with consumers supported to request gender specific support workers. The Assessment Team noted evidence of policies and processes to support culturally safe care and promote dignity and choice.

A review of care documentation noted the service enquires about consumers’ relationships of significance and their needs and preferences in relation to care provided. This was confirmed by consumers and representatives with consumers also provided documentation to support their choices when planning the services they require. Staff explained how they support consumers’ choice and independence.

Staff described support and assistance measures provided to ensure consumers’ rights to take risks are balanced with safety considerations. Risks are discussed with consumers and representatives with alternatives offered as appropriate. Care documentation reviewed by the Assessment Team demonstrated individual consumer risks are identified and strategies to mitigate individual risks are developed. This was supported by consumer and representative accounts confirming they are satisfied that the service supports consumers to live their best lives.

Management discussed methods of communicating with consumers and representatives to ensure consumers clearly understand their service agreements and the services they require. This was supported by correspondence reviewed by the Assessment Team. Support staff also discussed how they communicate information to consumers in a simple and clear way. Consumers and representatives confirmed they receive timely and clear information.

Management demonstrated how consumer information is stored and shared with authorised employees and external health providers with consumer consent. Staff demonstrated an awareness of respecting consumers’ privacy. Consumers and representatives reported the service respects their privacy, and their personal information is treated confidentially.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The Assessment Team recommended that Requirement 2(3)(a) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 2(3)(a):

The Assessment Team noted information recorded in the electronic health information system related to Aged Care Assessment Service statements was not utilised to inform initial and ongoing assessments. Potential behavioural changes related to cognitive decline and identification of environmental risks were not transferred to consumer care plans. In response to feedback, management advised actions have been added to the plan of continuous improvement with documentation to be reviewed and a new care plan template developed.

Consumers and representatives were satisfied that initial and ongoing assessments were reflective of their health and wellbeing needs, goals of care and service delivery. A STRC case manager explained the reablement process aligns with consumer directed care as consumers indicate their goals and priorities which are monitored weekly.

The Approved Provider submitted a response with supporting evidence of actions commenced and implemented, as well as a copy of the Plan for Continuous Improvement (PCI). The response includes extensive consideration to the concerns raised by the Assessment Team and evidence of staff training, a review and update of documentation to include greater detail and a plan for further updates to existing resources. I am reassured that the service’s PCI includes reasonable timeframes for completion of actions as well as consideration to outcomes and evaluation of actions. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Compliance with remaining requirements:

Consumers and representatives reported their needs, goals and preferences are discussed and information about advance care planning is offered during intake. This was confirmed by staff who explained consumers and representatives are supported to discuss services offered and address advance care and end of life planning needs. Further discussions regarding advanced care planning are directed by the consumer and their representative. A review of consumer care documentation identified advanced care plans.

Staff described how consumers’ visits and care plan are reviewed, scheduled, and monitored in consultation with case managers and brokered allied health professionals. The Assessment Team noted involvement of other providers of care and services in care documentation and the process for communicating with brokered providers. Consumers and representatives confirmed involvement in assessment and care planning with their choices about care and service providers agreed upon and documented in their care plan.

Consumers and representatives recalled assessment and planning outcomes were described to them and a duty list was provided. The Assessment Team noted in some circumstances, representatives expressed the need for more direct methods of communication. Staff reported where to access the consumers’ duty list, however, one staff member indicated the duty list includes minimal information about relevant medical history, potential behavioural changes, and environmental hazards. In response to feedback, management provided a draft of the new duty list template to the Assessment Team which included consumers’ assessments, goals, and service support provision.

Case managers discussed the process for referring consumers for reassessment with all referrals completed following consultation and consent by the consumer and representative. Consumers and representatives confirmed regular contact with case managers. This was consistent with documentation reviewed which demonstrated regular care plan reviews and home visit attendance. A review of an individual consumer’s care documentation demonstrated consultation and negotiation with the consumer to ensure their choices were upheld.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

The Assessment Team recommended that Requirement 3(3)(b) and 3(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 3(3)(b):

The service incident management system does not include reference to HCP or STRC recipients and high-impact or high-prevalence risks were not analysed to identify trends to inform quality of service provision review and minimisation of risk. Management explained consumer incidents are documented by brokered providers and communicated to the service for consideration. If an incident occurs the brokered providers provide instruction to support workers regarding required interventions. If consumer condition changes are noted the service conducts a re-assessment and care planning variations in consultation with the consumer and representative.

The Approved Provider submitted a response with supporting evidence of actions commenced and implemented, as well as a copy of the PCI. The response includes extensive consideration to the concerns raised by the Assessment Team and evidence of implemented monitoring and trending of high impact high prevalence risks and incidents as well as creation of a vulnerability risk register for HCP and STRC consumers. I am reassured that the service’s PCI includes reasonable timeframes for completion of actions as well as consideration to outcomes and evaluation of actions. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 3(3)(e):

Support workers said they receive initial basic information about each consumer and they increase their familiarity with consumer needs, goals, and preferences by the regularity of attendance. Overall, the support workers interviewed said additional consumer details and specifications of tasks would be beneficial to the delivery of safe and individualised care. The Assessment Team reviewed care documentation which reflected minimal information is communicated to others involved in care.

The Approved Provider response disagreed with the Assessment Teams observations regarding the detail contained in information. The response included extensive consideration to Requirement 2(3)(a) which is referred to in support of the services actions related to the sharing of information. I note the actions that have been implemented and PCI which demonstrates future improvements with this requirement. I am persuaded by the response, that the service is aware of their obligations to ensure information is available to all parties involved in the provision of care and encourage the Provider to ensure that the planned approach to improve the detail contained in duty lists and the availability of accurate assessments. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Compliance with remaining Requirements:

Consumers and representatives were satisfied with personal care and services provided. Case managers described visiting and contact with consumers to ensure monitoring of progress toward goals and individualised and effective care is being provided. There was evidence of engagement with brokered services to complete assessments, although the Assessment Team note no formalised process to ensure brokered staff practice had been assessed.

The service does not provide clinical care, consumers experiencing a decline in clinical condition, requiring palliation and/or end of life care are referred and supported by the District Nursing Service and Goulburn Valley Health (GVH) palliative care team. Care documentation reflected changes in consumer health or condition were reported, documented and actioned with referral to the relevant brokered allied health providers, nursing service and medical practitioners as consented and agreed with the consumer and representative.

HCP and STRC case managers explained the referral process to engage brokered service providers to ensure the provision of diverse and skilled allied health and care to meet consumer needs, goals, and preferences. Consumers and representatives confirmed they were satisfied that when the need is identified, the service initiates appropriate referrals, involves relevant external providers and maintains communication throughout the process. Staff confirmed they had received infarction prevention and control training and were aware of the importance of adequate personal protective equipment. Management explained that monitoring of infection related risks is the responsibility of the brokered service and the Assessment Team noted there were no formal engagements in place to support antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended that Requirement 4(3)(c) and 4(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 4(3)(c):

Support workers indicated duty lists do not provide detailed information about social activities, opportunities, and personal relationships, however, regularity of attendance to consumers contributes to gaining a better understanding of their psychosocial needs and interests. Consumers and representatives confirmed support workers know consumer daily living needs and how to provide individual support.

Management reported when opportunities for social engagement and participation in community activities are offered, these are often declined due to financial consideration or not being perceived as a priority by consumers and representatives. The Assessment Team noted management’s response conflicted with feedback from representatives who expressed interest in community activities.

The Approved Provider submitted a response and PCI with supporting evidence of an improved and updated care plan template and assessment tool to better address individual social support requirements. The service is also exploring additional community resources to be support consumers and facilitate contact with other organisations. I am reassured that the service’s PCI includes reasonable timeframes for completion of actions as well as consideration to outcomes and evaluation of actions. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 4(3)(e):

The Assessment Team noted referrals to other organisations relevant to social engagement and supporting quality of life were not always provided to consumers during the assessment process. Case managers explained financial aspects are discussed, considered, and prioritised by the consumer and representative. Consumers and representatives confirmed they can request referrals to other care and services, however, the Assessment Team noted there was limited referral to community supports. A case manager advised referrals to local social groups were proposed to consumers, however, consumers and representatives declined the opportunity following financial consideration.

The Approved Provider submitted a response with supporting evidence of exploration and compilation of information related to the availability of local social resources. I am persuaded that the service has implemented strategies to ensure future planning and access to these resources are maintained and consideration to consumer social interactions will be encouraged through available resources. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Compliance with remaining requirements:

Consumers and representatives noted the services and activities provided help maintain their independence, health, and quality of life. Support workers indicated the duty list includes basic information on how to support consumers’ participation in activities, however, activities are scheduled according to consumers’ needs and preferences. The Assessment Team noted consumers’ physical, psychosocial, and environmental needs were not transferred from Aged Care Assessment Service documentation to consumers’ care plans. Management advised the need to improve the assessment tool and care plans to include consumers’ psychosocial needs was identified and documents are undergoing review.

The Assessment Team noted care documentation reflected communication with others responsible for consumers’ care following obtaining consent. Consumers and representatives confirmed support workers provide individual care through regularity of assistance and allied health professionals contribute to their needs and goals. Staff confirmed the duty list provides information about consumers’ support and requirements. If concerns arise, staff advised the brokered service can be contacted to obtain additional information and instructions.

The service does not directly provide meals to consumers under its program, however, support workers assist consumers with light meal preparation, if requested. Consumers can source their choice of prepared meals and meal delivery, which is partially funded through their Home Care Packages, with consumers contributing the balance. The Assessment Team noted consumer care documentation included food allergies and dietary requirements.

Consumers and representatives expressed satisfaction that the service support them in purchasing, repairing, and maintaining equipment as required. A review of documentation confirmed processes for appropriate and timely referrals to support consumers in obtaining equipment. A review of an individual consumers’ care documentation confirmed allied health involvement in the assessment and recommendation of equipment.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 Assessed |
| 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 Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

The Assessment Team recommended that Requirement 6(3)(a), 6(3)(c) and 6(3)(d) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 6(3)(a):

Not all consumers felt comfortable to make complaints. Conversations take place with consumers where feedback and concerns were discussed, however these were not captured in the feedback register. The Assessment Team reviewed the feedback register, noting no complaints had been entered for the last six months. The service has a feedback and complaints policy to guide staff which does not align with the practices observed during the quality audit.

The Approved Provider submitted a response and PCI with supporting evidence of improvements to the feedback and complaints process. There is evidence of an ongoing approach to ensure feedback and complaints are captured and monitored for resolution and evaluation. The provider also submitted copies of communication to consumers supporting their refreshed approach to encouraging consumer feedback and the mechanisms to do so. I am persuaded by the response, that the service is aware of their obligations to ensure consumers are encouraged to provide feedback and encourage the Provider to ensure that the planned approach to improve the recording and monitoring of outcomes is maintained. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 6(3)(c):

The service has a feedback management process flow chart to guide managers to respond to both minor and major complaints. It outlines a methodology of open disclosure in which the incident is acknowledged, responded to, recorded, investigated and/or escalated with the involvement of appropriate personnel. At the time of the quality audit, no complaints had been recorded on the register due to this process not being followed. The Assessment Team noted managements limited knowledge of open disclosure principles.

The Approved Provider submitted a response and PCI with supporting evidence of improvements to the feedback and complaints process. There is evidence of an ongoing approach to ensure feedback and complaints are captured and monitored for resolution and evaluation. I am persuaded by the response, that the service is aware of their obligations to ensure adequate documentation is available to reflect open disclosure principles and encourage the Provider to ensure that the planned approach to improve the recording and monitoring of outcomes is maintained. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 6(3)(d):

The Assessment Team noted the service is not consistently or proactively capturing feedback and complaints which would demonstrate the ability to assess their performance and direct broader improvements across the service.

The Approved Provider submitted a response and PCI with supporting evidence of improvements to the feedback and complaints process. There is evidence of an ongoing approach to ensure feedback and complaints are captured and monitored for resolution and evaluation. I am persuaded by the response, that the service is aware of their obligations to ensure adequate documentation is available to reflect a proactive approach to gathering consumer feedback and encourage the Provider to ensure that the planned approach to improve the recording and monitoring of outcomes is maintained. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Compliance with remaining Requirements:

Consumers and representatives confirmed the service would support them if they required an advocate, language service, or another method for resolving complaints. A documentation review demonstrated phone numbers and email addresses for language services, complaints handling and consumer advisory or advocacy groups in the consumer welcome folder.

# Standard 7

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| Human resources | | HCP |
| 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended Requirements 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) were non-compliant, with consideration to the available information and the Approved Provider response I am satisfied that the service is compliant with Requirement 7(3)(b), however is non-compliant with Requirements7(3)(c) and 7(3)(d) and as a result does not comply with Standard 7.

Requirement 7(3)(b):

Some consumers reported mixed experience when speaking to management, although support workers were described as respectful of consumer culture and diversity. Management acknowledged consumer experiences and committed to contacting consumers to gather further feedback regarding interactions with the service.

The Approved Provider submitted a response and PCI with supporting evidence of improvements, strategies and alternate contact points to facilitate greater opportunity for consumer access to service contacts. There is evidence of an ongoing approach to ensure interactions are conducted with a focus on listening and responding to feedback. The provider also submitted copies of communication to consumers supporting their refreshed approach to encouraging consumer feedback and the mechanisms to do so as well as evidence of recent survey outcomes. I am persuaded by the response, that the service is aware of their obligations to ensure interactions at all levels are carried out in a respectful manner and encourage the Provider to ensure that the planned approach is maintained. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 7(3)(c):

Management was unaware that some support workers have no minimum qualifications, believing that all supplied workers performing services in-home to have a Certificate III in a relevant field before being recruited by service providers. Service agreements indicate suppliers are responsible for minimum qualifications and/or ongoing training and recognition of work experience hours of support workers that are employed and allocated to the service.

The Approved Provider submitted a response and PCI with supporting evidence of position descriptions for a brokered service. I note the response and PCI indicates progress toward compiling a register of brokered staff with details regarding position descriptions, qualifications and compliance checks. I encourage the Approved Provider to continue to obtain these details to ensure adequate information is available at the service for review and auditing purposes. I note the progress and immediate actions commenced to address the identified deficits, however, consider further time is required to obtain and complete the required information. As a result, this Requirement is non-compliant.

Requirement 7(3)(d):

The service relies on a broad variety of external providers for all care and support to consumers but could not demonstrate an appropriate level of oversight or certainty of the qualifications, training, or competence of the support workers. The service’s direct service provider compliance checklist refers to annual mandatory training in manual handling, occupational health and safety, food handling, infection prevention and control, first aid, cardiopulmonary resuscitation, and emergency situation responsiveness. The service could not confirm that support workers had received training in open disclosure, Serious Incident Response Scheme (SIRS) reporting or cultural diversity. The Assessment Team requested training records from different providers and those supplied were not consistent.

The Approved Provider submitted a response and PCI with supporting evidence of position descriptions and communication regarding mandatory training obligations of brokered services. I note the response and PCI indicates progress toward compiling a register of brokered staff with details regarding position descriptions, qualifications, mandatory training and compliance checks. I encourage the Approved Provider to continue to obtain these details and implement ongoing monitoring to ensure adequate information is available at the service for review and auditing purposes. I note the progress and immediate actions commenced to address the identified deficits, however, consider further time is required to obtain and complete the required information. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and representatives interviewed spoke of initial and ongoing discussion to ensure suitability of support workers to provide safe and quality care. They described discussions with case managers regarding the assessment of personal care, domestic assistance and gardening services are appropriate to ensure suitable support workers are assigned to consumers. Where STRC is provided, consumers confirmed allied health staff were coordinated in a timely and effective manner.

A number of compliance activities are undertaken by brokered service providers including requirements for police checks, minimum support worker qualification, annual training module completion, vaccination status, driver’s license and vehicle registration, occupational health and safety (OHS) and hazard management, money handling, privacy and confidentiality policy, credentials and insurances, and a quality system for managing complaints.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not 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. | Not 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

The Assessment Team recommended Requirements 8(3)(a), 8(3)(c), 8(3)(d) and 8(3)(e) were non-compliant, with consideration to the available information and the Approved Provider response I am satisfied that the service is compliant with Requirement 8(3)(a) and 8(3)(e), however is non-compliant with Requirements 8(3)(c) and 8(3)(d) and as a result does not comply with Standard 8.

Requirement 8(3)(a):

While several consumers reported having discussions with case managers about matters of concern, none were documented within the feedback register for further evaluation. The service did not conduct an assessment of the effectiveness of strategies or resolutions that may have been implemented following these discussions. Management recognised the lack of consumer input and evaluation and indicated they plan to initiate annual consumer satisfaction surveys as well as formally extending an invitation to consumers expressing interest in joining a Consumer Advisory Body.

The Approved Provider submitted a response and PCI with supporting evidence of improvements to the feedback and complaints process. There was additional evidence of the completion of a recent consumer feedback survey including actions where further improvement or assistance was evident. I note the services commitment to continue with annual surveys and engagement with consumer and encourage the Approve Provider to ensure the oversight of results is reviewed and evaluated for areas of improvement and to promote engagement with consumers. As a result, I consider the response and supporting evidence addresses the identified deficits and consider this requirement compliant.

Requirement 8(3)(c):

The service does not have effective governance systems in place that align with policies and procedures relating to information management, continuous improvement, workforce governance and feedback and complaints.

The service’s electronic health information system is not fit for purpose and management store details in both hard and soft copies. Brokered support workers described ‘going in blind’ to consumers' homes for the first time as the service does not provide home risk assessments comprehensive care plans to providers. The service’s manager stated it is expected the requirements for subcontracted staff is to have minimum qualifications and capacity to perform their role, as stipulated within the service agreement, however, there is no system or process in place to monitor performance, other than feedback provided by consumers. The service does not have access to brokered staff training records or oversight of the education support workers receive from the providers. The service did not demonstrate a consistent method of capturing consumer feedback and complaints.

Management’s response to feedback throughout the quality audit was documented within the PCI and an updated version was presented to the Assessment Team at finalisation of the audit. Consumer statements are itemised and generated monthly. Of the monthly statements reviewed by the Assessment Team evidence of appropriate information is provided, including available funds, itemised monthly expenditures, fees, contributions and surplus. The service has systems in place to ensure updates are provided from regulatory bodies and policies and procedures are updated to reflect legislative or regulatory change.

The Approved Provider submitted a response and PCI with supporting evidence of improvements to information contained in assessments and the detail to be added to duty list documentation. I note the response disputes the use of multiple forms of information, however, consider this increases the risk for conflicting information where consistency is required. There was evidence of updates and actions listed in the provided PCI to support progress members of staff. With regard to workforce governance, I note the progress toward obtaining relevant brokered staff member information and training compliance. I accept that there has been adequate improvement in the feedback systems, while noting that this has not been an area previously considered at the governance level. While I acknowledge there has been a comprehensive approach to addressing the identified deficits, I consider further time is required to ensure effective governance systems and oversight is sustained and able to demonstrate where improvements have been commenced or proposed these continue to be monitored and evaluated. As a result, this Requirement is non-compliant.

Requirement 8(3)(d):

The service did not demonstrate effective risk management systems comprising a formal, consistent and auditable system for reporting and investigations. The Assessment Team noted the service did not consider risk and trending incidents as opportunities for improvement as the incident data and management process was managed by the brokered service.

The Approved Provider submitted a response and PCI disputing the Assessment Teams observations indicating that brokered services have contractual obligations to notify the service of any incidents. Incidents, feedback and vulnerability risks are being closely monitored, analysed, and reported to our Clinical Governance Committee through internal reporting. I note the implementation of a vulnerability risk register for HCP and STRC consumers (Requirement 3(3)(b)) because of the Assessment Teams recommendations and updates to reporting structures for ongoing review. While I acknowledge there has been a comprehensive approach to addressing the identified deficits, I consider further time is required to ensure effective governance systems and oversight is sustained and able to demonstrate where improvements have been commenced or proposed these continue to be monitored and evaluated. As a result, this Requirement is non-compliant.

Requirement 8(3)(e):

The service’s clinical governance policy addresses key clinical risk areas and outlines roles and responsibilities and requirements for third parties, with evidence of review in response to emerging or changed risks. However, the service did not have clear allocation of responsibilities related to restrictive practice, antimicrobial stewardship, and open disclosure.

The Approved Provider submitted a response and PCI with additional information to support there is access to adequate policies, procedures, training and resources related to restrictive practice, antimicrobial stewardship, and open disclosure. Provision of information to consumers related to the use of antibiotics has also been made available. As a result, I accept and encourage the Approved Provider to ensure these resources are readily available and reviewed as a part of compliance checks with brokered services. I consider this Requirement is compliant.

Compliance with remaining Requirement:

The service’s Board of Directors meets current legislative requirements, made up of a majority of non-executive members, some of whom have practical clinical experience as well as professional financial qualifications. The Board also oversees the Shepparton Villages residential facilities and retirement villages and aims to develop, articulate, and promote a framework of objectives that promote a culture of safe and quality care and services.

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