**Performance**

**Report**

**1800 951 822**

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| Name of service: | St Vincent’s Care Services Brisbane North HCP2 |
| Service address: | 35 Cambridge Street RED HILL QLD 4059 |
| Commission ID: | 700192 |
| Home Service Provider: | St Vincent's Care Services Ltd. |
| Activity type: | Quality Audit |
| Activity date: | 29 May 2023 to 31 May 2023 |
| Performance report date: | 2 August 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 St Vincent’s Care Services Brisbane North HCP2 (**the service**) has been prepared by F. Nguyen, 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

**Home Care:**

* St Vincent's Care Services North Brisbane Home Care, 18404, 35 Cambridge Street, RED HILL QLD 4059

# 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 June 2023.

# 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 | **Not Applicable** |
| **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 |
| 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

Requirements 1(3)(a),(b),(c),(d),(e),(f)

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers, and their representatives report they are always treated with dignity and respect by staff and management, who take the time to listen to them and support their preferences. Staff are familiar with individual consumer’s diversity and spoke about consumers in ways that conveyed respect and an awareness of what is important to them. Staff and management demonstrated sound knowledge of each consumer’s circumstances and an understanding of their life journey.

The service was able to demonstrate that care and services provided are culturally safe. Consumers, and representatives, confirmed that staff understand their needs and preferences and what is important to them, and this is considered when providing care and services. They agreed staff treat them in a way which makes them feel safe and valued. Staff described how services are provided in line with consumer’s individual wishes and cultural norms.

The service demonstrated that each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Consumers, and representatives, interviewed confirmed they are informed of the care and services available and are able to decide how their services are provided to support them to live the way they wish. They can nominate who they would like to be involved in assessment and planning and consultations regarding their ongoing care. They can speak with the staff at any time to request changes to their services and these are acted on promptly.

The service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers, and representatives, advised staff support them to make decisions about things that affect their lives and to maintain their independence. The assessment and planning process includes identification of risks, discussion with the consumer including an explanation of the risks and possible consequences. Where consumer choice involves an element of risk, this is discussed with the consumer including how risk can be minimised.

The service demonstrated information is provided to each consumer which is current, accurate and timely. Consumers and representatives confirmed they are provided with information in a way which enables them to make informed choices. They receive a verbal explanation of the care and services available, assessment and care planning process, feedback and complaints, advocacy and their rights and responsibilities. Each consumer is provided with the Charter of Aged Care Rights, signed by the provider.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers, and their representatives, confirmed staff respect their personal privacy when attending their home and while providing care and services. Staff described the ways they respect the consumer’s personal privacy when providing care and services, being aware of what each consumer requires in terms of privacy and the level of assistance they prefer.

# 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

Requirements 2(3)(a),(b),(c),(d),(e)

The service has a comprehensive assessment and care planning process. Consumers/representatives reported they are included in, and are satisfied with, the assessment and care planning processes at the service. Staff could describe how assessment and planning is facilitated and how this informs the delivery of consumers’ care and services. The assessment and planning process considers risks to individual consumer’s health and wellbeing, including management of skin integrity, psychological wellbeing and falls risks.

The service is identifying and addressing consumer needs, goals and preferences, this includes advanced care planning and end of life needs. Consumers/representatives said the services received meet their needs, goals, and preferences and that they have a say in the care and services they receive. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs.

The service demonstrated that assessment and planning is based on partnership with consumers and others that have received consent. The process includes other organisations and professional providers that are involved in the consumers care. Review of care planning documentation and consumer interviews demonstrates planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other health care providers such as general practitioners and allied health professionals are included in assessment and planning for consumers.

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in care plans that are readily available to the consumer where care and services are provided. Outcomes of assessment and planning are documented in the care plan and communicated to consumers/representatives. Through review of care documentation by the Assessment Team and interviews with consumers and staff, the service demonstrated communication with consumers and outcomes of assessment and planning is effective.

The service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals and preferences of the consumer and when consumers request. All consumers/representatives confirmed reviews of care and services are conducted on a regular basis. Coordinators review the individual care plan with each consumer generally every 3 or 6 months and reviews can be held anytime at consumers’ requests. Staff shared that all consumers have been reviewed in the last 12 months and this was confirmed through the review of consumer records.

# 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

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

The service is delivering safe and effective personal and clinical care that is based on best practise and tailored to their needs. Management reported they know care is safe and effective because they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care and review care documentation and analyse incidents to identify any emerging concerns or care needs.

The service demonstrated high impact high prevalence risks to consumers are managed effectively via clinical review, which includes other health professionals when required. Staff described the main risks to consumers such as falls and skin tears and also described the risk mitigation strategies that are used for these. The service has identified 14 current consumers that are highly vulnerable and at high risk. Positive feedback was received from consumers and representatives with regards to individual risks identified in consumers.

The service discussed care and service delivery for consumers nearing the end of life ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained. Some consumers/representatives interviewed could not recall whether advance care directives and end of life planning was discussed as part of their assessment. Most consumers said that they do have plans and/or wills in place and these are with a lawyer and their families are aware.

The service demonstrated that deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers/representatives said care workers knew consumers well and were confident they would identify and report changes to overall health and wellbeing. They indicated referrals have also been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs.

The service demonstrated information about the consumer’s condition is documented and shared both within and external to the organisation when necessary. Consumers/representatives reported they are satisfied that staff know about their needs and preferences most of the time, the exception being when care staff are new to their role. Consumers/representatives are aware of the type of information which is made available to care staff on every visit. Management and staff described how changes and updates are reported real-time using progress notes on every visit, and the appropriate action is initiated that may include a review of services delivered.

The service was able to demonstrate that referrals to other healthcare professionals or organisations are made in a timely way and are appropriate. Management and staff described how changes in consumer health or well-being would prompt referral to a relevant health professional, for example following a fall, consumers are referred to their GP or the hospital if it is serious, the appropriate care staff will then visit them as a priority. Review of care documentation identified other health professionals assess consumers and provide directives for their care as needed.

The service demonstrated it minimises infection related risks using standard and transmission-based precautions to prevent and control infections. Consumers interviewed confirmed care staff take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information from the service regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices have kept them safe.

# 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

Requirements 4(3)(a),(b),(c),(d),(e),(f),(g)

The service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimises their independence, health, well-being, and quality of life. Consumers/representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through My Aged Care when needed, such as allied health and therapy professionals who may recommend equipment or home modifications to help them stay safely at home. Consumers provided positive feedback regarding care staff helping them do the things they want to do through the provision of social support.

The service is providing support to promote consumers emotional, spiritual and psychological well-being. Consumers and representatives advised they enjoy services and feel comfortable, happy, and safe with their care staff while receiving care. They said care staff check how they are on each visit and if they have any concerns will report this to the coordinator.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. Consumers/representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them, and the care workers will take them wherever they wish for their social support services.

The service has processes in place to ensure information about the consumer’s conditions, needs and preferences are communicated within the service, with others where responsibility is shared and ensures that information shared is kept private and confidential. Care staff gave descriptions of the relationships which are important to their consumers, such as family and friends, and social activities they enjoy. Consumers and representatives were satisfied the service has good communication systems in place to ensure care workers knew their needs and when changes occurred with their care.

The service demonstrated there are timely referrals to individuals, other organisations and providers of care and services. Consumers/representatives said referrals are made from time to time, with their permission. Several consumers and representatives said they had been referred to occupational therapists for home modifications or equipment. Care staff advised they have frequent contact with the coordinator regarding consumers and their increasing needs, and report back after each service.

The service supports the nutritional needs of consumers, through assistance with grocery shopping and/or meal preparation in the consumer’s home or meal delivery services if required. Assessment includes discussions on the consumer’s nutritional needs and capacity to maintain overall health and wellbeing. Assessments and care plans reflect needs and preferences and the assistance required by staff to support the consumer with managing their meals.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Many consumers and representatives advised they had received equipment through their package to assist with their mobility. Consumers are satisfied with the quality of the equipment and range of equipment to choose from. They said they can also contact the service for assistance in scheduling maintenance. Care staff advised equipment is listed in the consumer’s care plan and includes instructions for it’s safe use. Care and nursing staff shared the equipment is checked to ensure it is safe and would report back any issues to the service.

# 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 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

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# 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

Requirement 6(3)(a)

In respect to Requirement 6(3)(a) the Decision Maker notes the service responded proactively to the Assessment Team’s findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers are provided with information on the organisation’s feedback and complaints policy and procedures, the range of pathways for providing feedback and what they can expect from the process.

The service’s response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* The service provides feedback forms to consumers within the consumer pack;
* Feedback processes are documented within the consumer agreement and explained to consumers on admission to the service; or
* Consumers and representatives are able to make complaints directly to care staff or via email or telephone.
* The service completes a monthly consumer survey where 10% consumers are randomly selected and sent a feedback survey to complete.

On balance of the evidence provided by the Assessment Team and the PCI provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 6(3)(a) to be compliant.

Requirement 6(3)(b)

In respect to Requirement 6(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that consumers are provided with adequate information to empower them to easily provide feedback or make a complaint to the service whatever their culture, language or ability. The information provided does not describe how advocacy, language and communication support services can support consumers to provide feedback, raise their concerns or make an effective complaint directly to the service, particularly relevant for those who may have barriers, such as diversity of culture or language, poor vision or hearing loss.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* Consumers are informed of their right to contact the Commission to make a complaint should they wish to do so, and current contact details are provided.
* The consumer information pack includes the brochure ‘Do you have a concern?’, contact details and fact sheets on the Commission’s complaints handling process.
* Consumer’s home care agreement includes contact details for advocacy, language and communication support services in order to communicate with the Commission.
* Management advised staff can support consumers to access an advocate if required.

On balance of the evidence provided by the Assessment Team and the PCI provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 6(3)(b) to be compliant.

Requirement 6(3)(c),(d)

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. An established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints. Staff and management consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly.

Feedback both positive and negative is recorded, actioned, analysed and reviewed to improve service performance in an ongoing way. Feedback and complaints are discussed by management, feed into monitoring of service performance and are used to identify improvements, including on a broader organisational scale. The service maintains both a compliments register and a complaints register. The complaints register shows the severity rating, the complainant’s objectives, the investigation findings and the action taken to achieve the desired outcome.

# 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(a)

In respect to Requirement 7(3)(a) the Decision Maker notes the service responded proactively to the Assessment Team’s findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required. Documented below will be a summary of the Assessment Team’s findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that the workforce is consistently deployed to deliver the agreed care and services with some consumers speaking about scheduling issues they have experienced. Management advised the Assessment Team that there have been scheduling issues over time and this may be raised by consumers.

During interview, some consumers spoke about staff not turning up when expected.

For example:

* One representative advised that there was a period where staff were not consistently showing up to provide the agreed care and services to the consumer. On one occasion in particular, there was a scheduling error and staff did not attend to provide care and services. The representative said it is important that staff show up consistently. The representative advised that regular staff are now scheduled to attend the consumer, with the same staff attending on alternate days.

Review of the complaints register shows 2 complaints from consumers/ representatives regarding scheduling and missed services:

* On 4 April 2023, a consumer complained that there are too many scheduling changes, there are frequent calls from the scheduling team to change his service times and he got so confused he missed today’s service. The consumer asked for the scheduling calls and time changes to stop as he is forgetting when staff are actually coming. Management acknowledged the consumer’s concerns and arranged for an additional service to be provided that afternoon. The consumer’s schedule is being monitored by management.
* In addition, the complaints register includes issues raised by staff. On 4 November 2022, 2 staff lodged complaints about the scheduling process and roster allocations. Issues included lack of communication, changes occurring on a daily basis, scheduling errors and rostering not in line with their agreed availability and usual days of work. Follow up action was taken by management in both cases with one of these complaints referred to the national manager and human resources team for further action.

The service’s response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* Management advised the new scheduling team have been provided with guidance, and management are available to provide support to the scheduling staff at any time.
* Scheduling usually occurs 2 weeks in advance, however currently this is being managed on a daily basis. The coordinator and nurse manager are actively involved in scheduling care staff to ensure consumers receive the agreed care and services as expected.
* Management review the scheduled services at the end of each day to ensure that each consumer’s agreed services have been rostered accordingly and that there are no unfilled shifts for the following day.
  + Review of the scheduled services by the Assessment Team for 31 May 2023, confirmed there were no unfilled shifts, with the exception of one service episode which was cancelled by the consumer.
* Recent recruitment has been successful in engaging 2 additional scheduling staff, both of whom are experienced in the service’s consumer management system and are commencing work within the next few weeks. Management advised that this will allow additional training to be provided to the existing scheduling staff.

On balance of the evidence provided by the Assessment Team and the PCI provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 7(3)(a) to be compliant.

Requirements 7(3),(b),(c),(d),(e)

The service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers/representative interviewed confirmed staff and volunteers are kind, caring and respectful and understand their personal preferences for how their service is provided. Staff and management spoke respectfully about consumers and were familiar with individual consumer’s needs and preferences. Staff were able to describe what they would do if they observed disrespect towards a consumer and advised they would report any concerns to management.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce are competent and have the qualifications and knowledge to effectively perform their roles. Staff hold qualifications and skill set competencies and position descriptions set out specific requirements for each role. Staff work within their responsibilities, skills and scope of practice. Care staff hold a current valid police certificate, a minimum of Certificate III in aged care and/or experience, and a current first aid and cardiopulmonary resuscitation certificate.

The service demonstrated that it has systems in place to recruit, train, equip and support the workforce to deliver safe and quality care. Staff are recruited, trained and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training and buddy shifts prepare staff for their role.

The service has processes in place to assess, monitor and review staff performance. Consumer feedback positive and negative is taken into account in monitoring service performance on an ongoing basis. During the 6-month probationary period, staff performance is monitored and their suitability for permanent employment is assessed. Staff performance is monitored and reviewed on an ongoing basis and formally assessed through an annual performance appraisal cycle and regular performance review discussions.

# 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. | 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

Requirements 8(3)(a),(b),(c),(d)

The service demonstrated that consumers are offered the opportunity to be engaged in service development and evaluation of their services. Consumer and representative feedback confirmed that the service seeks their input into the services they receive and service offerings overall. They are consulted regularly regarding their services, can make suggestions for improvement and feel their feedback is taken on board. Feedback from consumers on their satisfaction with care and services and any trends are discussed to inform improvements.

The service’s governing body demonstrated that it is accountable for the delivery of a culture of safe, inclusive and quality care and services. The governing body remains informed through formal governance, leadership and reporting pathways from the service level through management, in order to satisfy itself that standards are being met. Oversight of the service’s performance and the safety and quality of services is maintained, through ongoing monitoring by management and communication and reporting pathways. There are formal reporting lines through the State manager, the national manager, the business partner for home care to the executive general manager operations, to the divisional chief executive officer and ultimately to the Board.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints.

Information Management

Policies and procedures are in place to guide information management, relevant to role. Information and updates are provided through established communication and reporting pathways and regular meetings.

Care staff have access to current information on consumers’ care needs and preferences to support care and service delivery, via the consumer’s care plan, a mobile phone application and communication by the coordinator and nursing staff. Nursing staff have electronic tablets to support assessment and planning and delivery of clinical care.

Continuous Improvement

Active pursuit of continuous improvement was demonstrated through a range of operational systems and processes. Continuous quality improvement is embedded in service operations, with documents evidencing issues identified for improvement, actions taken, completion dates and outcomes. Review of policies and procedures by the clinical governance committee and the nurse manager to ensure these are specific to the community care setting.

Financial Governance

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver care and services. The organisation maintains oversight of income and expenditure and financial audits are conducted.

Home Care Package budgets and monthly statements are provided to consumers, as per legislation. Accumulation of unspent funds is monitored and discussed with the consumer and/or their representative. Where consumers have accumulated funds, due to care and services being declined, there is ongoing consultation with the consumer and their representative regarding the supports available which may benefit them.

Workforce Governance

Policies, procedures and position descriptions clearly set out the requirements, responsibilities and accountabilities of each role. Management plan the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. New staff continue to be recruited in an ongoing way to meet demand and support service delivery and operations overall.

Feedback and Complaints

The organisation actively seeks consumer and representative feedback and deals with complaints fairly, promptly, confidentially and without retribution. Staff and management consult with consumers to seek their feedback, resolve concerns and inform service improvements. Feedback and complaints are monitored, reviewed, actioned and reported through management to the governing body.

Regulatory Compliance

In respect to Requirement 8(3)(c)(v) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the organisation demonstrated they understand their responsibilities and accountabilities as an Approved Provider under the Aged Care Act 1997 and in delivering care and services under the Home Care Packages program.

However, at the time of the quality audit, the organisation did not demonstrate effective systems and processes in place to meet all requirements. For example:

* Compliance with the Quality Standards was not demonstrated, as reflected under Standard 6 Requirements (3)(a) and (b), Standard 7 Requirement (3)(a) and Standard 8 Requirement (3)(e).

The service’s response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* Management advised there were no adverse findings by another regulatory agency or oversight body in the last 12 months.
* The organisation subscribes to notifications from the Department of Health and Aged Care and the Commission. Updates are also provided by the peak body and a legislative compliance company. Regulatory compliance is a standing agenda item for all meetings and information is disseminated to staff.
* Taking into account the changes made by the service since the Quality Audit as demonstrated in their PCI to mitigate any identified deficiencies, the Decision Maker deems Standard 6 Requirements (3)(a) and (b), Standard 7 Requirement (3)(a) and Standard 8 Requirement (3)(e) to be compliant.

On balance of the evidence provided by the Assessment Team and the PCI provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 8(3)(c)(v) to be compliant.

The organisation has an established risk management framework, there are multiple mechanisms for identifying, evaluating and mitigating risks. A range of policies and procedures, along with staff training and education, guide management of consumer risk. Assessment and care planning incorporates risk identification and triggered assessment tools where risk is indicated. Strategies are developed to manage and minimise high impact and high prevalent risks for each consumer, including falls risk, wounds, chronic or complex health conditions and/or clinical care needs and dignity of risk in consumer choice.

Requirement 8(3)(e)

In respect to Requirement 8(3)(e) the Decision Maker notes the service responded proactively to the Assessment Team’s findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required. Documented below will be a summary of the Assessment Teams findings and a summary of the service’s corrective action.

Evidence analysed by the Assessment Team showed while the service has a clinical governance framework in place and is supported by the organisational clinical governance framework, management do not have an overview of the scope and breadth of the clinical care required by the current cohort of consumers.

Clinical indicator data is not captured or collated to provide an overview, analyse whether good clinical care results are being achieved for each consumer, inform training and education activities and ensure best practice in achieving optimum outcomes for consumers. This was confirmed by management who acknowledged that oversight could be improved, and they will address this issue as a continuous improvement priority.

The services response shows a significant number of actions have been implemented post Quality Audit to remediate the deficiencies identified by the Assessment Team during the Quality Audit. Evidence has been provided by the service to substantiate these claims. A few key examples are documented below:

* The service demonstrated incidents are entered into the risk management system and discussed at the monthly Clinical Governance meeting to determine whether individual actions are required and have been implemented and/or whether a trend is emerging and requires an improvement to process, system or procedure.
* The Assessment Team evidenced that each consumer who is living with chronic or complex health conditions, or who requires a higher level of care than they are receiving, is provided with a clinical assessment taking into account their overall health and wellbeing. A suite of triggered clinical assessment tools are used by the nursing staff to inform care planning. The nursing staff work closely with the coordinators to design a package of care which is inclusive of all aspects, in collaboration with the consumers, their representative, medical officer, pharmacist, acute and sub-acute healthcare professionals, medical specialists and allied health professional services.
* The clinical governance framework sets out the leadership roles and responsibilities, including consumer participation, risk management, training and development and quality assurance. Roles and responsibilities are defined for the care staff, coordinators, nursing staff, management and the clinical governance committee. The clinical governance committee discuss strategies towards best practice, clinical deterioration responses and identify risks inherent in clinical care practices, and this was evidenced in meeting minutes sighted.
* The home care coordinators meeting on 23 February 2023 was attended by the head of clinical governance. Discussion topics included:
  + An outline of the role of the clinical governance committee. Planning on being more supportive for community care and are meeting monthly with State managers.
  + Review underway of policies and procedures to reflect clinical care in the community setting, with the assistance of the nurse manager. Acknowledged that policies and procedures have previously been focused on residential aged care.
  + Restrictive practice and what this means in the community setting, such as when requested or practiced by the consumer’s representative or family member.
  + SIRS incident documentation and reporting requirements.
* Registered nurse meeting minutes dated 25 May 2023 show discussion of individual consumers, incident follow-up, assessment requirements and care needs, along with training needs and workforce capacity. The nursing team report for February 2023 shows:
  + New medication administration and prompting forms, and new wound care and skin tear forms have been rolled out.
  + Access to the palliative care network is enabled on nursing staff tablets to facilitate documentation for consumers nearing the end of life.
  + Streamlining of processes to ensure the same level of clinical care and guidance across regions.
* A number of quality improvement activities have been completed or are underway, including but not limited to:
  + Management identified that improvement was required to reduce medication incidents and improvement activity was commenced on 1 December 2022. Medication errors have reduced following education sessions for care staff and implementation of a new medication administration and prompting signing forms.
  + Review and development of a wound care form relevant to care in the community setting.
  + Review of policies and procedures relating to clinical care provision, which are designed for residential aged care, to tailor these and set out how each aspect of care is to be managed in the community care setting.

On balance of the evidence provided by the Assessment Team and the PCI provided by the service to remediate the deficiencies identified in the Assessment Team report, the Decision Maker deems Requirement 8(3)(e) to be 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)