**Performance**

**Report**

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| Name of service: | The Benevolent Society - Northern Sydney |
| Service address: | 2E Wentworth Park Road GLEBE NSW 2037 |
| Commission ID: | 200105 |
| Home Service Provider: | The Benevolent Society |
| Activity type: | Quality Audit |
| Activity date: | 22 May 2023 to 24 May 2023 |
| Performance report date: | 10 July 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 The Benevolent Society - Northern Sydney (**the service**) has been prepared by M Cooper, 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:**

* The Benevolent Society - Home Support - Illawarra, 28340, 2E Wentworth Park Road, GLEBE NSW 2037
* The Benevolent Society - Home Support - ACT, 28341, 2E Wentworth Park Road, GLEBE NSW 2037
* Help At Home - North Shore, 17550, 2E Wentworth Park Road, GLEBE NSW 2037
* Help at Home Warringah/Pittwater EACHD, 17560, 2E Wentworth Park Road, GLEBE NSW 2037

**CHSP:**

* Meals, 4-7Y2C8SJ, 2E Wentworth Park Road, GLEBE NSW 2037
* Domestic Assistance, 4-7Y2C8M0, 2E Wentworth Park Road, GLEBE NSW 2037

# 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 30 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 as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The assessment team reports that the Approved Provider is treating consumers and their representatives with dignity and respect whilst supporting consumers through the assessment/planning process. The Provider’s policies are inclusive with cultural backgrounds acknowledged and respected. Consumers are supported to take risks to live their best life, within their scope of service provision. The Provider is providing information in a timely manner to all consumers so they can make decisions about their care. Consumer’s privacy and confidentiality is being protected.

Interviews with staff confirmed that as much as possible consumers dignity, culture and diversity is respected. Staff confirmed that they treat all consumers with dignity and respect and had received training to support their work in this area.

The Provider’s intake team completes a comprehensive assessment when consumers first start with the service recording cultural and personal identities and preferences that allow consumers to exercise their own choices around what services are offered and how they are delivered. When interviewed one consumer who spoke Greek said that she was happy with the service. This assessment was confirmed by the consumers representative who said despite language issues the care staff were always respectful of the consumers’ culture.

Staff describe how they encourage consumers to exercise choice and independence in the delivery of services such as determined days and times of service. Case managers and staff confirm all services delivered are based on the consumers wishes.

The Provider’s policies and procedures in relation to inclusion and diversity were sighted and it facilitated the consumer to take risks to ensure they are able to live the best life they could. One consumer who had recently been discharged from hospital following a fall and required regular appointments back to hospital for wound care. However the consumer was refusing the transport to take her to hospital. The provider in consultation with the consumers family were working together with the consumer to find alternative arrangements that were acceptable to her.

The initial information packs provided to consumers when they first access the service was current and found to be accurate with the information being communicated in a way that was easy to understand whilst offering consumers choice in how they access the service. Consumers and their representatives said they felt empowered to ask for the services they wanted. They said case managers assist them with information at any time they should call.

Information in relation to consumers can be accessed by staff but this information is password protected and can only be accessed by staff who were authorised to do so or those authorised by the consumer.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The assessment team reports that the Approved Provider is completing assessment and planning for consumers, which includes the consideration of risks to their health and well-being, and ensuring it informs the delivery of safe and effective care and services. It is also providing assessment and planning that identifies and addresses the consumer’s current needs, goals, and preferences. The assessment and planning process is based on ongoing partnership with the consumer and others that they wish to involve and including other organisations in the care and services provided to the consumer. Care and services plans are being given to the consumer and communicated in a manner that is easily understood by the consumer. The Provider is reviewing care and services regularly for effectiveness, and when circumstances may change.

Consumers gave positive feedback on the assessment and care planning process. They confirmed they received an in-home assessment that included discussion of their needs, goals and preferences prior to the commencement of services and an in-home environmental safety assessment was also conducted. They were able to describe the services they received as per their care plan. Discussions with staff and management confirmed all consumers receive an initial in-home assessment, conducted by the case managers and if required a registered nurse will provide clinical input and guidance. The assessment discussion is documented on the My Plan and addresses a range of risks such as health conditions, sensory impairments, mobility, clinical care and other relevant risks. A WHS home environment risk and safety assessment, emergency and disaster plan and client risk assessment forms are also completed. All consumer files sighted by the Assessment Team contained these documents.

Consumers said that they feel that the service takes their preferences and needs into consideration while providing their services. Consumers are satisfied with how their services are delivered. Consumers also indicated that the service has discussed end of life and advanced care planning with them. Staff described the areas of the assessment and planning process that indicate how consumer’s current needs, goals and preferences are captured and recorded.

Consumers said that they felt they were involved in the intake, assessment and planning process and they had their families or representatives present if they wanted. They also said that they felt comfortable in speaking to their care workers, rostering staff or case managers about any changes to services, their needs, or preferences. All consumers recalled being provided a copy of their care plan, home care service agreement and other relevant documents. The Provider builds a close rapport with other agencies or services providers who were supplying care to their consumers.

Multiple consumers interviewed have received services for multiple years and stated that they have been through many review processes. The case managers and the manager were all consistent in explaining the assessment and review process and explained that although the guidelines state reviews should occur at least every 6 months for HCP levels 3 and 4, it is very common for a consumer to be reviewed multiple times in a 12-month period.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The assessment team reports that the Approved Provider is ensuring that each consumer receives safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being whilst demonstrating effective management of high-impact or high-prevalent risks associated with the care of each consumer.

The Provider is recognising and addressing the needs, goals and preferences of consumers nearing ‘end of life’ and maximising their comfort and dignity. Information about the consumer’s condition and needs being recorded and communicated whilst timely and appropriate referrals to individuals, other organisations and providers of other care and services are undertaken.

Some consumers who are receiving personal care and/or clinical care services confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or care that the workers were providing them. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care. The assessment team received positive feedback from consumers in relation to their individual risks being identified and managed.

Consumers confirmed that issues involving advance care and end of life were raised during the initial assessment but only pursued if that wanted to. When asked consumers said care workers and case managers know 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.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

The assessment team reports that the Approved Provider is ensuring each consumer gets safe and effective services that meet their needs, goals, and preferences. The Provider could demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being whilst supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. The Provider is also providing information about the consumer’s condition within the organisation and to others when required. The equipment being supplied by the Provider is safe, suitable and is regularly cleaned and maintained.

Consumers said that they are satisfied with the way that the services are provided, it optimises their independence, wellbeing, and quality of life. Consumers said that they think that the service meets their needs and preferences and assist them with achieving their goals.

Staff interviewed were able to describe the ways they support consumers to achieve their goals and ensure that their needs and preferences.

Consumers said that they enjoyed the services and feel comfortable, happy and safe with their care workers while receiving care. They said care workers check how they are on each visit and if they have any concerns will report this to the case managers. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff, which helps them meet their emotional and psychological needs and improve their overall health and wellbeing.

The key relationships that consumers wish to maintain are identified by staff and this includes the consumer’s preferred activities and goals in relation to involvement in the community, and design services to assist them to meet these. Management said case managers are aware that through care planning process they are to identify opportunities for consumers to participate in their community social and cultural activities. This was evident in the consumers care plans.

The Provider’s staff demonstrated that information about consumers’ needs, and preferences is known and shared with others within the organisation and with other external providers where appropriate. All staff interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five applicable requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# Standard 5

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| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services and the Home Care Packages service was not assessed as the Approved Provider does not provide a service environment and therefore Standard 5 is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The assessment team reports that the Approved Provider is encouraging and supporting consumers, their family, friends, carers, and others to provide feedback and make complaints. Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Action is being taken in response to complaints and an open disclosure process is used when things go wrong. Feedback and complaints are being analysed to improve the quality of care and services.

The Provider uses its annual survey as part of its feedback and complaints procedure to encourage consumers, representatives and carers to be actively involved. Further to this consumers are provided with an initial induction pack which contains information in relation to translation and advocacy services and provides advice on how to lodge complaints and feedback. The use of open disclosure in resolving issues in relation to feedback and complaints. The Provider monitors feedback and complaint through its Plan for Continuous Improvement with individual complaints and feedback being noted.

Having regards to the assessment team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The assessment team reports that the Approved Provider is continuingly planning to ensure there is enough staff with the right skill mix to deliver quality care and services that meet consumer needs and preferences and their interactions are kind, caring and respectful. The Provider ensures the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Standards. The Provider as implemented a formal review process for monitoring and reviewing staff performance.

Staff confirmed that at present, staffing levels were sufficient to ensure the efficient running of the service. Senior Management stated that the Provider’s management and Board of Directors monitored staffing levels closely and compared these with the amount of brokerage services that were required on a month-by-month basis.

Consumers confirmed staff treat them with respect and are responsive to their needs with rostering. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training to identify elder abuse and described the reporting process. When interviewed, staff stated that they were employed due to their skills and or qualifications.

The Provider demonstrated that the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these standards. This included a number of policies and procedures to guide staff in recruitment and induction processes. Following induction, the Service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. Management identifies staff training needs directly from staff through staff meetings, informal chats with staff, reviewing progress notes and through incidents/complaints.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 8

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

Findings

The assessment team reports that the Approved Provider demonstrated an organisational approach to involve consumers in developing, delivering and evaluating their care and services, whilst promoting a culture of safe, inclusive, and quality care and services within the organisation. This includes removing and reducing risks in a timely manner through organisational risk management system and the use of effective organisational wide governance systems in accordance with the organisations size and structure.

However, the assessment team reports that the Provider is not providing adequate clinical governance guidance to staff and care workers.

Requirement 8(3)(e)

The assessment team reports that the Approved Provider did not have a Clinical Governance Framework. Management referred to the service’s Professional Governance Framework as offering similar assurances however the assessment team did not find this provided sufficient clinical guidance to ensure the direction of clinical care was clear and focused on best practice.

Interviews with care staff, rostering staff and Home Support Partners (care managers) indicated a piecemeal approach to clinical care and an over reliance on the clinical care and advice offered by GP’s, brokered nurses and hospitals. While the Assessment Team does not question the validity of this advice it was noted that in many cases this advice was not coordinated around the needs of the consumer and was often presented in a non-uniform manner.

Brokerage agreements with nursing services were basic and appeared to be generic across the service and offered little clinical guidance and cross service coordinated approaches. Brokerage agreements relied on generic terms such as a nonspecific requirement to adhere to all the service’s policies. However, as the service did not offer a Clinical Guidance Framework or policy, issues such as a requirement to take pictures of wounds to demonstrate on going healing was not evident and so wound care management and the method of reporting of clinical services was left to individual nurses and brokered services.

In their report the assessment team stated that a hypothetical scenario was put to several support workers involving a consumer who had fallen, sustained an injury and was subsequently hospitalised. When the support workers were asked how they would provide care and supports to this consumer, each of them were unsure of how to proceed.

Response to assessment team report

In its response the Provider stated that it had considered the information provided in the assessment team report and refined the actions in its Plan for Continuous Improvement (PCI). The response letter included a list of actions from the PCI and a summary of the Clinical Governance, Systems and Processes. In addition to this, the Provider supplied copies of the Managing Significant Client changes and Deterioration procedure, the Clinical Governance: Aged Care Services procedure dated 22 June 2023, Health and Wellbeing Questionnaire, Dignity of Risk procedure, Weekly Leaders Catch up and the position description for a Clinical Nurse Specialist.

Analysis

In their report the assessment team asserts that the Provider had policies and procedures but noted that the Provider did not have one specifically covering Clinical Governance Framework. The Provider referred to its Professional Governance Framework as offering similar assurances however the assessment team opined that this did not provide sufficient clinical guidance to ensure the direction of clinical care was clear and focused on best practice. However, I do note that the assessment team found that the Provider did comply with Standard 3 in relation to personal and clinical care.

Clinical governance is defined as an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Effective clinical governance systems ensure that everyone – from unregulated care providers to employed or external regulated health practitioners, to managers and members of governing bodies such as boards – is accountable to consumers and the community for the delivery of clinical care that is safe, effective, integrated, high quality and continuously improving.

Having reviewed the Provider’s response, I note that it has built on its previous approach to Clinical Governance and now has a framework in place that complies with the definition of Clinical Governance above.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four applicable requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section s57 – quality audit of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)