**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Vitality Club Home Care Packages |
| Commission ID: | 201395 |
| Address: | C5/ 57 Rothschild Ave, ROSEBERY, New South Wales, 2018 |
| Activity type: | Quality Audit |
| Activity date: | 7 May 2024 to 8 May 2024 |
| Performance report date: | 30 June 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: 9561 Vitality Club Pty Ltd  
Service: 27551 Vitality Club Home Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9102 Vitality Club Pty Ltd  
Service: 27996 Vitality Club Pty Ltd - Care Relationships and Carer Support  
Service: 26744 Vitality Club Pty Ltd - Community and Home Support

**This performance report.**

This performance report for Vitality Club Home Care Packages (**the service**) has been prepared by G Cherry, 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 3 June 2024

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **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.

* Requirement 2(3)(a) – implement an effective assessment and planning process including consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services, plus a monitoring system to identify deficits.
* Requirement 2(3)(c) – implement a system of assessment and planning demonstrating ongoing partnership with consumer’s and others they wish to be involved, including other organisations, individuals and providers of other care and services.
* Requirement 2(3)(d) – implement a system to ensure assessment/planning outcomes are effectively communicated and documented in a care/services plan readily available to consumers and those providing care.
* Requirement 3(3)(b) – implement systems to effectively identify and manage high impact/prevalence risks associated with each consumer’s care.
* Requirement 8(3)(b) – ensure the organisation’s governing body promotes and is accountable for the delivery of a safe, inclusive culture including quality care/services.
* Requirement 8(3)(d) – ensure effective risk management systems and practices, management of high impact/prevalence risks associated with consumer care.

**Other relevant matters:**

The approved provider, Vitality Club Home Care Packages (VCHCP) is approved to provide services under the Home Care Program (HCP) and the Commonwealth Home Support Program (CHSP). Under HCP, services are provided to 123 consumers in New South Wales and Victoria and under CHSP, services are provided to 350 consumers in New South Wales and Victoria.

This Quality Audit was conducted in relation to both Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP). Assessment of Requirement 4(3)(f) did not occur as meals are not provided for HCP consumers and Standard 5 was not assessed as care and services are not provided within the service’s physical environment.

In response to the Quality Audit Report, the provider submitted a detailed response (with accompanied Plan for Continuous Improvement (PCI), which includes evidence of immediate and planned improvements to various systems and processes, focusing on Organisational Governance relating to Consumer and Clinical Governance, Management and Communication of High Impact/Prevalence risk, communication and documentation of client goals/preferences/choices via care plans and risk assessments to all involved in care delivery.

Many improvements relevant to multiple requirements/standards are summarised below and broadly referenced throughout this Performance Report.

* Consumer Governance. The provider acknowledges a consumer governance body has not been created as per legislative requirements and has completed several initiatives to rectify this. All consumers (past and present) have received an invitation to apply to the new Consumer Governance Board - Vitality Voices, noting receipt of applications, of which the management team will select 3-6 consumers to join the Consumer Board meeting scheduled in July 2024.
* Clinical Governance. The provider advised a Clinical Governance Board members of which consist of Psychiatrist, Psycho-Geriatrician, and Geriatrician with extensive specialty in Aged Care/Community Aged Care focused on implementing multiple policies to guide staff in care delivery expectations with particular attention given to High impact/prevalence risks formulating clinical indicators, use of supplementary tools, risk stratification and management strategies to guide staff in appropriate assessment documentation. In additional appointed a qualified Registered Nurse to oversee reporting and care planning process to ensure risks are managed/monitored in a holistic manner.
* Management and Communication of high impact/prevalence risks. In acknowledging deficits in their electronic system/documenting and managing risks the provider implemented software changes from static documentation to dynamic information populated by all practitioners delivering services to each consumer. In addition, they added a risk category aligned to agreed clinical indicators determined by the Clinical Governance Board enabling report criteria, plus implementation of a Risk Committee to regularly review clinical risk indicators.
* Communication of care plan directives, risk, and consumer preferences to subcontractors. The provider advised due to using a range of subcontractors, multiple communication methods exist and assert communication was occurring however acknowledge due to inadequate documentation of risks these were not appropriately communicated. They have improved transfer of this information via software and process changes plus conducted training. They note visibility of goals on consumer profiles and updating of care plans to include preferences and identified risks. Communication of updated care plans and risk profiles has occurred for all subcontractors actively engaged.
* Review and reassessment of consumers. The provider supplied evidence of reassessment, updating of care plan directives for named consumers, plus others to demonstrate a holistic approach to documentation.
* Staff training and information. Senior management delivered staff training relevant to new systems/processes. The provider advises positive outcomes in relation to adherence to new requirements including completion of risk assessments and details within client profiles to ensure personalised, holistic needs are communicated to all involved in care provision. They advise of planned engagement of a Clinical Nurse Educator to deliver education to our staff on utilising supplementary assessment tools, improve documentation/management of risk, and standardise escalation pathways to management team and clinical advisory board.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

I find this Standard is compliant as all six requirements are compliant.

Sampled consumers/ representatives consider consumers are treated with dignity/respect when receiving care and services. Interviewed care workers (CWs) demonstrate knowledge of consumers' backgrounds giving examples of how they support needs and preferences. Documents reviewed demonstrate consumer's details relating to life history, culture, relationship, and goals. An effective system ensures care and services are delivered in a culturally safe manner to consumer satisfaction. Sampled consumers/representatives consider consumers culturally and linguistically diverse needs are met including supporting preferences for staff/allied health professionals to speak their language, noting increased interaction and improved mobility/mental health. Management explained the processes for accommodating consumer’s requests by providing staff from a similar background/language knowledge and documents detail information relating to consumer’s cultural identity/needs. The service demonstrates processes used in supporting consumers to exercise choice, maintain independence, including who they would like involved in care delivery. Interviewed CWs describe methods of supporting consumers in decision making and independence. Consumers/representatives consider choice is respected and consumers are supported in taking risks to maintain independence and remain living in their home; including reablement to independently mobilise and conduct meal preparation. Sampled consumers/representatives consider receipt of regular/appropriate/sufficient information relating to consumers individualised services and express confidence personal information is maintained in a confidential manner and privacy is respected. Interviewed staff explain documents contained in information packages from the service to support independence/decision making, external providers to support knowledge regarding Charter of Aged Care Rights, advocacy, complaints, and principles of open disclosure. Interviewed staff describe methods of care delivery to maintain privacy/ensure preferences are met.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identify 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, which are involved in the care of the consumer. | Not Compliant | Not 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. | Not Compliant | Not 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

I find this Standard to be non-compliant as three requirements 2(3)(a), 2(3)(c) and 2(3)(d) are non-compliant.

Requirement 2(3)(a)

The service did not demonstrate an effective method of considering all risks to inform delivery of safe effective care when conducting assessment/planning activities.

While a process ensures risks are assessed and subsequent care planning developed to direct care delivery, and sampled consumers/representatives acknowledge involvement in this process, via review of four consumers files the assessment team note care directives are not uniformly documented to enable transfer of information to all involved in care delivery. Plus assessments/care plans guiding social support include generic high-level risks, not those specific to individual consumers.

Sampled consumers/representatives consider assessment/planning occurs when consumers commence receipt of services and on a regular basis thereafter. Interviewed care managers describe assessment/planning undertaken for some consumers, as did brokered allied health professionals. The service demonstrates assessment/planning results in some risk documentation, however via review of two consumers documents the assessment team note not all identified risks are regularly reassessed for currency nor relevant risk related information communicated to appropriate entities to ensure reassessment occurs. The service has risk assessment guidance for some role responsibilities however no policy/service expectation guidance for risk assessment relating to exercise physiologists or physiotherapy.

In their response, the provider submitted evidence of responsive actions taken to address evidence bought forward. They have implemented new processes, including multiple policies to guide staff in care delivery expectations with particular attention given to high impact/prevalence risks, formulating clinical indicators, use of supplementary tools, risk stratification and management strategies. In additional appointment of a Registered Nurse (RN) to oversee both reporting and care planning processes and ensure risks are managed/monitored in a holistic manner. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am satisfied that while they have taken responsive actions and implemented several actions to address system deficits, these actions will take some time to embed in practice and enable implementation of self-monitoring processes to ensure compliance. I find requirement 2(3)(a) is non-compliant.

Requirement 2(3)(c)

The service did not demonstrate an effective method of ensuring information relating to assessment/planning documentation is transferred to all organisations and other providers involved in care delivery. Assessment/planning and review is required to be based on ongoing partnership with consumers and others they wish to be involved, however other individuals and/or providers of care/services are not always included in planning nor informed of changes. Sampled consumers/representatives consider satisfactory involvement in assessment/planning/review process, giving examples of involvement in decision making and provision of a documented copy. Interviewed allied health professionals and Care Managers (CMs) describe the partnership process undertaken in assessment/planning/review. CMs gave examples for several consumers, including representative involvement. However the assessment team bought forward evidence not all brokered staff receive relevant/sufficient information and have limited input into assessments, plus transfer of information between medical officers, allied health professionals and CM’s is note consistently documented as occurring. Management advised prior self-identification of this issue, responding with planned case conferencing meetings to address this. Guidance documentation to ensure information relating to consumer’s needs/goals/preferences, completion of risks assessments and care plans is not evident.

In their response, the provider submitted evidence of responsive actions taken to address evidence bought forward. The service has since implemented new processes, including multiple policies to guide staff in care delivery expectations. The provider advised due to using a range of subcontractors, multiple communication methods exist and assert communication was occurring however acknowledge due to inadequate documentation of risks these were not appropriately documented. They have improved transfer of this information via software and process changes plus conducted training. Communication of updated care plans and risk profiles has occurred for all subcontractors actively engaged. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am cognisant the service self-identified this issue and am satisfied that while they have taken responsive actions and implemented several actions to address system deficits, these actions will take the provider some time to embed in practice and implement self-monitoring processes to ensure compliance. I find requirement 2(3)(c) is non-compliant.

Requirement 2(3)(d)

The service did not demonstrate an effective method to ensure assessment/planning outcomes are effectively documented and communicated where care and services are provided. They demonstrate outcomes are communicated to most consumers/representatives who are provided with a care plan; however this is not consistently provided/available to brokered staff. Most sampled consumers/representatives consider receipt of copy of care/program plan. However, the assessment team note limited transfer of information nor provision of documented care plans to all sub-contracted staff, nor allied health goals/supports included to demonstrate a holistic approach to care delivery.

In their response, the provider submitted evidence of responsive actions taken to address evidence bought forward. They have since implemented new processes, including multiple policies to guide staff in care delivery expectations. The provider advised due to using a range of subcontractors, multiple communication methods exist and assert communication was occurring however acknowledge due to inadequate documentation of risks these were not appropriately communicated. They have improved transfer of this information via software and process changes plus conducted training. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am satisfied that while they have taken responsive actions and implemented several actions to address system deficits, these actions will take the provider some time to embed in practice and implement self-monitoring processes to ensure compliance. I find requirement 2(3)(d) is non-compliant.

I find the remaining two Requirements 2(3)(b) and 2(3)(e) are compliant.

Overall, the service demonstrates a system of assessment and planning to identify/address consumer’s needs, goals, and preferences. End of life (EOL) and advanced care planning (ACP) occurs for consumers receiving HCP. Sampled consumers/representatives consider assessment and planning mostly addresses consumers’ needs, giving specific examples of positive outcomes as a result. Interviewed CMs and allied health professionals describe assessment/planning processes, noting positive outcomes such as social support to enable consumers to do things of interest and a suitably sized wheeled walker to enable independence in a small environment. Via document review, the assessment team note most needs/goals/preferences are identified/addressed as part of assessment and planning. However, documents do not demonstrate inclusion of consumers wishes in advance care planning. For two HCP consumers, documented goals do not cover all services/supports they are currently receiving, and interviewed client service officers (CSOs) note provision of HCP services/support occurs without documentation of goals. In their response, the provider advised of planned actions to update documents to ensure consumer’s wishes are included in documentation. In consideration of compliance, while acknowledging some deficits in documentation, I am swayed by consumers satisfaction, plus evidence provision of services/supports is occurring. I find requirement 2(3)(b) is compliant.

The service demonstrates effective systems to ensure services/supports are regularly reviewed for effectiveness, when circumstances change, and/or when incidents impact consumers’ needs. Sampled consumers/representatives’ express satisfaction, providing examples of assessment resulting in increased physiotherapy sessions, and attending gymnasium classes with exercise therapists. Interviewed CMs and allied health professionals demonstrate processes for reassessment/review resulting in care delivery. For example, podiatrist reassessment upon each session and evidence of regular reassessment for five consumers. I find requirement 2(3)(e) is compliant.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not 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 | 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 | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

I find this Standard to be non-compliant as one requirement 3(3)(b) is non-compliant.

Requirement 3(3)(a)

Sampled consumers/representatives’ express satisfaction regarding personal and clinical care. Consumers gave positive feedback of services to support mobility, independence, and participation in daily activities, assistance in meeting hygiene needs and receipt of appropriate wound care. Interviewed CM’s, RN’s and staff demonstrate knowledge of personal and clinical care for individual consumers providing examples to enable independence in hygiene care plus positive outcomes achieved (wound healing) resulting from regular wound care provision.

Via review of documentation, the assessment team note personal/clinical care goals/supports are not consistently documented (considered in Standard 2) noting lack of documented management of high impact/prevalence risks [considered in requirement 3(3)(b)]. For one consumer receiving wound care, care plans did not detail information to reflect wound care provision/review by an RN, nor wound photography included within the electronic care management system (ECMS); it is however noted wound healing is occurring.

In their response the provider submitted evidence of responsive actions taken, including implementation of new processes/policies to guide staff in care delivery expectations and management strategies. In additional appointment of an RN to oversee both reporting and care planning processes and ensure risks/care is managed/monitored in a holistic manner. In consideration of compliance, based on the Quality Audit Report and the provider’s response, while I accept a lack of process to demonstrate documented details are provided to all brokered services involved in consumer care, evidence provided does not translate to lack of care provision and/or negative consumer outcome. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(b)

A system requires allied health practitioners to identify consumer risks during provision of allied health services, CMs for all other services/supports and RNs to ensure risks are identified and management strategies implemented. Interviewed CMs discussed management of some consumer’s risks however documentation detailing identified risk/minimisation strategies is not consistently evident for all consumers. Via document review the assessment team note high impact/prevalence risks are managed via appropriate assessment tools for brokered allied health services, however clinical reviews not conducted via validated assessment tools resulting in inconsistent review of risk. Risks identified by exercise physiologists are not consistently documented. A process does not ensure risk information is transferred to brokered staff. The service did not demonstrate appropriate actions/management of identified risks relating to vision impairment, consumers identified as experiencing mental health decline or swallowing difficulties. As such, while they demonstrate identification of some consumers risks, they did not demonstrate an effective system to ensure management of these risks result in appropriate care delivery.

In their response the provider submitted evidence of responsive actions taken to address evidence bought forward. They have implemented new processes, multiple guidance policies with particular attention given to high impact/prevalence risks formulating clinical indicators, use of supplementary tools. In additional appointed an RN to oversee both reporting and care planning processes and ensure risks are managed/monitored in a holistic manner. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am satisfied that while they have taken responsive actions and implemented several actions to address system deficits, these actions will take the provider some time to embed in practice and implement self-monitoring processes to ensure compliance. I find requirement 3(3)(b) is non-compliant.

Requirement 3(3)(c)

Evidence relating to CSHP is not included therefore this has been deemed not applicable.

The service is providing end of life care to one consumer receiving services via HCP, with involvement of a palliative care team although documented communication to the palliative care team is not evident. Via document review the assessment team note consumer satisfaction relating to care provision, referral to medical officer and nutritionist review relating to experiencing swallowing difficulties/dietetic needs however speech pathology referral not implemented. Procedural expectations to guide staff relating to end-of life support is not evident. In their response, the provider advised of planned training relating to end-of-life planning and development of resources for consumer provision. In consideration of compliance, based on the evidence provided, including consumer satisfaction, I am satisfied the service demonstrates processes relating to end-of-life care. I find requirement 3(3)(c) is compliant.

Requirement 3(3)(e)

The service demonstrates a process ensures information relating to consumer’s condition, needs and preferences is documented and communicated within the organisation and allied health professionals access consumer information via the service’s ECMS and provide medical officers with assessments/care plans (observed via the assessment team). However, the service cannot evidence documented information is communicated to all brokered services (considered in Standard 2 requirements). Registered nurses receive information via care plans.

Via interview with CM’s, allied health providers, representatives, and review of two consumers documentation the assessment team note documented information transfer to some brokered services is not demonstrated. The provider submitted evidence of implementation of new processes, appointment of an RN to oversee reporting and care planning processes, plus review of all named consumers and a planned ongoing process of review. In consideration of compliance, based on the evidence provided while I accept a process to demonstrate documented details are provided to all brokered services involved in consumer care is not demonstrated, evidence provided does not translate to lack of care provision and/or negative consumer outcome. I find requirement 3(3)(e) is compliant.

I find the remaining three Requirements 3(3)(d), 3(3)(f) and 3(3)(g) are compliant.

The service demonstrates effective processes to identify and respond in a timely manner to deterioration or change in consumers’ health, function, capacity, or condition. Interviewed consumers consider receipt of timely response to changes in their condition providing examples of support received in response to increased pain, and adaption of exercise program to suit changed conditions. Interview with employed and brokered staff resulted in demonstration of awareness of their responsibilities and knowledge regarding recognising/reporting deterioration/change, reporting process and communicate concerns. Interviewed CMs advised of processes internal staff use to communicate concerns. Via document review the assessment team noted issues communicated through electronic mediums. While noting the service does not have policy/procedural documents to guide staff in organisational expectations it is noted an effective process is occurring. The provider advised of plans to provide training and embed validated tools to objectively document clinical measures and track changes in consumers’ condition.

A process to ensure timely and appropriate referrals to individuals, other organisations and providers of other care/services is evident. The assessment team note most referrals are to internal staff or brokered services. Sampled consumers/representatives’ express satisfaction of services/supports and consumers being referred in a timely manner. Examples include timely and appropriate referral, including commencement of subsequent care provision, delivery of wound care resulting in healing and regular ongoing review. Document review detailed evidence of referrals.

Systems ensure infection-related risks are minimised via standard and transmission-based precautions to prevent infection transmission. The service does not have a system to enable staff to prescribe, administer or prompt medication ingestion; medications (including antibiotics) are managed by consumers’ medical officer. Interviewed employed and brokered staff demonstrate knowledge of infection prevention and minimisation of risk via hand hygiene and sanitation practices appropriate to prevent infection transfer. Guidance document directs appropriate use of personal protective equipment where high-level infection risk exists, plus training/competency requirements for staff. Interviewed consumers/representatives consider staff minimised infection related risks.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Compliant |

Findings

I find this Standard is compliant as all six of the seven assessed requirements are compliant. Assessment of Requirement 4(3)(f) did not occur as meals are not provided for consumers.

Requirement 4(3)(d)

The service demonstrates a process ensures information relating to consumer’s condition, needs and preferences is documented and communicated within the organisation via access to the ECMS. However, the service cannot evidence documented information is communicated to all brokered services (considered in Standard 2 requirements). For allied health related daily living services consumer’s needs and preferences are identified during assessment/planning processes.

The provider submitted evidence of implementation of new processes regarding documentation and communication. In consideration of compliance, based on the evidence provided while I accept a process to demonstrate documented details is not consistently evident the evidence provided does not translate to lack of care/service provision and/or negative consumer outcome. I find requirement 4(3)(d) is compliant.

I find the remaining five requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(e) and 4(3)(g) are compliant.

Sampled consumers/representatives express positive feedback regarding support/services received by consumers for activities of daily living according to their needs/goals/preferences. Interviewed CWs describe methods of individualised support to ensure consumer's independence and wellbeing. Examples include domestic assistance, exercise physiology, gardening and home modification including installation of handrails.

An effective system is demonstrated to ensure services and supports promote consumers' emotional, spiritual, and psychological wellbeing plus assistance for daily living and do things of interest. Consumers/representatives express confidence staff would recognise supports required, and consider current services support their needs with flexibility of services. Interviewed CWs advise of providing alternative choices when consumers prefer not to participate in planned activities and familiarity with consumer's specific interests.

Timely and appropriate referrals to other providers of care and services is evident. For most daily living supports, referrals are primarily made internally to direct employees and externally to brokered services. Sampled consumers/representatives consider receipt of assistance in accessing/maintaining equipment expressing positive feedback relating to transportation. Management note equipment is not provided by the service, however staff assist in purchasing equipment to meet consumers needs with the support of allied health professionals who assess equipment is fit for purpose.

# 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

I find this Standard is compliant as all four requirements are compliant.

Overall, sampled consumers/representatives consider receipt of support in providing feedback and making complaints. They express knowledge of feedback/complaint processes, advising they would directly contact Management/staff with concerns, noting most had not had complaints. They gave examples of timely resolution when issues had been raised. Documents guide staff in feedback mechanisms and expectation relating to relevant timeframes to adhere to. Consumers/representatives advise they contact staff or management with their concerns. Interviewed Management and staff described methods used to investigate issues through to resolution.

Interviewed consumers/representatives state they receive advise relating to advocacy, language services and external complaints management processes. Information is provided via a range of documents and communication methods. Documented policies guide Management and staff in relation to organisational expectations. Consumers experiencing language barriers consider they are informed and have awareness of accessing interpreter services if needed. Management advises documented information provided to all consumers on commencement of services include complaints/compliment/feedback process, aged care advocacy program, external complaints organisations and Charter of Aged Care Rights. Via review of documents the assessment team note provision of information to contact the Older Persons Advocacy Network and Aged Care Quality Safety Commission if dissatisfied with the service’s response.

Consumers/representatives express satisfaction with management and timely actions taken in response to complaints/feedback including an open disclosure process. Documented policy guidance is available regarding use of open disclosure practices. Interviewed staff demonstrate knowledge of required processes. Via a review of documents and ECMS the assessment team note complaints are acknowledged, investigated, actioned, use of open disclosure and resolution in a timely manner.

A plan for continuous improvement includes input from feedback and complaints which are discussed at leadership team meetings and overseen by Management. Documents detail compliant date, issue identified, planned action (with designated responsibility), completion date and outcome/result. Several examples of improvements resulting from feedback/complaints are evident. Management advised the service strives to engage consumers in feedback via multiple methods.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

I find this Standard is compliant as all five requirements are compliant.

A system ensures a planned workforce enables delivery of safe, quality care and services. Sampled consumers/representatives consider staffing is consistent and they are notified of changes to scheduled care/services. Management has contingency plans for staff replacement and regularly reviews processes to ensure staff allocations adequately meet consumer needs/preferences. Interviewed staff consider they have appropriate time to provide care/services in accordance with consumers' individual needs/preferences in undertaking their allocated tasks/responsibilities. Brokered services are used to provide several services including clinical care. Signed/agreed service agreements are monitored by management.

Consumers/representatives consider staff to be kind, caring and respectful noting staff engage in a respectful manner and are gentle in physical care provision. Staff demonstrate knowledge of consumers' backgrounds/culture/identity and those of importance to them. Management demonstrates mechanisms to monitor appropriate interactions between staff and consumers, regularly seeing consumer feedback to ensure satisfaction with current CWs. Consumers/representatives consider staff are well trained (competent) and meet their needs in a friendly and helpful manner. A process ensures workforce competency and appropriate qualifications to effectively perform their roles. Staff advise they have necessary training to perform their role and receive support from Management who described competency requirements of staff. Documents detail attendance at education/training sessions and staff qualifications required prior to provision of care/services. Position descriptions establish roles, responsibilities and required competencies.

Processes for recruitment, induction, onboarding of staff ensure competency-based skills to meet consumer’s needs. Staff education is provided relating to key elements of the Quality Standards however the assessment team note formal training relation to the Aged Care Code of Conduct is not evident. Management advise expected standards of behaviour and conduct are discussed with staff in team meetings. Staff documentation resides on the ECMS, which Management regularly monitor for currently. Competency of brokered staff is assessed via consumer feedback monitoring of qualifications/accreditations. Systems exist to regularly assess, monitor, and review staff performance. Staff confirm regular engagement in professional development including opportunities to request specific training relevant to their role, plus a probationary and ongoing performance review processes with opportunity to provide feedback and request further support. Management advise staff appraisals are conducted and performance is monitored. Review of documents evidence current performance appraisals.

# 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. | Not Compliant | Not 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. | Not Compliant | 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 | Compliant |

Findings

I find this Standard non-compliant as two requirements 8(3)(b) and 8(3)(d) are non-compliant.

Requirement 8(3)(a)

Most sampled consumers/representatives consider they are afforded opportunities to provide feedback on care and services and Management demonstrate methods in which consumers are involved in the evaluation of care and services. Consumers consider they are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Feedback and complaints mechanisms lead into continuous improvement processes which evidence received feedback translates to improved outcomes. However, consumers have not been invited to participate in a Consumer Advisory Committee [consideration has been given in requirement 8(3)(c)]. In consideration of compliance, based on the evidence provided I am swayed by the volume of consumer/representative satisfaction and the service’s demonstration of improvement outcomes resulting from consumer/representative input. I find the service demonstrates consumers are engaged in the development/delivery of care and services and are supported to do so. I find requirement 8(3)(a) is compliant.

Requirement 8(3)(b)

Oversight of performance occurs through regular reports, including key performance indicators, audit data, and feedback and complaints. However, the assessment team note a process of analysing/trending clinical data in identifying areas of risks is not evident. Board members meet regularly, and a Clinical Advisory Committee meets on an ad-hoc basis when critical advice is required, not as per the organisational terms of reference. Management advises a formal documented Clinical Governance Framework for monitoring, analysing, and trending clinical data is not in place. However, Management provided a Governance and Clinical Governance Framework outlining actions to be taken/managed via the CIP. A system does not ensure all risks are documented; actions taken. As such, while demonstration of some overarching management processes is evident this is not consistent in all aspect of this requirement to demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery.

In their response the provider submitted evidence of responsive actions taken to address evidence bought forward. They implemented new processes, including multiple policies to guide staff in care delivery expectations with particular attention given to high impact/prevalence risks formulating clinical indicators, use of supplementary tools, risk stratification and management strategies to guide staff. In addition, they appointed a qualified RN to oversee both reporting and care planning processes and ensure risks are managed/monitored in a holistic manner and provide staff education/training. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am satisfied that while they have taken responsive actions and implemented new systems, it will take the provider some time to embed in practice and implement self-monitoring processes to ensure compliance. I find requirement 8(3)(b) is non-compliant.

Requirement 8(3)(c)

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback, and complaints. Governance systems/structures includes both HCP and CHSP services. Sampled consumers**/**representatives’ express satisfaction regarding receipt of information and how this is communicated to them. Information is provided upon commencement of services and regularly thereafter. Staff access information via multiple methods and changes in policies/ procedures/legislation are communicated via electronic messaging. Management and staff access consumer documents/information via ECMS which guides internal staff in the delivery of consumer care and services. However, this information is not made available to all brokered staff (considered in Standard 2 requirements). The organisation’s CIP is monitored to ensure areas for improvement are actioned and includes planned completion dates and progress notes. Demonstrated improvements relate to various areas of care/service delivery across the Quality Standards. Consumers/representatives express satisfaction in relation to engagement and actioned outcomes. The CEO has responsibility for managing day-to-day budgets and annual financial modelling. Financial forecasting is monitored, reviewed, and reported on a quarterly basis. Management advise CMs receive education relating to service provision under HCP and CHSP and review individual consumers to assist in budget management and monitoring unspent funds. A workforce governance framework ensures staff are skilled and qualified to provide safe, respectful, quality care and services, guided by position descriptions directing required qualifications/responsibilities required for each role. Processes ensure monitoring of staff from brokered services, including a signed agreement for services. Established systems encourage consumer feedback/complaints ensuring appropriate and proportionate action is taken, open disclosure occurs, and improved outcomes are achieved.

Management advised legislative changes, industry standards, and guidelines are monitored via subscriptions to various legislative services/peak and government bodies. The assessment notes the legislative requirement relating to HCP approved providers to offer consumers the opportunity to participate in the development, delivery and evaluation of care and services through a Consumer Advisory Committee had not occurred. Management immediately responded via seeking expressions of interest from consumers to participate and advised receipt of expression of interest during the assessment visit.

In their response, the provider acknowledged a consumer governance body had not been created and completed several initiatives to rectify this. All consumers (past and present) received an invitation to apply (noting receipt of applications) and advised appointed consumers would join the Consumer Board meeting scheduled in July 2024. In consideration of compliance, based on the evidence provided I am swayed by the immediate provider response plus demonstration of adherence to other legislative requirements and all other aspects of this requirement. I find effective organisation wide governance systems relating to this requirement exist. I find requirement 8(3)(c) is compliant.

Requirement 8(3)(d)

Some documents guide organisational governance in managing abuse, neglect and incident management, however effective management of high impact/prevalence risks is not evident. Management advises no incidents have required reporting via the Serious Incident Response Scheme (SIRS) and document review demonstrate Management review incidents to ascertain the requirement for reporting. Training records evidence most staff have completed training in relation to SIRS and staff demonstrate an understanding of priority status. The service has effective systems and practices relating to supporting consumers to live the best life they can, guided by documented organisational expectations to meet this requirement. Systems ensure timely identification/preventative actions in relation to incident management. Staff generally demonstrate knowledge in relation to incident reporting and escalation of concerns to management however the service did not evidence documented guidance in relation to hazard and/or reporting critical incidents. Via interview with representatives the assessment team note not all incidents have been reported due to the consumer being accompanied at the time. Upon feedback Management advised they would follow up with brokered service providers. Training is provided to staff in relation to abuse and neglect, incident reporting, and work health and safety, however, the assessment team note staff are not required to complete training in relation to Code of Conduct training. Document review demonstrate incidents are effectively managed and actions taken to minimise risk of recurrence. Risks identified by exercise physiologists are not consistently documented. A process does not ensure risk information is transferred to brokered staff. The service did not demonstrate appropriate actions/management of identified risks relating to vision impairment, and consumers identified as experiencing mental health decline and swallowing difficulties. As such, while they demonstrate identification of some consumers risks, they did not demonstrate an effective system to ensure management of these risks to ensure appropriate care delivery. Organisational expectations are not documented to guide Management and staff in relation to risks, changes in consumers condition (which may be related to risk) nor require use of validated risk assessment tools.

In their response the provider submitted evidence of responsive actions taken to address evidence bought forward. They have implemented new processes, including multiple policies to guide staff in care delivery expectations with particular attention given to high impact/prevalence risks formulating clinical indicators. In addition, they appointed an RN to oversee both reporting and care planning processes and ensure risks are managed/monitored in a holistic manner. In consideration of compliance, based on the Quality Audit Report and the provider’s response, I am satisfied that while they have taken responsive actions and implemented several actions to address system deficits, these actions will take the provider some time to embed in practice and implement self-monitoring processes to ensure compliance. I find requirement 8(3)(d) is non-compliant.

Requirement 8(3)(e)

Clinical indicators are not formally collected using an auditing tool each month for review. However, the CEO advised planned establishment of a clinical governance framework to increase clinical oversight. Management advise restrictive practices are not in place for consumers receiving services. Guidance document directs expectations relating to feedback/complaints including principles of open disclosure. Staff and Management gave examples of open disclosure practices being implemented as did consumer documentation. Interviewed staff advised receipt of training in relation to policy/procedural guidance including strategies to minimise infection related risks via use of hygiene practices, and PPE, plus identification of infection related symptoms.

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