**Performance**

**Report**

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| Name: | Wintringham |
| Commission ID: | 300121 |
| Address: | 136 Mount Alexander Rd, FLEMINGTON, Victoria, 3031 |
| Activity type: | Quality Audit |
| Activity date: | 9 July 2024 to 12 July 2024 |
| Performance report date: | 16 August 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1715 Wintringham  
Service: 23161 Wintringham - Barwon South West Level 3  
Service: 22842 Wintringham - Eastern Metro Region  
Service: 23529 Wintringham - Grampians Region  
Service: 19065 Wintringham - Hume Region  
Service: 19053 Wintringham - Northern Metro Region  
Service: 19064 Wintringham - Northern Tasmania  
Service: 19056 Wintringham - South East Metro Region  
Service: 19051 Wintringham - Southern Metro Region  
Service: 19062 Wintringham - Southern Tasmania  
Service: 18760 Wintringham - Western Metro Region  
Service: 27900 Wintringham Outer Northern Region Community Housing and Support  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8741 Wintringham  
Service: 26100 Wintringham - Community and Home Support

**This performance report**

This performance report for Wintringham (**the provider**) has been prepared by K. Jarvie, 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 services, 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 services, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Assessment Team’s report received 6 August 2024.

# 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 | **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 | **Compliant** |
| **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)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **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.

Standard 2, Requirement (3)(d) - HCP and CHSP

* Ensure 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, including clear directives for guiding staff.

Standard 3, Requirements (3)(b) and (3)(e) - HCP

* Ensure effective management of high impact or high prevalence risks associated with the care of each HCP consumer.
* Ensure information about each HCP consumer’s condition, needs and preferences is documented and communicated within the organisation and with others where responsibility for care is shared.

Standard 8, Requirements (3)(c), (3)(d) and (3)(e) for HCP and (3)(c) and (3)(e) for CHSP

* Ensure changes to information management systems are effectively implemented and result in improved care plans and staff guidance.
* Ensure care and services are provided to HCP consumers based on assessed need, with no expectations of minimum 2-hourly services provided by subcontracted staff.
* Ensure risk management systems and practices support management of high impact or high prevalence risks.
* Ensure the clinical governance framework addresses antimicrobial stewardship and restraint minimisation, with processes in place to manage and monitor restrictive practices.

# 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

Consumers and representatives from each service were satisfied consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated knowledge of the identity and culture of each consumer and provided examples of ways they show consumers dignity and respect. Management confirmed there were no complaints about disrespectful staff conduct. Documentation showed the services have a consumer-centred approach to delivering care and services.

Consumers and representatives from each service were satisfied that staff understand the consumer’s cultural needs and preferences and consumers feel supported and safe. Staff showed they were familiar with the cultural backgrounds of individual consumers and confirmed they had completed diversity training. Management described how cultural needs and preferences are identified and documented during assessment and care planning. Documentation reflected consumer backgrounds, family connections, languages and information about consumer cultural needs and preferences.

Consumers and representatives from each service described how consumers were supported to make decisions about their care and services, including when others are involved in their care. Staff and management described how they support consumers, including those living with dementia, to make choices about care and services using a person-centred approach. Documentation showed the services inform consumers and representatives about their rights to make choices and decisions.

Consumers and representatives from across all services described satisfaction that the services supported consumers to live their best life as safely as possible. Staff described assistance measures used to ensure consumers were as safe as possible and were supported to take risks. Management discussed consumer rights to live their best life, despite choices that may adversely impact the consumer’s health. Documentation showed staff were provided with dignity of risk training and staff are supported with organisation wide policies related to choice, decision making and dignity of risk.

Consumers and representatives from each service expressed satisfaction with the information received from the services, stating it was clear, easy to understand and enabled the consumer to exercise choice. Staff and management described ways they communicate and explain information to consumers, including consumers with communication difficulties. Documentation showed consumers have access to interpreters and translators and support is available to assist consumers to use these services. Documentation is adjusted to meet consumer communication needs.

Consumers and representatives from each service confirmed consumer privacy and confidentiality of personal information is respected. Staff described ways they protect consumer privacy and confidentiality. Management explained consumers, staff, contractors and volunteers received a copy of the organisation’s privacy collection statement and privacy policy. Documentation showed consent to obtain and exchange information forms were in place, hard copy consumer information is secured, and digital information is protected with authorised access only.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 1, Consumer dignity and choice, for HCP and CHSP.

# 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. | 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

Requirement 2(3)(d)

The Assessment Team assessed this Requirement Not Met across all services, as the services did not demonstrate outcomes of assessment and planning were effectively communicated to the consumer and representative and documented in a care and services plan with clear directives to support care and services provided. The Assessment Team provided the following evidence relevant to my finding:

* Although consumers and representatives described the care and services delivered for the consumer and confirmed a copy of the consumer’s care plan was available in the consumer’s home, task lists and care directives were not effectively communicated to the consumer and care staff providing care and services.
* Internal care staff stated they can call case managers if they need more information than included in the care plan. However, subcontracted care staff stated they obtain information from the consumer about what tasks are to be completed if information is not available.
* Documentation showed tasks lists were available. However, the information in task lists did not provide the staff with clarity on how to provide the care and services scheduled.
* Case managers were knowledgeable about individual consumers and could discuss their care needs in detail. However, these details were not available to the care staff where delivery of care and services occurs.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation action was taken immediately to ensure the provider had effective methods and processes for documenting a consumer’s assessed care and support needs, and effectively communicating this to consumers and staff responsible for delivering care.
* Explanation and evidence the service schedule and task list now reflect specific details about high impact, high prevalence risks and individualised requirements for consumers.
* Explanation and evidence the client profile emergency plan also captures risks and individualised requirements for each consumer.
* Explanation a review and update of rostering information was conducted to ensure the roster encompasses assessed needs and identified risks.
* Explanation and evidence the agency orientation handbook was reviewed and updated to ensure information about assessment and care planning processes and information is provided to relevant staff.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows outcomes of assessment and planning were not effectively communicated to the consumer and representative and were not documented in a care and services plan with clear directives to support care and services HCP and CHSP consumers.

I have considered the intent of the Requirement, which expects a care and services plan to be documented and reflect the outcomes of assessment and planning for each consumer. I find this did not occur, as care plans were not consistently reflecting outcomes of assessment and planning and not providing guidance for care staff.

I acknowledge actions taken by the provider to address the identified deficits. However, the provider recently made changes to address the deficit and implemented processes to monitor the effectiveness of these changes. Time is required to ensure the changed processes address the deficit identified across all services provided and result in a systemic and identifiable improvement.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

In relation to CHSP, I find the provider, in relation to the services, non-compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

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

Consumers and representatives from each service expressed satisfaction with assessment and care planning processes. Although initial assessments, reviews, reassessment documentation and monitoring reports were not consistently available, there was evidence of processes used to ensure comprehensive consumer assessments were completed. Management stated there is scope for improvement and auditing of consumer documentation, including staff refresher training.

Consumers and representatives from each service were satisfied the consumer’s care meets their needs, goals and preferences. Staff advised consumer goals, preferences and options were discussed during assessment processes and documented in the consumer’s care plan. Documentation showed consumer care plans included information about individual consumer’s current needs, diagnosis, mobility, interests, goals and preferences. The services discuss and record advance care planning with consumers.

Consumers and representatives from each service confirmed the consumer is involved in the assessment and planning of care and services. Case managers discussed how they support consumers and their representatives during assessment and planning meetings. Documentation showed consumers can nominate who make decisions about their care and services in collaboration with the consumer.

Consumers and representatives from each service confirmed consumer care and services are reviewed regularly and when the consumer’s circumstances changed. Case managers for each service stated reassessment and care plan reviews normally occur every nine months or if circumstances and care needs change. Documentation showed each service conducts reassessments in line with the organisation’s policy.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers, for HCP and CHSP.

# 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | 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 | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | 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. | Not 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

Requirement 3(3)(b)

The Assessment Team assessed this Requirement Not Met across all HCP services, as the services did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, with a lack of consistent systems and processes for monitoring and management of these risks. The Assessment Team assessed this Requirements Met for the CHSP services. The Assessment Team provided the following evidence relevant to my finding:

* While documentation for some services showed examples of monitoring of high impact, high prevalence risks, evidence including consumer documentation and interviews with staff and management did not demonstrate a consistent system for monitoring high impact, high prevalence risks.
* Processes for managing these risks were inconsistent across regions and relied on the ability of individual case managers to monitor clinical risks and detail these at clinical team meetings and refer issues to the clinical team as appropriate.
* A review of a consumer’s care plan showed deficiency in management of pain and wounds, in relation to subcontracted nursing services.
* Management and case managers stated training in restrictive practices had not occurred for a long time. They stated some consumers had bed rails or bed poles at the consumer’s request but, the services did not document this equipment in the care plans to ensure ongoing identification and monitoring of risk.
* Management acknowledged deficiencies in effectively managing aspects of high impact, high prevalence risks. Management stated a system to consistently obtain wound care nursing reports from subcontracted services would be considered and the clinical team would review as needed.
* In relation to CHSP consumers, allied health outreach services, social work services are provided to mitigate high impact, high prevalence risks to consumer safety including homelessness.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation as part of the provider’s internal processes for quality and continuous improvement, at the beginning of 2024, HCP services were assessed by the internal audit team against the Commission’s five key areas of risk. During this internal audit, areas for improvement with relevance to management of high impact, high prevalence risks managed were identified. A project plan was initiated, and work had commenced prior to the Commission’s Quality Audit in July 2024.
* Explanation that draft policies relevant to high impact, high prevalence risks had been developed and were presented to the Assessment Team at the time of the Quality Audit in July 2024. Explanation these policies were in the process of implementation.
* Explanation a project had commenced to focus on further refining assessment and care planning processes to ensure alignment with the Quality Standards and the new Aged Care Act.
* Explanation processes have been developed to improve communication and management of high impact, high prevalence risks. These enhancements and improvements support monitoring communication between the provider and subcontracted services.
* Evidence of draft policies addressing management of high impact, high prevalence risks.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows ineffective management of high impact, high prevalence risk for HCP consumers.

I have considered the intent of the Requirement, which expects organisations to do all they can to manage risks related to the personal and clinical care of each consumer. I find this did not occur, as HCP consumers were impacted by inconsistent management of high impact, high prevalence risks.

I acknowledge actions taken by the provider to identify and address the deficits prior to the Quality Audit. However, the provider has not implemented all changes to address the deficits. Policies are still in draft, and the provider stated the improvements are ongoing. Time is required to ensure the changed processes address the deficit identified across all services provided and result in a systemic and identifiable improvement.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

In relation to CHSP, I find the provider, in relation to the services, compliant with Requirement (3)(b) in Standard 3, Personal care and clinical care.

Requirement 3(3)(e)

The Assessment Team assessed this Requirement Not Met across all HCP services, as the services did not demonstrate information about each consumer’s condition, needs and preferences was documented and communicated within the organisation and with others where responsibility for care is shared. The Assessment Team assessed this Requirements Met for the CHSP services. The Assessment Team provided the following evidence relevant to my finding:

* Documentation showed schedule, tasks lists, and service requests did not communicate adequate information about the consumer’s condition, needs and preferences, including strategies to guide care. This particularly impacted external care staff as they were not provided with access to a consumer’s care plan or access to a provider case manager for verbal communication about the consumer’s condition, needs and preferences.
* Documentation showed care plans and task lists accessible to internal staff did not always contain individualised directives to guide care staff in the provision of personal care.
* While health summaries from general practitioners were maintained, the service did not demonstrate consistent processes for ensuring notes from subcontracted providers including nursing services and allied health providers were maintained on file.
* Case managers demonstrated difficulty in locating information and photographs from external providers and at times could not locate requested reports. Case managers stated information communication would be improved when the organisation had one effective digital platform.
* Case managers across each service stated there was no organisational process to ensure information communication and reporting from external providers including nursing services and allied health staff occurred consistently.
* Consumers and representatives were satisfied with service coordination.
* Management acknowledged the deficiencies raised by the Assessment Team and said information systems were in a process of change. Management stated they would review their processes for information communication with external service providers. Management stated staff training in relation to communication of health and personal care information would occur as appropriate.
* CHSP allied health staff described the new service’s information systems and were satisfied with information communication. Relationship development with new subcontracted services and the sharing of information was developing.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation this Requirement relates to the recommendation for Standard 2(3)(d) and action was taken immediately to remedy the identified issues.
* Explanation the service schedule and task list now reflect specific details about high impact, high prevalence risks and individualised requirements.
* Explanation the client profile emergency plan captures relevant information in every instance.
* Explanation a thorough review and update of rostering information has occurred to ensure it encompasses assessed needs and identified risks.
* Explanation and evidence the agency orientation handbook was reviewed and updated to ensure information pertaining to assessment is included.
* Explanation the provider has developed a suite of tools to ensure effective methods and processes for documenting and effectively communicating information about individual consumer’s assessed care needs. Explanation this review process has strengthened the communication systems between external services and the provider.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows the HCP services did not effectively document and communicate information about each consumer’s condition, needs and preferences within the organisation and with others where responsibility for care is shared. Failure to consistently communicate directives to guide care staff, including new or relieving staff, and others responsible for care may result in unsafe or inadequate care and services for consumer specific circumstances. CHSP consumers were not impacted by the identified deficit.

I have considered the intent of the Requirement, which expects organisations to have communication processes in place, so the workforce has information about delivering safe and effective personal and clinical care. I find this did not occur, as care plans and task lists did not always contain individualised directives to guide care staff in the provision of personal care.

I acknowledge actions taken by the provider to address the identified deficits. However, the provider has recently made changes to processes and systems to address the deficit. Time is required to ensure the changes rectify existing deficiencies and result in improved practice moving forward.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

In relation to CHSP, I find the provider, in relation to the services, compliant with Requirement (3)(e) in Standard 3, Personal care and clinical care.

Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g)

Consumers and representatives from each service expressed satisfaction with the personal and clinical care provided to consumers. Staff described the needs and preferences of consumers and how these needs are met using best practice, tailored strategies for each consumer. Nursing staff described ways the clinical team promotes safe and effective personal and clinical care for consumers, including regularly discussing individual consumer’s clinical care and concerns with case managers and conducting home visits for clinical assessments as required. Management advised the service ensures personal and clinical care provided is best practice through the assessment and care planning system for HCP consumers and through access to the clinical team for clinical oversight and support. CHSP consumers do not receive personal or clinical care outside of social work outreach services. Documentation showed evidence of clinical nurse visits and consumer centred discussions with case managers, with allied health assessment and recommendations where appropriate.

Representatives from each service stated the services respected the consumer’s goals and decisions regarding end of life planning, and support consumers to live their best life with comfort and dignity. Management and staff described ways they liaise with external palliative care teams and the consumers’ general practitioners as applicable to support individual consumer’s end of life wishes. Documentation showed the services liaise with palliative care services and general practitioners and consumers were provided with information on advance care planning.

Consumers and representatives from each service expressed confidence staff providing care and services would recognise and respond to changes in the consumer’s condition or health. Staff and management discussed how they support consumers if deterioration is identified or if a change in a consumer’s mental health, cognitive or physical capacity is noted. Documentation showed changes in individual consumer’s condition was documented, communicated and addressed. Each service has access to policies, procedures, guidelines and tools to support the service’s response to consumer deterioration and change.

Consumers and representatives from each service expressed satisfaction with the involvement of other individuals and services in response to changing consumer personal or clinical needs. Staff described how they report a consumer’s changed needs and how the potential need for a referral is identified. Management described the processes used by the services to ensure a network of individuals, organisations and providers is maintained and accessible for consumer referrals across each service. Documentation showed each service made referrals to other health professionals and organisations in a timely manner when a need was identified.

Consumers and representatives from each service expressed satisfaction with the services’ measure to protect consumers from infection. Staff described measures to minimise infection, including performing hand hygiene, accessing and using personal protective equipment as needed, participating in ongoing infection control training, having required vaccinations and not attending work when ill. Documentation showed each service has access to infection control processes and guidance materials and internal and subcontracted staff participated in the organisation’s mandatory initial and ongoing infection control training.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(f) and (3)(g) in Standard 3, Personal care and clinical care, for HCP and CHSP.

# 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 | Compliant |

Findings

Consumers and representatives from each service confirmed consumers receive safe and effective services which support consumers to maintain their independence and quality of life. Staff described what is important to consumers about their lifestyle and social activities and provided examples of how they helped consumers to maintain their independence and quality of life. Management described how social support groups assist consumers to optimise their independence, wellbeing and quality of life. Documentation evidenced consumers’ needs, goals and preferences for supports for daily living.

Consumers and representatives from each service stated staff know consumers well and described how the services provide services to enhance the consumer’s spiritual, emotional and psychological wellbeing. Staff described how trauma informed practice training, mental health first aid training and risk assessments assisted them to provide and recommend services to meet each consumer’s wellbeing. Documentation showed the services identify factors which may impact a consumer’s emotional, spiritual and psychological wellbeing.

Consumers and representatives from each service stated consumers are supported to do meaningful things including participating in their community, having social relationships and doing things of interest to the consumer. Staff described how they support consumers to participate in their community and do things of interest to them. Management explained how offering consumers to participate in a range of centre based social support groups provides opportunities for consumers to have social connection and engagement with the wider community. Documentation confirmed services and supports enable consumers to participate in their community and do things of interest to them.

Consumers and representatives from each service confirmed staff were aware of the consumer’s condition, needs and preferences in relation to supports for daily living, with consent sought by the service before sharing consumer information. Staff confirmed information relating to a consumer’s condition, needs and preferences is recorded on a care plan and changes are communicated to staff. Management described examples of sharing information about a consumer’s condition, needs and preferences with other health professionals and other support services and staff. Documentation showed evidence of information sharing with relevant services and individuals.

Consumers and representatives from each service confirmed the consumers have been supported to connect with other services and expressed satisfaction with timely follow up from referrals. Staff discussed how referrals are considered and discussed. Management described how the services provide urgent referrals to support consumers when circumstances indicate the need. Documentation showed evidence of timely referrals.

Consumers from each service expressed satisfaction with provided equipment, stating is suited their needs. Staff described how they assisted consumers with the purchasing and fitting of equipment for planned activities. Management explained that care staff will attend appointments with external equipment providers with consumers to achieve consumer informed decision making around safe and suitable equipment purchases. Documentation showed staff assisted consumers with sourcing and obtaining suitable equipment for the consumer’s use.

In relation to HCP, based on the information summarised above, I find the provider in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4, Services and supports for daily living. Requirement 4(3)(f) is not applicable for the HCP funded services.

In relation to CHSP, based on the information summarised above, I find the provider in relation to the services assessed, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4, Services and supports for daily living. Requirement 4(3)(f) is not applicable for the CHSP funded services.

# 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers for each CHSP service reported feeling welcomed and safe when attending social support group activities. Staff explained the services ensure consumers feel welcome by greeting consumers by their preferred names and engaging in conversation. Management stated new consumers were given extra time to tour the facilities, have conversations about their interests and background and were introduced to other consumers. Management described how the services provide personalised invitations to themed events which provide consumers a sense of belonging. Observations showed the service environments were accessible and welcoming.

Consumers for each CHSP service stated they were happy with the service environments. Staff confirmed consumers could go outside when they wished, with comfortable and shaded sitting areas available. Staff and management described processes used to record incidents and near misses to manage risks related to the service environments. Management described the processes used to ensure the environments were regularly cleaned and safe for consumers. Observations showed consumers could move freely through the environments and the environments were safe, clean and well maintained.

Staff described processes to monitor kitchen, computer, gymnasium and entertainment equipment for safety and cleanliness, with electrical items tested and tagged annually. Staff described processes to report maintenance issues. Management described the cleaning schedules in place to ensure a safe, clean and well-maintained environment. Observations showed staff disinfecting furniture and equipment regularly.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 5, Organisation’s service environment, for HCP and CHSP.

# Standard 6

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| 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

Consumers and representative from each service confirmed they know how to provide feedback and make complaints. Management stated consumers and representatives were informed regularly about how to provide feedback, compliments, suggested improvements and complaints. Management state complaints can be received through various means, including written or verbal or through the provider’s website. Documentation showed information about how to provide feedback and make complaints is included in the consumer’s folder and there is a complaints policy and procedure.

Consumers and representatives from each service stated they received information about complaint processes, advocacy services and interpreting services and the details are included in the consumer’s home folder. Documentation showed each service provides consumers with a handbook at commencement of their services with information about other avenues for raising complaints, advocacy services and interpreting services included.

Consumers and representatives from each service confirmed the services respond to complaints to their satisfaction. Management discussed the complaints process and advised each service is guided by the organisation’s feedback and complaints handling policy and procedure. Management and advised and staff confirmed, staff attended open disclosure training at orientation and through refresher training. Documentation showed the services follow the organisation’s complaints process, open disclosure is used, and appropriate action is taken in response to complaints.

Staff advised they have access to a new application where they can record complaints and incidents which assists the staff to report feedback directly on behalf of the consumers. The organisation monitors feedback and complaints from each service. A quarterly report includes complaint, feedback and compliments analysis, with trends identified. The services implement changes to services to address trends in complaints and feedback.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 6, Feedback and complaints, for HCP and CHSP.

# 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

Consumers and representatives from each service reported staff arrive on time and have enough time to complete their tasks. Staff reported each service undertakes workforce planning to understand the number and mix of staff they require to meet consumer needs and preferences. Management explained each service considers consumer growth areas, the level of care and complex needs of consumers and staff diversity to meet consumer preferences. Documentation showed service schedules were allocated to regular, ongoing staff for individual consumers.

Consumers and representatives from each service described staff as kind, caring and respectful of the consumer’s culture and identity. Staff described the needs and preferences of each consumer to whom they provide care and services and provided examples of how they treat consumers with respect. Documentation showed consumer culture and preferences were identified in assessment and care planning documentation across each service and there are mechanisms in place to investigate and resolve complaints about staff disrespectful conduct, including allocating experienced staff with instructions to build professional relationships. Staff were observed interacting with consumers in a kind and respectful manner.

Consumers and representatives from each service expressed satisfaction with the staff providing care and services, stating they are competent and perform their roles effectively. Staff described the processes used by the services to ensure staff have the required competencies to perform their roles. Management described the processes used to determine staff suitability. Documentation showed each service maintains staff compliance, qualifications and competency information, with processes in place to ensure maintenance of these records.

Staff described how the services provide an induction program and ongoing training and support. Management explained how training needs are identified through incidents and complaints and various other activities including feedback, supervision and performance reviews and internal quality audits. Documentation showed a training matrix and training schedule for mandatory training, recording staff training completion.

Consumers and representatives from each service reported the services regularly seek feedback on the staff delivering care and services. Staff reporting engaging in monthly supervision and undertaking annual performance reviews. Management described the process for monitoring and reviewing staff performance through monthly supervision and annual performance reviews. Documentation showed staff performance is consistently reviewed.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with all Requirements in Standard 7, Human resources, for HCP and CHSP.

# Standard 8

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| 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. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not Compliant | 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. | Not Compliant | Not Compliant |

Findings

Requirement 8(3)(c)

The Assessment Team assessed this Requirement Not Met across all services, as the services did not demonstrate effective systems and processes in relation to information management for HCP and CHSP funded services and regulatory compliance for HCP funded services. This related to inconsistent processes to manage and monitor consumer information and 2-hour services required for consumers receiving care and services from subcontracted workers without assessed needs for 2-hour services. The Assessment Team recommended the provider had effective organisation wide governance systems for continuous improvement, financial governance, workforce governance and feedback and complaints. The Assessment Team provided the following evidence relevant to my finding:

In relation to information management:

* Consumer information was found to be stored in several different locations, and not consistently in the consumer’s electronic file.
* Management explained the organisation had implemented a new electronic client management system in May 2024 but noted due to issues with the synchronisation of rosters and other issues, the organisation made the decision to return to the previous system until the issues were resolved with the system vendor.
* The Assessment Team noted the prompt response and action from the governing body and each service to address the implementation issues. However, the organisation and each service did not evidence effective or consistent use of the information management systems in place.
* Documentation showed task lists and care directives to internal and external staff did not provide clear directives to support consumer care and service delivery (see Requirement 2(3)(d)).

In relation to regulatory compliance:

* The Assessment Team identified subcontracted service providers required consumers to have a minimum 2 hour service delivery, which was impacting on the consumer’s funding and may not support consumers to access their assessed needs.
* Management acknowledged the service delivery shift times were a challenge where HCP care and service delivery is provided by a subcontracted service provider and the minimum 2-hour expectation for subcontracted staff, based on the Social, Community, Home Care and Disability Services Industry (SCHADS) award.
* The Assessment Team spoke with consumers whose funding had been impacted by the 2-hour minimum service arrangements for subcontracted staff, including where consumers wanted additional services but there was not enough funding to support it because of current services allocated for 2-hourly blocks.
* All services provided under the CHSP program were provided by internal support workers and were not subject to minimum 2-hour service blocks.

The Assessment Team found effective organisational wide governance systems were in place for continuous improvement, financial governance, workforce governance and feedback and complaints. This included management advising and documentation showing, service improvements implemented through continuous improvement processes, governing body oversight of the organisation’s financial position, workforce governance processes to ensures staff are trained and supported to perform their roles, and feedback and complaints processes which are used to identify opportunities for improvement.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation the review and refine process for management of client information project had been initiated to implement a filing system across all HCP programs, involving a review of the current hybrid filing system involving paper and hard and digital and soft forms of documentation management. The project has a goal of achieving a ‘single source of truth’ for consumer information management.
* Explanation the Quality Audit occurred one month after the organisation implemented the new information system and the organisation was still transitioning over to the new system at the time of the Quality Audit. Issues associated with inconsistency of filing had already been identified internally and processes for improvement were being implemented at the time of the Quality Audit.
* Explanation the minimum 2 hours service delivery expectations were reviewed and a review of the schedule of fees was undertaken to capture ‘client charges will occur for service time accessed which will be in line with assessed care needs.
* Evidence the change to the schedule of fees had occurred.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows a deficit in information management for HCP and CHSP and regulatory compliance for HCP.

I have considered the intent of the Requirement, which expects providers to have organisation wide governance systems in place to help to improve outcomes for consumers. I find this did not occur for HCP and CHSP consumers in relation to information management and for HCP consumers in relation to regulatory compliance. Care plans were not comprehensive and holistic and HCP consumers receiving care and services from subcontracted workers were expected to have a minimum 2-hour service even though the assessed needs did not indicate 2-hour services were required. The SCHADS award is for staff to be paid for 2 hours shifts at a minimum. Care and services should be provided for consumers on assessed need, not for minimum service hours.

I acknowledge actions taken by the provider to address the identified deficits. However, time is required to ensure the changes address the deficits identified across all services provided and result in a systemic and identifiable improvement and any existing issues identified and resolved.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

In relation to CHSP, I find the provider, in relation to the services, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirement 8(3)(d)

The Assessment Team assessed this Requirement Not Met across all services, as the services did not demonstrate effective risk management systems and practices including managing high impact or high prevalence risks. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team identified monitoring and review of wounds, skin integrity, swallowing issues, pain or restrictive practices was not consistently occurring, and there was a lack of a risk register which impacted the governing body’s oversight capacity in relation to these consumer risks.
* Documentation provided for staff guidance was inconsistent for consumer risks, including equipment requirements, medical conditions or changed behaviours.
* Documentation showed monitoring and review processes for HCP consumers were not consistently used or not available.
* The organisation does not maintain a risk register for consumers for risks associated with various identified risks and does not effectively identify or record restrictive practices in place for consumers.
* Management described how the organisation responds to concerns of elder abuse and neglect and how each service supports consumers to live the best life they can.
* Management advised, and documentation showed, the service has an incident management system, including staff training and maintenance of an incident register and management process to guide reporting, recording, responding and reviewing incidents.
* The Assessment Team did not provide evidence to show CHSP services did not meet this requirement.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation that as part of the organisation’s internal processes for quality and continuous improvement, at the commencement of 2024, the HCP services were assessed by the internal audit team against the Commission’s 5 key areas of risk. This internal audit identified areas for improvement and a project plan was developed and approved, with work commencing prior to the Quality Audit in July 2024.
* Explanation draft policies were presented to the Assessment Team during the Quality Audit to address the consumer risks identified.
* Explanation the project will take the focus of further refining assessment and care planning processes.
* Explanation a process for data collation of high impact, high prevalence risks has been refined. This encompasses changes made to the clinical governance risk reporting process commencing at the beginning of the six month period July to December 2024.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows a deficit in managing high impact, high prevalence risks.

I have considered the intent of the Requirement, which expects providers to have systems and processes to help them identify and assess risks to the health, safety and wellbeing of consumers. I find this did not occur as the organisation did not consistent guidance for staff to manage and monitor high impact, high prevalence risks. This is related to HCP services only. Evidence against CHSP services was not presented in the Assessment Team’s report.

I acknowledge actions taken by the provider to address the identified deficits. However, time is required to ensure the changes address the deficits identified across all services provided and result in a systemic and identifiable improvement.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(d) in Standard 8, Organisational governance.

In relation to CHSP, I find the provider, in relation to the services, compliant with Requirement (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

The Assessment Team assessed this Requirement Not Met across all services, as the organisation did not reference minimising the use of restraint or antimicrobial stewardship in the clinical governance framework and there was a lack of effective management oversight and associated monitoring systems for restrictive practices. The Assessment Team provided the following evidence relevant to my finding:

* While the organisation maintains a clinical governance framework informed through policies and procedures, the clinical governance framework did not reference minimising the use of restraint or antimicrobial stewardship.
* A HCP consumer with current bed pole in place and incorrectly identified as restrictive practice, with community restraint forms incorrectly completed and saved in consumer folder.
* Case managers acknowledgement of having HCP consumers with bed rails in place, with no restrictive practice documentation of this in their care plans.
* Management confirmed that while case managers can complete restrictive practices consent form with consumers, consumer file reviews showed these are recorded only within the consumer’s individual file, which does not enable effective governance oversight on identified restrictive practices.
* Management acknowledged consumers across all service IDs may have restrictive practices in place though each service does not maintain a register to monitor their continued efficacy.
* Management stated, and documentation showed, the organisation was developing an improved clinical governance framework and would immediately implement a restrictive practice register and associated monitoring system.

The provider’s response included the following information and evidence relevant to my finding:

* Explanation that in immediate response to the Assessment Team feedback about restrictive practices and antimicrobial stewardship, the clinical governance framework was reviewed and updated to reflect policies and procedures about restraint management and infection control.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which shows a deficit in restraint management.

I have considered the intent of the Requirement, which expects providers to have systems in place to manage how restraints are used. I find this did not occur for HCP and CHSP consumers as the organisation did not have processes in place to manage and monitor restrictive practices.

I acknowledge actions taken by the provider to address the identified deficits, including updating its clinical governance framework to include information about restraint management and infection control. However, time is required to ensure the changes address the deficits identified across all services provided and result in a systemic and identifiable improvement, including staff training and reviewing existing consumer documentation.

In relation to HCP, I find the provider, in relation to the services, non-compliant with Requirement (3)(e) in Standard 8, Organisational governance.

In relation to CHSP, I find the provider, in relation to the services, non-compliant with Requirement (3)(e) in Standard 8, Organisational governance.

Requirements 8(3)(a) and 8(3)(b)

Consumers and representatives confirmed they can provide feedback and input into the development and provision of consumer care and services through an annual consumer survey, completing feedback forms or contacting the service directly. Staff reported they find the services to be well run. Management described a project which captures consumer feedback in various ways, including through meetings with consumers. The governing body is provided with reports from this project. Management also discussed the consumer advisory committee which provides feedback for consideration by the governing body to inform continuous improvement. Documentation showed consumer feedback and advisory groups inform continuous improvement actions across the services.

Management described how the governing body is provided with information and reports including clinical and financial data trends and analysis reports on incidents and complaints, with the governing body providing feedback regarding potential service improvements. Management explained information is reported through relevant committees to the governing body. The governing body maintains oversight of the quality of subcontracted services with the organisation seeking feedback from consumers and undertaking annual reviews with subcontracted providers and maintaining contracts. Documentation showed the governing body is provided with regular reports on clinical and financial data and legislative changes are considered in governance meetings.

Based on the information summarised above, I find the provider, in relation to the services assessed, compliant with Requirements (3)(a) and (3)(b) in Standard 8, Organisational governance, for HCP and CHSP.

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