**Performance**

**Report**

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| Name: | 3Bridges Community Incorporated |
| Commission ID: | 200859 |
| Address: | 1/72 Carwar Avenue, CARSS PARK, New South Wales, 2221 |
| Activity type: | Quality Audit |
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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: 5158 3Bridges Community Limited  
Service: 19376 3Bridges Community Incorporated  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7576 3Bridges Community Limited  
Service: 23989 3Bridges Community Limited - Care Relationships and Carer Support  
Service: 23990 3Bridges Community Limited - Community and Home Support

**This performance report**

This performance report for 3Bridges Community Incorporated (**the service**) has been prepared by J Zhou, 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 November 2023.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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.

* 2(3)(a) Take steps to ensure the provider’s current assessment and planning processes in relation to this Requirement is improved to achieve compliance against this specific Requirement under the Quality Standard.
* 2(3)(b) The combination of strengthened care planning information that includes end of life planning where applicable together with the fact that the service’s staff already has awareness of its consumer cohort’s likes and dislikes (see Standard 1) would be advantageous.

# 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

All Requirements are found compliant with Quality Standard 1 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Treating consumers with dignity and respect and value their identity, culture, and diversity

Sampled consumers and/or representatives told the Assessment Team they felt respected by staff through the delivery of care and services.

Management provided examples of treating consumers with dignity and respect and valuing their identity, culture and diversity. For example, the Manager for Social and Dementia Support Programs, advised how the service works with consumers to understand their history, unique life experiences and preferences to shape activities delivered at the service. For this service, it means trivia questions are tailored to the consumer’s history, valuing their identity.

Providing care and services that are culturally safe for consumers

Staff interviewed spoke to the importance of delivering care and services in a culturally safe way. Staff explained cultural safety as being ‘respectful of any cultural barriers’ a consumer holds. Home care workers informed the Assessment Team of how they adapt care and services to meet cultural needs and preferences for consumers.

The Manager for Social and Dementia Support Programs explained how the service ran a ‘Dragon Boat Festival’. Management identified the significance of the event for consumers studied the cultural meaning behind dragon boating to tailor the event, valuing consumers culture.

This demonstrates the service has an understanding of culturally safe care and provided examples of working with consumers and/or their families to understand their cultural preferences to provide culturally safe care and services.

Demonstrating a commitment to enable consumers and their representatives to be supported through exercising choice and control and decision making over their services

Consumers and/or representatives felt that the service involved them in having choice and making decisions about their care and services. Representatives spoke to their involvement in decision making when applicable and to how the service supports consumers to maintain relationships of choice.

The Assessment Team noted the initial intake process involves a meeting with consumers and their family to gain an understanding of their needs and wants. Management explained how this informs the care and planning processes and provides education to consumers and their families of service offerings.

The Manager for Social and Dementia Support Programs spoke to the development of social support groups and programs are with the involvement of consumers. ‘We have a strong focus on making sure they have control and choice’, ‘when they come here, the program is to encourage conversations, and build independent relationships.

Encourage consumers to make and maintain connections with community, and relationships of choice

Consumers and/or representatives felt that the service involved them in having choice and making decisions about their care and services. Representatives spoke to their involvement in decision making when applicable and to how the service supports consumers to maintain relationships of choice.

In discussion with the Manager of Intake and Assessment, the initial intake process was explained, involving a meeting with consumers and their family to gain an understanding of their needs and wants. Management explained how this informs the care and planning processes and provides education to consumers and their families of service offerings.

This demonstrates the service’s process for assessment and planning and spoke to how the service supports consumers, and people of their choice, to make decisions about their own care and the way care and services are delivered.

Providing care that supports consumers to take risks to enable them to live the best life they can

Consumers and/or representatives feel supported by the service to participate in care and services of their choice. Representatives explained that they felt consumers were encouraged to remain independent to enable them to live the best life they can.

Staff demonstrated an understanding of supporting consumers to remain independent and take risks and were able to provide the Assessment Team which explains if this in practise when delivering care and services. For example, one home care worker spoke to informing consumers of the risk involved when choosing their care and services and advised of how they would record this in consumer’s progress notes and further contact their manager.

This demonstrates the service supports consumers through informing them of the risks and possible consequences involved in their decisions.

Providing information that is easily understand for consumers and their representatives and further provide clarification

Representatives highlighted the service’s improvements to the monthly statements they receive. The Assessment Team was advised of statements being easy to understand, receiving them monthly. Representatives also explained that the service will communicate with them to understand the care and services and supports consumers need when changes are made.

Management gave an example of the following process in play when they notified of changes to service prices. Management explained that consumers received a letter three months in advance explaining the increase in prices. Further, management demonstrated the ability to support consumers and/or representatives to understand information provided by the service and how they would tailor this to consumer’s individual needs.

This demonstrates the service has an understanding of supporting consumers and/or representatives to understand information provided by the service.

Ensures each consumers privacy is met during interactions with staff, management, and during provision of care

Staff demonstrated an understanding of consumer privacy through the delivery of care and services. Staff spoke to not discussing consumers with other consumers and ensure privacy is maintained. Staff provided the Assessment Team with examples of protecting consumer information and how they respect consumer privacy when delivering care and services such as asking people to remove themselves from the area into another room prior to delivering say a showering service.

With respect to the protection of private information the service demonstrated the use of policies and procedures to inform consumer privacy.

These included:

* Aged Care Services Policy Manual Policies, Policy One, Rights and Responsibilities inclusive of:
* Without compromising confidentiality, staff can describe strategies for supporting consumers to communicate their preferences as to how they want their privacy maintained (including personal information, space, and how they are treated or cared for).
* Staff can also give examples of how individuals’ privacy is maintained during the delivery of care and services. e.g., in delivery of personal care supports.
* Staff can show they clearly understand the importance of confidentiality and describe (relevant to their role) how they collect, use and communicate any personal information while maintaining consumer privacy.

# 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. | Not 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Compliant Requirements

2(3)(c)

The Assessment Team heard evidence from a consumer that they felt their care worker ‘always explains’ what is happening and they feel their likes and dislikes are used by the service in planning their care.

The Assessment Team viewed consumers support plans which provided evidence of the involvement of consumers and others. For example, a consumer’s (CHSP and HCP 3) support plan mentioned the involved of their spouse and their role and responsibilities are clearly outlined as enduring guardian. Additionally, this consumer’s support plan listed details of medical professionals such as their general practitioner and geriatrician.

The assessment team also noted the following practices:

* Assessment and planning processes are conducted as a partnership with consumers and other relevant individual or organisations and complement pre-existing assessments (such as an ACAT assessment 1).
* Care and services plans are fully documented and reflect the outcomes of discussions with consumers (and others as appropriate) which have resulted in the best choice of care or services to benefit health and well-being.
* In terms of communication between organisations - when two or more organisations, individuals or service providers share a consumer’s care and services, or where there are integrated services, the care and services plan and outcomes from assessment and planning are shared. Information sharing happens promptly and comply with obligations relating to privacy of information.

2(3)(d)

The consumers and/or representatives told the Assessment Team they felt the service effectively communicated and explained information about their care and services including their care and support plans.

The Assessment Team found this view was corroborated by talking with case managers who described their on-going communication with consumers and their families when referring to the assessment and planning process. Case managers demonstrated the ability to support consumers through communicating the outcomes of assessment and planning.

This demonstrated the service’s ability to support consumers through communicating the outcomes of assessment and planning.

2(3)(e)

Consumers and/or representatives felt comfortable to contact the service to request changes to their care and services.

Furthermore, the Assessment Team found evidence that care plans are updated when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Case managers further demonstrated an understanding and explained the process of communicating significant changes to consumers circumstances to staff delivering care and services. Staff spoke to the process to raising changes to consumers circumstances through communicating with their team leader who will communicate with the care managers and consumers to update care planning documents

For instance, the Assessment Team spoke with a consumer recently experienced a fall. Their support plan dated 7 February 2023 included an updated note on the 9 September 2023 advising of the recent fall and mitigation strategies put in place to increase their mobility.

Non-compliant Requirements

2(3)(a)

The Assessment Team noted sampled support plans mentioning the completion of some assessment tools with description of the outcome to inform safe and effective care and services. However, the Assessment Team noted that there was an absence of evidence provided for the completion of the Falls Risk Assessment Tools (FRAT) for consumers identified as falls risks.

For example:

* A consumer’s (HCP 3) Support plan dated 9 August 2023.
* A consumer’s (HCP 2) support plan dated 12 August 2023.
* A consumer’s (HCP 3) Support plan dated 7 February 2023.

The Assessment Team acknowledged the services ‘Continuous Improvement Plan’ highlighting a review of the ‘Risk Assessment Template, Process, Framework and Policies’.

On this basis, I find the provider’s current assessment and planning processes in relation to this Requirement needs improvement before compliance can be found against the Quality Standard.

I note the provider acknowledged these deficits and is working on a plan of continuous improvement.

2(3)(b)

The Assessment Team presented evidence in its report that care plans reviewed do not provide sufficient detail due to consumer’s goals and preferences being generic, providing limited detail to capture all consumer’s current needs and preferences. As advised by management, all care plans reviewed did not show evidence of advanced care planning or end of life planning. The service does not have a process in place however some case managers encourage consumers to discuss advanced care planning and end of life planning with their GP.

It is acknowledged that the service is transitioning to a new client management system where care plans are currently being updated. However, not all care plans identify and address the consumer’s current needs and/or barriers to meet their needs. Due to this transition some care plans were generic, providing limited details to address the consumer’s current needs, goals and preferences.

The combination of strengthened care planning information that includes end of life planning where applicable together with the fact that the service’s staff already has awareness of its consumer cohort’s likes and dislikes (see Standard 1) would be advantageous. However, the evidence against this Requirement presently shows deficits remain.

I note the provider acknowledged these deficits and is working on a plan of continuous improvement.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

The service does not provide personal or clinical care to its CHSP consumers so the findings only relate to their HCP consumers.

All Requirements are found compliant with Quality Standard 3 for HCP consumers because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Ensuring systems are in place for the delivery of safe and effective personal and clinical care through assessing clinical needs by qualified registered nurses and the provision of safe clinical care through their own registered nurses (RN) and subcontracted registered nurses, when needed

Consumers and/or representatives sampled through interviews confirmed the service takes time to assess and understand their care needs and care staff consider individual preferences when providing direct care.

Staff from the Allied Health Team advised they track the delivery of all clinical care through assessments and regular reviews by their own nursing staff and through regular clinical meetings.

In addition to the initial comprehensive assessment conducted by case managers, nursing assessments are also conducted for all higher-level consumers and those with identified clinical care needs.

Specific health management plans are developed as needed as part of the care planning process for specific conditions, for example diabetes. Nursing and allied health staff keep up to date with best practice through professional memberships, regular Continuing Personal Development (CPD) for their re-registration process and organisational information and advice.

Enabling high impact and high prevalent risks to be identified and managed through assessment, care reviews and ongoing monitoring

Case managers, team leaders and allied health staff provided examples where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. Referrals can be made for medication reviews and behaviour support plans are developed as needed. Alerts are also able to be put in the Lumary electronic system regarding individual consumer risks.

The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers. The incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. Care planning documentation reflected individual consumers risks are recorded and services tailored to minimise these risks.

Care workers advised the service is good at following up on any incidents or hazards they report. There is also a non-response process they follow. Care workers were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans or assessment documentation. Care workers advised they have completed some dementia training as part of their role.

Consumers and/or representatives provided positive feedback with regards to individual risks identified regarding consumers.

The service takes into account the consumer needs and preferences as well as having a process for managing end of life preferences

Consumers and/or representatives interviewed did not all recall advanced care planning and end of life being discussed, although some said they thought they remembered it being included. discussions with case managers and team leaders reflected that the topic is not usually discussed as part of the initial assessment process. Staff said the nursing staff would conduct additional assessments and complete necessary documentation at this stage.

Allied health staff advised they have processes in place around managing advanced care planning and end of life wishes of consumers and would liaise with palliative care teams as needed and ensure relevant documentation was completed at this time. They would also liaise with care workers as needed to ensure they had adequate skills to provide the services needed.

A gap was identified regarding the provision of advanced care planning information to consumers and the recording of consumers’ wishes through the assessment process, however this has been addressed in Requirement 2(3)(b).

On the totality of the evidence before me, I find that when the need arises, the service responds to changes in services and addresses consumers’ preferences as part of that process. Otherwise, the service is recognising the needs, goals and preferences of its consumers during the delivery of their care.

Monitoring for deterioration or change when presented by the consumers receiving services

Consumers and/or representatives said referrals have been made as changes occur that warrants this extra step taken. Examples were given where referrals had been made to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs.

Care workers confirmed they inform case managers regularly about the consumer’s overall health and wellbeing and note any changes to this, in both progress notes and verbally when needed. They said follow up occurs quickly when things are reported. Following care reviews, they are then notified of any changes in care. They said they are updated when changes are made to needs or services following care reviews.

Care is reviewed regularly and reviews were noted in care plans sighted. Progress notes are also submitted by care workers and calls made for urgent concerns or emergency situations, with allied health staff and case managers also completing regular case notes. Examples were provided of consumers where deterioration or incidents had been identified and suitable actions taken.

For instance, following a hospital stay, a consumer (HCP 3) had a fall that resulted in skin tears requiring further assessment. The consumer was provided with wound care and an occupational therapist (OT) referral to address their increased needs and made recommendations regarding mobility and equipment to assist them to recover at home. A referral to a podiatrist was made for footwear. Relevant documentation was sighted on his file confirming the above actions.

Coordinating services as information about the consumers conditions, needs and preferences are documented and shared with relevant others

Consumers and/or representatives said they do not have to repeat the same information to new care staff. This indicates care staff are effectively communicating their needs and preferences amongst themselves.

Care workers also said they complete regular progress notes, which are submitted into the electronic system and this was evidenced on consumer files sighted and confirmed by discussion with case managers. They may also receive phone contact from the case managers from time to time and said they have access to updated care documentation.

The case managers and team leaders described how changes in a consumer’s care and services are communicated within and outside the service, with those sharing care of the consumer, and are fully documented on their file.

Care plans contained updates regarding services added to the care plan, including referrals to allied health and purchase of equipment, and noted care plan review dates. In many cases updates were of a high frequency.

Minimising infection related risks through its practices

Consumers and/or representatives interviewed confirmed care workers wash and sanitise their hands during services.

Care staff advised they had completed training on COVID, the use of PPE and general infection control. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health daily and check the health of consumers when attending to provide care.

Management advised COVID had impacted on the delivery of services to consumers, however noted the situation has now improved.

The allied health team advised they encourage minimising the use of antibiotics where possible and will refer the consumer/representative to seek advice from their general practitioner (GP) and can also refer them for medication reviews by a pharmacist.

# 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 | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

All applicable Requirements are found compliant with Quality Standard 4 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Providing consumers with effective supports for daily living that enable them to live independently. Consumers and representatives confirmed this occurs and provided examples of the way the service enable them to participate in their community and to experience a good quality of life

Consumers and/or representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through MAC, such as OTs when needed, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding care staff helping them do the things they want to do through in-home or community based social support services.

Case managers and team leaders were able to provide examples of how services are consumer focused and tailored to consumer goals and preferences. Care plans were noted to be written in a way that is consumer focused and included their individual interests, needs and preferences, including any personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Making sure care staff have a good understanding of the consumers they care for and what was important to them

Consumers said care workers check how they are on each visit and if they have any concerns will report this to the coordination staff. They also provided positive feedback on how being socially connected also helps them emotionally.

Coordination and nursing staff also demonstrated a good knowledge of individual consumers’ needs, personalities and interests and were able to give examples of how they meet the emotional, spiritual and psychological needs of consumers.

Consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

Ensuring services and supports assist each consumer to maintain their participation in the community

Consumers and/or representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them, the care workers will take them wherever they wish on their social support services.

Care workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. They felt their rostered time gave them enough time to meet the needs of their consumers and build a good relationship to meet their emotional needs.

Coordination staff gather information on consumers’ life stories and social needs on entry to the service and this was noted in care planning documentation, which care workers can access. They said this was so important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf or transport them to visit friends or relatives.

Timely and appropriate referrals are made for home care packages and upgrades to meet their needs

Consumers and/or representatives were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. They knew care workers reported back regarding aspects to ensure their safety, such as when they did not respond when care workers came to provide service or when they were ill and workers may call an ambulance for them.

Care workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as provide mobility help while out in the community. They also said they are provided with updated information as care needs change and have access to consumers’ care plans and complete regular progress and/or provide verbal feedback to coordination staff. They advised case managers are quick to act on anything they have reported.

Providing meals of adequate and quantity

Consumers at both locations were observed to be enjoying food and drinks provided whilst at the centres.

Meals are provided to consumers attending centre-based services only (CHSP). Centre-based services have processes in place to ensure food safety. Staff serving food in the centres have completed food safety training and were observed using PPE. Management advised menus consider individual needs and preferences and are suitable for diabetics and any special food requirements are considered on the day the individual attends, for example if they are vegetarian or do not like a particular food. A dietary list was sighted in the kitchens of a social support group and the respite centre noting individual food requirements.

Providing equipment that is safe, suitable, clean and well-maintained

Some consumers and representatives advised they had received equipment through their HCP to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. They said they can also claim the costs of maintenance when needed through the package.

Care staff advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the coordination staff. They also receive information on any aids the consumers may use either at home or when accessing the community.

Details are included in care planning documentation and relevant referrals are made to occupational therapists who will recommend suitable equipment. Trials of equipment are usually then organised for consumers to ensure they are happy with it before purchase.

# 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 | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Not applicable |

Findings

The service does not provide a physical service environment to its CHSP consumers so the findings only relate to their HCP consumers.

All Requirements are found compliant with Quality Standard 5 for HCP consumers because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Providing a welcoming service environment that optimises each consumer’s sense of independence, inclusiveness, and sense of belonging

During observations the Assessment Team saw several consumers participating in trivia with a theme of ‘Back to the 50’s Babe’. The service environment was welcoming, easy to understand, and optimised each consumer’s sense of belonging, independence, interaction, and function.

During trivia, consumers were observed seated in a large room, free of obstacles to allow for independent movements by consumers. Consumers were seated in the middle of the room around two large tables. The positing of the tables enabled consumers to interact with each other and staff. Consumers walking aids were placed near them enabling independence while allowing others to move around freely around them. Consumers were provided with light snacks and refreshments during the activity. Music was playing which was tailored to the consumers preferences and the activity chosen. The Assessment Team captured laughs and observed consumers actively engaged in the activity provided.

Ensuring the service environments are safe, clean, and well-maintained, comfortable and easy to understand allowing consumers to move freely

According to the Assessment Team, all rooms observed in the service environment were observed to be clean and well-maintained. Spaces used by consumers were bright, allowing safe opportunities for movement by consumers.

The service environment consisted of a kitchen where staff were observed to be preparing lunch for consumers. Staff wore gloves when preparing and serving food. The kitchen was observed to be clean and well maintained. Further spoken to in Standard 4.

Bathrooms were observed to be clean, well-maintained, and included grab rails to support consumers comfortability and independence.

Maintaining fittings and equipment that is suitable, safe and clean consumer use

The service has multiple vehicles to support consumers to attend the service environment. Vehicle options vary such as the availability of smaller cars and large busses, to ensure they are suited for consumers individual mobility needs. The Assessment Team viewed one bus at the service environment. The bus included a ramp to support consumers mobility requirements, a fire extinguisher and was observed to be clean and well maintained. Management advised of staff requirements to drive the larger buses and spoke to the services processes to ensuring transportation is safe and well maintained.

# 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

All applicable Requirements are found compliant with Quality Standard 6 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Encouraging consumers, their representatives, and others to provide feedback and make complaints

The Assessment Team reviewed the consumer welcome pack, complaints/feedback register that evidenced 7 complaints and 14 compliments in the past 6 months, complaints/feedback policy and procedure. Consumers and/or representatives interviewed said that they are encouraged to raise concerns, are aware on how to do this and would feel comfortable doing so. Staff described how consumers and/or representatives and others may provide feedback via the form in the welcome pack, a phone call to the service the consumers case manager or the general manager.

Supporting consumers in accessing advocacy, language services, or the external aged care complaints service

Staff confirmed consumers and/or representatives have been made aware of, and have access to, information about advocacy, interpretating services and complaints mechanisms from the initial assessment and the consumer welcome pack. Staff advised that they could provide support and guidance where needed and required. Documentation was also sighted that included consumers right to access these services including advocacy services such as Older Persons Advocacy Network (OPAN) and Senior Rights Service. Consumers and/or representatives interviewed confirmed they have been made aware of their right to use an advocate through advocacy services, language services and other external methods for raising complaints.

Taking appropriate action in response to complaints utilizing the process of open disclosure and regularly reviewing or using feedback and complaints to improve the quality of care and services

The feedback and complaints register record two complaints regarding quality of care and staff. The Assessment Team followed a line of enquiry and was satisfied with the response of the service. Consumers and/or representatives interviewed said the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through satisfaction surveys, verbally through support workers or directly to staff by phone, email or in person. Staff spoke highly of the workforce, planning and engagement department who welcome their feedback and complaints and feel confident and safe to voice their ideas and opinions to improve the quality of care and services.

# 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

All applicable Requirements are found compliant with Quality Standard 7 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Ensuring the workforce is planned to enable the delivery and management of safe and quality care and services

The Assessment Team found evidence that regular rosters ensure consumers have their preferred support workers scheduled as per their request. When a support worker is unable to attend, they give the consumer as much notice as possible and the opportunity to request a different day or time, or different support worker if they choose. Consumers and/or representatives confirmed this occurred.

A dedicated workforce engagement team leader manages and supports the support workers to ensure delivery of safe and quality care. Staff said that during business hours they contact their team leader and/or work force planning and engagement manager and outside of business hours the on-call service is available to answer queries and provide guidance.

The service has subcontractors for every individual service that is provided to consumers therefore the service has had no cancelled shifts in the last 6 months. The service ensure number of staff availabilities for shifts are rostered to ensure consumer services and preferences are appropriately delivered.

Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity

Consumers and/or representatives interviewed said staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding choice of care worker and timing for their services. The Assessment team observed staff participating in phone calls and interacting with consumers that appeared to be conducted in a kind, caring and respectful manner.

All consumer files reviewed indicated a use of respectful language to each consumer and their individual circumstances, policies and procedures also included reference to respect and staff behaviours.

All staff confirmed they have received relevant training. Human resources complete and conduct all relevant checks prior to potential staff being offered an interview.

Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles

Consumers and/or representatives interviewed said they feel staff know what they are doing when they interact well with them and feel as though they can have their questions about services answered confidently.

Management described having a recruitment and initial onboarding process to ensure that the workforce hired is competent to perform their roles. Recruited staff who do not have relevant qualifications specific to their roles must be willing to undertake the necessary training. All relevant qualifications for staff are recorded in the rostering electronic system and matched with consumer preferences and needs

Policies and procedures are in place regarding staff recruitment, induction and ongoing training and information to be provided to staff, for example, individual job descriptions. A range of training records were sighted regarding Orientation/induction, Infection prevention and control, including COVID-19 training modules and elder abuse, Serious Incident Response Scheme (SIRS), hazard identification and management, cultural diversity, and manual handling.

Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes

Management advised that all staff must complete mandatory training during onboarding and induction, the team meetings evidence the face-to-face training delivered and demonstrates ongoing training and support are offered to all staff throughout the year.

Staff training included a range of items relevant to the aged care standards including all work health and safety modules, diversity and inclusion, and infection control. The Assessment Team confirmed, through discussions with staff and review of training records, that all staff have completed training in the last 12 months based on their role.

Management advised of a new role created as a senior support worker that will assist with recruiting, onboarding, complete spot checks, training support workers through face to face and on the job training. The role has been filled with an experienced support worker and will commence on the 4 October 2023.

Completing regular assessment, monitoring and review of performance of staff members.

Consumers and/or representatives said they felt staff were trained well and always treated them with respect.

The Assessment team reviewed sample of a performance management procedure and process and appraisals for coordination and care staff, which had been completed recently, and included sections completed by the employee and their respective line manager.

Management advised the service has regular performance management system in place for ongoing monitoring and reviewing of the performance of each staff member.

# 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. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Not applicable |

Findings

All applicable Requirements are found compliant with Quality Standard 8 because the Assessment Team observed and/or analysed corroborated evidence which showed the service was:

Ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement

Consumers and/or representatives interviewed said they have been given information on the various ways they can provide feedback and said they feel comfortable doing so. They gave examples of feedback provided, including support groups, meal quality and several staff compliments.

Staff said they think the service is well run and management is responsive to consumer feedback, particularly regarding feedback received about staffing. Staff said the service is flexible to assigning support workers to meet the requests of consumers.

Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery

The governing body remains accountable for the delivery of quality care and services by remaining informed of delivered services and key risk areas through regular reporting to the board on risks, incidents, complaints and feedback. Any identified risks have strategies developed to mitigate the risks (documented on risk treatment plans) and are reviewed and updated regularly as needed. A range of risks for consumers were also noted to be included on the organisation’s risk register.

Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints

* information systems are structured and monitored at an organisation level, the service has a centralised information management system for consumer information/records, organisational human resources (HR) utilise an electronic system for sub-contractors and staff information management system. The service is currently transferring data to an electronic platform that will manage complaints and incidents, policies, education. Access to systems is password protected and information is accessed based on delegated role and responsibilities within the organisation.
* Management advised complaints and feedback, incidents and SIRS data feed into the CPI that is discussed at staff, management and board meetings. The Assessment Team sighted the continuous improvement plan, which is monitored by management for progress. The lists issues identified and source of the item, for example, whether discussed at a meeting or identified through audits or complaints/feedback received.
* Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. Case managers have oversight of the consumers budget and expenditure, and this is reviewed regularly and discussed through upper management meetings and reports provided to the governing board. Relevant documentation, meeting invites and minutes as well as registers were sighted in reports and meeting minutes to evidence the above processes.
* All staff are provided with adequate training, both mandatory and ongoing, to support them in their role. Staff are also supported by the coordinators/managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly. For further information please refer to Standard 7.
* Management advised all relevant changes regarding regulatory compliance and changes to legislation are communicated to the board bi-monthly, board members and senior staff are supported to attend industry conferences. The service has current membership to peak bodies.
* The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed consumers complete satisfaction surveys regularly and feel comfortable providing feedback verbally through coordination staff. This was evidenced through viewing the complaints/feedback register.

Using effective risk management systems and practices, including managing high impact rinks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents

The service has processes in place to manage risks associated with the care of consumers. The service keeps a risk register, which also includes identified consumer risks. Where individual consumer risks are identified these monitored by the relevant department such as allied health for clinical care and risk and compliance for incidents with escalation to relevant department management when required. Information on risks is trended and reviewed by management on an ongoing basis and information is also reported to the board. The incidents register is reviewed on a regular basis and demonstrated all incidents are being actively monitored by staff and staff are in regular contact with high-risk consumers, and management are aware of the status of the risk.

The service was able to demonstrate the process followed when an incident or near miss occurs. Staff discussions indicated they are familiar with the process and the relevant policies and procedures in place. Some were able to give examples of incidents they had reported and advised appropriate actions had been taken by coordination staff and management to follow up and ensure the consumer’s safety by referring them for additional services and/or conducting reviews of their needs.

Clinical governance framework and associated governance requirements

The service demonstrated ensuring antimicrobial stewardship. Currently qualified staff and nurses administer medication. The Assessment Team noted relevant staff have completed mediation management training, staff are vaccinated in line with government requirements minimising the need for antimicrobial use.

The organisation has a safety and wellbeing of consumers policy and identifying and responding to allegations of abuse which describes different forms of abuse the procedure and roles and responsibilities of staff/board. The complaints and feedback policy include advocacy information to support good outcomes for consumers.

Staff and management interviews and a review of consumer documentation and feedback and complaints actions demonstrate a good understanding of the principles of open disclosure that is in line with the complaint’s resolution and handling process. Staff confirmed they have completed mandatory training in open disclosure.

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