KA Aged Care

Performance Report

474 Liverpool Road
STRATHFIELD SOUTH NSW 2136
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**Commission ID:** 201318

**Provider name:** Jessica Education Centre Pty Ltd

**Quality Audit date:** 10 August 2020 to 11 August 2020

**Date of Performance Report:** 25 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

All consumers and representatives interviewed said consumers are treated with respect and dignity, their privacy is maintained and that staff support consumers to live the life they choose. The service and staff actively support consumers to exercise choice through the delivery of services and these services encourage and support consumer independence in their daily lives.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The organisation is committed to providing support and services in a dignified and respectful manner that reflects the consumer’s identity, culture and diversity. Almost all consumers are from a Korean background and all those interviewed said their culture is valued and services are provided in a friendly and respectful manner.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The organisation demonstrated that it understands and applies this requirement in various ways, and also monitors and reviews its performance.

Review of assessments show that on entry to the service consumers’ cultural needs are identified and this is reflected in their care plan and in the delivery of care and services. Consumers and representatives said they are satisfied their cultural requirements are identified and met within the service. Staff are given information on the specific needs or consumers and could describe ways they cater to their cultural needs.

### Requirement 1(3)(c) Compliant

*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.*

Consumers and representatives interviewed said they are able to make decisions about their services and are able to contact the service to discuss their services or provide feedback. During the initial assessment with a registered nurse information about the services available is provided to the consumer, and if they are involved, their representatives and options discusses. The care plan is developed and discussed to ensure the consumer understands what services they are receiving before signing the agreement. Several consumers attend day centres run by other providers that offer appropriate cultural activities, as part of their packages, to enable them to make connections with others and maintain relationships of choice.

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

During the initial assessment any risks associated with the clinical wellbeing of the consumer are identified such as falls risks, serious medical conditions cognitive

abilities and sensory needs. The “Key to Me” is completed which asks if there are any limitation/barrier for the consumer to enjoy and achieve goals and interests.

A Home Safety Check is completed when a consumer is starting with the service. Systems in place, such as reviews are used to ensure ongoing safety. Care workers are advised to report any risks, including hazards and incidents, to their supervisor immediately for an action plan.

### Requirement 1(3)(e) Compliant

*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.*

All consumers and representatives interviewed said they receive the information they need and are free to make their own choices. Consumers are given a handbook which includes information on advocacy, complaints and other brochures. Consumers have a home file which includes the staff sign sheet, progress notes, charter of aged care rights, “I have concern”, care plan and agreement. Representatives interviewed said they receive monthly invoices said they are satisfied with these as they are clear and easy to follow. Care files also showed information about consumers was current and individualised and issues raised in progress notes dealt with appropriately.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The service undertakes various actions to ensure privacy of consumer information is maintained including; providing consumers with option of nominating a representative or emergency contact with whom personal information can be shared; keeping consumer information secured; information gathered is treated confidentially and is only disclosed with the consumer’s permission.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

KA Aged Care has systems for initial and ongoing assessments for care and services. This includes planning in partnership with the consumer and a focus on optimising health and well-being. The service has ongoing monitoring systems to ensure assessments and care plans are current and reflect the services delivered.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The service has a system for assessment that includes reference to My Aged Care (MAC) assessments which was seen to provide a benchmark of assessment information for the development of a care and/or services plan. Staff said they consider the consumers’ needs and ensure the consumer is given information that assists them to decide on the care and services important to them.

### Requirement 2(3)(b) Compliant

*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.*

The assessment process remains ongoing following initial assessment, identifying current needs, preferences and the settings of care and service goals for each consumer. This is reviewed if the consumer’s condition changes.

The organisation is sensitive towards the cultural aspects of the Korean community and understand consumers sensitivities about their end of life directives. Information regarding Advanced care planning was sent to consumers and representatives via the newsletter and consumers contacted following this process to develop their individualised Advance Care Plan.

### Requirement 2(3)(c) Compliant

*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.*

The organisation demonstrated understanding and application of this requirement along with processes for monitoring and reviewing consumer needs, goals and preferences. A registered nurse organises the assessment and encourages the consumer to have family and/or representatives who would like to be part of the assessment process. A representative interviewed said they are consulted regarding their parent’s care and services. Further, they discuss with their parents who they would like to choose to be involved in these discussions or to speak with on their behalf. In regard to consumers’ decisions and choices they work actively together as partners and update any changes in their care plan. Consumers are encouraged to sign their assessment, care plan and agreement once they consider they are fully informed and feel comfortable signing the agreement. As a standard procedure the service receives medical summaries from general practitioners and recommendations from health professionals when developing the care plan.

### Requirement 2(3)(d) Compliant

*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.*

Consumers who require a care plan have one in their home and it is written in such a way that consumers understand. Staff discuss this with each consumer when the plan is developed and when it is reviewed. Consumers are encouraged to sign their assessment, care plan and agreement once they consider they are fully informed and feel comfortable signing the agreement.

### Requirement 2(3)(e) Compliant

*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.*

Documentation showed, and management confirmed services are reviewed at least third monthly and sooner if required, with face-to-face reviews with each HCP occurring at least annually. The service applies a range of triggers which will initiate review sooner, such as a change in condition, deterioration in cognition or health function, a change in living circumstances, request by the consumer or where changes in care needs cannot be met within budget. Management and coordinators were able to describe the processes used to communicate care and service delivery to consumers, how care plans are formed in partnership with consumers, regularly reviewed, and where required, updated.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The clinical coordinator (registered nurse) conducts clinical assessments, care planning and care delivery around specialised clinical care including wound management, continence care, behavioural support, diabetes management and nutrition. The service uses best practice guidelines which are regularly reviewed and updated as required. Care plans were seen to be individualised with clear goals, interventions and treatment outcomes. Risk or potential risk in care and services was seen to be identified and managed to ensure safe delivery of care and services. There are systems to ensure the deterioration of consumers (physical, cognitive, or mental health) is picked up, addressed and managed in a timely way. Infection control procedures were seen to be in place including a strategy to manage the current COVID-19 outbreak.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The registered nurse conducts clinical assessments, care planning and care delivery around specialised clinical care including wound management, continence care, behavioural support, diabetes management and nutrition. They use best practice guidelines that are regularly reviewed and when required are updated by the clinical governance team. Care plans were seen to be individualised with clear goals, interventions and treatment outcomes. Clinical assessments build on MAC or other allied health diagnoses and assessments. It then incorporates subjective input from the consumer around needs and how they see their condition, observation by the registered nurse or care staff and information gathered through direct interview. The collected information is analysed and in consultation with the consumer a care plan is implemented. This includes identifying measurable outcomes and defined nursing interventions. Regular review is built into the process through ongoing consultation with the consumer.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service has a comprehensive system for assessing risk factors such as high-impact and high-prevalence risk for their consumers. This is through assessment and review processes by allied staff specialised in identifying and managing a range of risk factors. Processes for monitoring outcomes for high impact and high prevalence risks were effective.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

At the time of this visit the service did not have any consumers requiring end of life care or any who had recently required this service. Management advised that Korean consumers generally do not wish to discuss end of life care. Information regarding end of live was developed in Korean and English for both the Advanced Care Plan and End of Life Plan so consumers could read the information if they wished and this provided the basis for further discussion. Families of two consumers submitted Advanced Care Plan and End of Life planning for their family member. The service has a process for debriefing the team at the end of a consumer’s life to ensure the palliation provided was effective and also consider if there could be any improvements in the service delivery.

### Requirement 3(3)(d) Compliant

*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.*

The service has structures for ongoing review of consumers emotional well-being, mental health, cognitive and physical function. Staff monitor this on an ongoing basis and report any changes to their management. Actions to address this include timely referrals. Where a consumer has experienced deterioration in their condition and actions are taken to address this; these actions will be reviewed for effectiveness. This can be reported up for further review including through the clinical governance structure to ensure appropriate care was provided and the deterioration was picked up in a timely manner.

### Requirement 3(3)(e) Compliant

*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.*

The service has systems for ensuring information about the consumer’s condition, needs, and preferences is documented and communicated within the organisation, and others where responsibility is shared with the permission of the consumer. Care files show clear information around consumer needs, preferences, care delivery including exceptional reporting in progress notes. Where care responsibility is shared, such as through a general practitioner or allied health professional, there are systems in place to ensure this is in consultation with the consumer and of benefit to their ongoing care. A care coordinator advised working in partnership is based on current information that supports the ongoing delivery of care and is relevant to individual consumers. A review of care plans showed clear reports and communication between the service and other health professionals.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Consumers are referred to health professionals or other providers if required in a timely and appropriate manner and records of the referral, assessment and interventions are maintained in the consumers care file or electronic record. The need for the referral would be firstly identified and clarified with the consumer and/or

representative. If information is provided by a health professional following referral, this is integrated into the consumers care plan.

### Requirement 3(3)(g) Compliant

*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.*

The infection control program includes surveillance of staff practices, staff education regarding infection control measures, strategies to monitor and control infection risks, and contingency plans to manage infection outbreaks. Risk reduction measures include the use of standard precautions such as hand washing and gloving where appropriate, and access to personal protective equipment. The Assessment Team observed good practice and verified there were systems and processes in place, to minimise infection related risks including standard precautions.

Antimicrobial stewardship centres around the care coordinator (registered nurse) providing an advisory role on the use of antibiotics and an education roll on this to consumers and their representatives. KA Aged Care also ensures they provide similar advice and ongoing training on their expectations of antimicrobial stewardship to others involved in the care of consumers such as general practitioners, pharmacists and nurses.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service was able to demonstrate each consumer receives safe and effective services and supports for daily living which meets a consumer's assessed needs goals and preferences and encourages independence, health, well-being and quality of life. KA Aged Care and subcontractors deliver services and supports in a safe and effective way, including risk management processes in service delivery.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

The service was able to demonstrate it delivers safe and effective services and meets the consumer’s needs, goals and preferences. During the initial assessment, the care manager who is a registered nurse collects comprehensive information about the consumer including their medical, functional, social-economic and cultural background. The care manager discusses the goals and preferences with the consumer or representative in order that the services provided will optimise their independence, health, well-being and quality of life. Care plans are reviewed regularly to ensure they continue to meet the needs of consumers and services are altered as needed*.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

KA Aged Care was able to demonstrate its services actively support daily living in a way that enables each consumer’s emotional, spiritual and psychological well-being. In initial assessments these aspects are discussed and key information identified significant to the consumer to support delivery of care and services. Care staff deliver a person-centred approach and as they are bi-lingual this enables effective communication and trust building with consumers. Staff make “satisfaction calls” to consumers about once or twice a month to check how they are going and ask if there are any concerns.

### Requirement 4(3)(c) Compliant

*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.*

The service demonstrated its services enable consumers to actively participate in their community of choice, supports consumers in the personal and social relationships and to do things which are of interest to them. KA Aged Care works closely with the Korean Community, which reflects the majority of the KA consumers, so consumers are given opportunities to mix in the community. Staff said initial assessments identify the key information important to the individual consumer. This includes people important to them, what they like to do and want to do. Programs and goals are formed with the consumer to ensure these needs can be met as far as possible within the criteria of the services they receive. Regular reviews are carried out to ensure services and supports continue to be effective in supporting the consumer to have social interactions and do things of interest to them.

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

The service has systems in place to ensure the consumer’s condition, needs and preferences is communicated both within the organisation and with others where there is a shared care responsibility. KA Aged Care receives consent from the consumers when sharing the consumer information to external bodies and it is only used to support appropriate care and services. Representatives said they are satisfied with how the service manages the communication of consumers’ information.

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

During the initial assessment and development of a care plan the care manager may identify any other support services which could be of benefit to the consumer. Examples provided include podiatry where the podiatrist attends the consumer’s home, remedial massage, chiropractor, counselling services, physiotherapy and attending day activity centres. Progress notes shows referral to appropriate services and referrals are recorded in the consumer’s file.

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

Several consumers are provided with pre-packaged Korean ready to eat meals, from a supplier who delivers the meals weekly or fortnightly as requested by the consumer. There have been no issues with the meals and consumers are pleased to receive culturally suitable choices. Several consumers also receive nutritional supplements to assist with weight management. Some consumers receiving home services described the assistance they receive from care staff with meal preparation which includes discussing the menu/recipe, shopping for ingredients, preparing and cooking the meal and serving it.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

During the initial assessment and on an ongoing basis the registered nurse assesses the need for equipment to support the consumers’ independence and wellbeing. Care documentation showed consumers have been able to purchase a variety of equipment to support their independence to enable them to live safely at home. There is an equipment register and a “clients equipment maintenance schedule and cleaning”. Equipment is checked by care workers during visits and on an annual basis. Clear instructions are given to consumers prior to the use of equipment.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed considered they are supported to give feedback, they are engaged in processes to address their complaints and appropriate action is taken is a timely manner. They are aware of their right to complain free from reprisal and have their complaints dealt with fairly and promptly.

Staff are encouraged to see concerns, suggestions or complaints as opportunities for improvement. All concerns, suggestions or complaints received must be acknowledged politely, with courtesy and the information treated confidentially and respectfully. All formal complaints are overseen by management to ensure open disclosure processes occur in a timely manner and to the satisfaction of the consumer.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The service demonstrated effective understanding and application of this requirement. Consumers, their family, friends, carers and others are encouraged and

supported to provide feedback and make complaints through multiple mechanisms including feedback forms, annual consumer surveys, focus group meetings and directly to management or service staff. All staff are educated in feedback and complaint management systems and have access to relevant comprehensive policies and procedures, education and resources. Consumers and representatives confirmed they feel safe in raising concerns and are aware of feedback systems available to them including internal and external complaints mechanisms.

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The service demonstrated effective understanding and application of this requirement. Consumers are provided verbal and written information at service commencement about accessing advocates, language services and other methods for raising and resolving complaints. Most consumers and staff are Korean speaking. Many documents and resources are provided in the Korean language and consumers can communicate with staff to assist with interpreting information as required. Other advocacy and interpreter information is provided in the consumer agreement, consumer handbook and service brochures. Consumers and representatives confirmed they were given information and have access to advocates.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the Assessment Team confirmed appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service/care manager described how staff are educated in the feedback and complaint management systems which include open disclosure principles. Examples described included how an apology is made immediately if something goes wrong, timely discussions occur to agree with the consumer and/or representative on how to remedy what went wrong, timely actions are implemented and recorded and follow up occurs to ensure the consumer and/or representative are satisfied. Management’s approach to open disclosure aligns with the open disclosure principles, elements and

process support as outlined in the Australian Open Disclosure Framework developed by the Australian Commission on Safety and Quality in Health Care.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the Assessment Team confirmed feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives confirmed changes are made as a result of feedback and complaints. Consumer complaints are registered on the complaint register and the plan for continuous improvement to monitor appropriate actions are completed in a timely manner. The Assessment Team reviewed the complaints register and plan for continuous improvement evidencing consumer complaints result in improvements to services in a timely manner.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives said staff know what they are doing, provide safe quality care and that the service is well run. Staff are always on time to deliver services and treat them with respect and dignity. Consumers confirmed that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Information contained in training program records, recruitment documentation, credential registers, performance reviews and staff rosters demonstrated the workforce is sufficient, skilled and qualified to provide culturally safe, respectful, quality care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the Assessment Team confirmed 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

Consumers and representatives said staff know what they are doing, provide safe quality care and that the service is well run. Staff are always on time to deliver services and treat them with respect and dignity. Staff are very obliging and willing to accommodate them. Care and services can be adjusted easily to suit their needs and preferences. Rosters, position descriptions, roles and responsibility assignments and the plan for continuous improvement were reviewed and information contained in those documents confirmed the workforce is planned to enable delivery of safe quality care and services.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the Assessment Team confirmed staff interactions with consumers and kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives said staff know what they are doing, provide safe quality care and always treat them with respect and dignity. Korean staff speak their language, understand their culture and know what is important to them.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the Assessment Team confirmed staff have the qualifications and knowledge to effectively perform their roles. Consumers and representatives said staff are capable, know what they are doing and provide safe quality care and services. Documentation and explanation evidenced appropriately qualified staff are recruited, police checks conducted, orientation completed and ongoing education provided to all staff.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The service demonstrated effective understanding and application of this requirement. Consumer feedback, staff interviews and documents reviewed by the

Assessment Team confirmed staff are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Consumers and representatives said staff are capable, know what they are doing and safe quality care and services. There was no negative feedback indicating care workers or other staff required more training. Staff confirmed they are trained, provided with safe equipment and personal protective equipment and supported by the service to deliver safe quality care and services that meet the Quality Standards.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service demonstrated effective understanding and application of this requirement. Staff interviews and documents reviewed by the Assessment Team confirmed the performance of each staff member is regularly reviewed. The service/care manager described the staff appraisal documentation and how it guides the formal process. Care workers confirmed that informal and formal appraisal of their performance occurs and they strongly agree that the service supports their performance development.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. They are aware of feedback and complaints systems and how to request changes to improve service delivery. The service’s governance systems support effective regulatory compliance, clinical governance and risk management. It has reviewed and implemented policies and procedures which reflect the Quality Standards, including restraint, antimicrobial stewardship and open disclosure. The organisation demonstrates they have systems in place to engage consumers in the development and improvement of safe quality care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Examples included consumers and representatives actively directing care and services with care workers. The plan for continuous

improvement and complaints register evidenced several examples of engagement with consumers and representatives in improving services.

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The service’s management committee demonstrated it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There are comprehensive policies and procedures which have been implemented which are reviewed regularly to ensure the service meets the Quality Standards. There is a strategic and business plan promoting culturally and linguistically diverse people, consumers’ dignity respect and choice, promoting community engagement and meeting and exceeding the Quality Standards as priorities. The management committee ensures the Quality Standards are being met within the service through its reporting mechanisms.

### Requirement 8(3)(c) Compliant

*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.*

Staff interviewed confirmed they have the information they need to deliver effective care and services. The organisation has policies and procedures on the organisation’s information management and relevant resources in the eLibrary which is accessible to all staff.

The service identifies opportunities for improvement through input from consumer feedback, complaints, focus groups, staff suggestions and review of clinical data and incidents. The service regularly updates its self-assessment against each of the requirements of all the Quality Standards. A clinical governance framework has been implemented and customised for home care package services. The service has developed and implemented a comprehensive risk register and management plan.

The service has an annual budget including for expenditure on workforce and equipment. The managing director oversees all operational and financial decision. Staff interviewed said they have the equipment and supplies needed to provide the care and services required by consumers.

The organisation has a human resources office that supports the service in the recruiting and management of its workforce. Refer Standard 7 for further details.

The service has processes for identifying changes to legislation. They align policies and procedures with these changes and communicate changes and train relevant staff at the service. A compliance calendar outlines the service’s key requirements, responsibilities and timeframes to ensure regulatory compliance.

### Requirement 8(3)(d) Compliant

*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.*

The service has a comprehensive risk register and management plan including the role of the governing body who ensure the health and safety of the consumers, staff and the service. There are policies and procedures to ensure effective management of high impact and high prevalence risks including a clinical governance framework customised for home care. There are specific strategies for critical incident management including staff training and education for identifying and responding to abuse and neglect of consumers. The service’s model of care supports consumers to live the best life they can.

### Requirement 8(3)(e) Compliant

*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.*

The service has policies and procedures and a clinical governance framework customised for home care service to address antimicrobial stewardship, minimising restraint and open disclosure. Clinical governance strategies include the service partnering with consumers and representatives to support appropriate use of antibiotics and antimicrobial stewardship. The service currently has no consumers that are chemically restrained. The service has resources and education for effectively managing people with challenging behaviours including specific behaviour and confusion management as described in their Aged Care Emergency Care Manual. The service applies and understands open disclosure.