Southcare Packaged Care CACP

Performance Report

54 Bickley Crescent   
MANNING WA 6152  
Phone number: 08 9450 6233

**Commission ID:** 500048

**Provider name:** Southcare Inc

**Quality Audit date:** 9 March 2022 to 11 March 2022

**Date of Performance Report:** 7 April 2022

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2038.

# Services included in this assessment

**Home Care Packages (HCP):**

* Southcare Packaged Care Level 3, 23515, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care CACP, 19235, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care EACH, 19236, 54 Bickley Crescent, MANNING WA 6152
* Southcare Packaged Care EACH D, 19237, 54 Bickley Crescent, MANNING WA 6152

**Commonwealth Home Support Programme (CHSP):**

* Domestic Assistance, 4-87C7RTE, 54 Bickley Crescent, MANNING WA 6152
* Social Support - Individual, 4-87D77PQ, 54 Bickley Crescent, MANNING WA 6152
* Home Maintenance, 4-87D77HS, 54 Bickley Crescent, MANNING WA 6152
* Transport, 4-87C7RQK, 54 Bickley Crescent, MANNING WA 6152
* Flexible Respite - Care Relationships and Carer Support, 4-87C7RXB, 54 Bickley Crescent, MANNING WA 6152
* Personal Care, 4-87C7RNQ, 54 Bickley Crescent, MANNING WA 6152

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Not Compliant | | |
|  | | | CHSP | Not Compliant | | |
| Requirement 2(3)(a) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(b) | HCP | | Not Compliant | |
|  | CHSP | | Not Compliant | |
| Requirement 2(3)(c) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(d) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 2(3)(e) | HCP | | Compliant | |
|  | CHSP | | Compliant | |

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| --- | --- | --- | --- | --- | --- | --- |
| Standard 3 Personal care and clinical care | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 3(3)(a) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(b) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(c) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(d) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(e) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(f) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Requirement 3(3)(g) | | HCP | | | Compliant |
|  | | CHSP | | | Compliant |
| Standard 4 Services and supports for daily living | | | | | | |
|  | | | HCP | Compliant | | |
|  | | | CHSP | Compliant | | |
| Requirement 4(3)(a) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 4(3)(b) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 4(3)(c) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 4(3)(d) | HCP | | Compliant | |
|  | CHSP | | Compliant | |
| Requirement 4(3)(e) | HCP | | Compliant | |
|  | CHSP | | Compliant | |

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement 4(3)(f) | HCP | | Not Assessed |
|  | CHSP | | Not Assessed |
| Requirement 4(3)(g) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 6 Feedback and complaints | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 6(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 6(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Standard 7 Human resources | | HCP | Compliant | |
|  | | CHSP | Compliant | |
| Requirement 7(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 7(3)(e) | HCP | | Compliant |
|  | CHSP | | Compliant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
|  | | CHSP | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(b) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(c) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(d) | HCP | | Compliant |
|  | CHSP | | Compliant |
| Requirement 8(3)(e) | HCP | | Not Compliant |
|  | CHSP | | Not Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, against the Aged Care Quality Standards (Quality Standards). The Quality 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 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 quality audit report received 30 March 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP Compliant

### 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

The assessment team interviewed several consumers and their representatives, who provided feedback and explained in different ways:

* The service, and the staff providing supports, encourages consumers sense of independence, making choices and promotes feelings of inclusion.
* The practises of service staff support consumers and their representatives to engage and communicate. Consumers feel their background and preferences are understood by service staff.
* Consumers and their representatives explained in different ways that the care and services they receive are provided in a respectful and dignified way. Confidence was expressed when consumers were asked if they could raise issues with service management.
* Consumers and representatives described their service delivery occurring in ways that are individualised to their needs.
* Consumers and their representatives believe the service has processes and systems to guide staff in ensuring personal and private information is safely secured.

The assessment team interviewed service staff, reviewed organisational information, and consumer care documentation. The following was noted:

* Service staff access individualised information pertinent to each consumers culture and identity to support consumers in living the life they choose.
* When interviewed, service staff demonstrated knowledge of communicating effectively with consumers and representatives, providing examples of responding to consumers choices with respect.
* Service management and staff demonstrated an understanding of supporting consumers decision making, including their right to take risks. Where a consumer wishes to take risks, their choices are respected. Where necessary, discussions occur between staff and the consumer or representative to find ways to support the consumer’s choices and maintain their independence and dignity.
* Consumer choice and independence enabling systems and processes are imbedded in the service, evidenced by a variety of documents reviewed by the assessment team.
* Numerous service documents evidenced that consumers are given tools to assist them in understanding the information provided to them, including provisions for the service to provide opportunities for further explanation in response to consumers individual needs.

The quality standard for HCP is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The quality standard for CHSP 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) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### 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

The assessment team interviewed several consumers and their representatives, who provided feedback and explained in different ways:

* Consumers described ways they felt like partners with the service in the ongoing assessment and planning of their care.
* Consumers and representatives are informed of assessment and planning outcomes and are invited to meet with service coordinators to confirm that individual needs and preferences have been captured.
* Consumers and their representatives can discuss care requirements with the service at any time. Changes are made to consumer care plans to reflect this when it occurs.
* Consumer care plans are available in individuals homes and are updated annually or when there are changes in needs or preferences, however consumers explained that they are not provided with opportunities to discuss their individual goals with service.

The assessment team reviewed service systems, processes, documentation, and interviewed service staff. Evidence of the service guiding staff practice in developing care plans in collaboration with consumers was demonstrated.

* The service demonstrated processes that ensure consumer information is incorporated into care plans and subsequent service delivery.
* Information regarding end of life wishes was evidenced to be discussed with consumers and documented, to inform and guide staff practice.
* The assessment team evidenced that the service did not have established systems or processes in place to gather information or identify each consumer’s individual goals. Additionally, the assessment team found no evidence of processes to identify when consumer goals are achieved or when to review of goals is required to improve outcomes for consumers.
* This included no guidance to lead discussions in identifying discussing individual and specific consumer goals. The assessment team found that all consumers of the service had no goals recorded in their care plans.
* Service processes and staff practice support the review and alteration of care plans in accordance with consumers changing needs.

In the services response to the assessment teams report, it was evidenced that measures have been implemented since the quality audit occurred to address one requirement found to be not compliant. While these measures are assessed as being positive, pro-active and responsive, at the time of the quality audit, the service did not evidence compliance against all requirements.

The quality standard for HCP is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

The quality standard for CHSP is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

At the time of quality audit, the service did not evidence established or effective systems to discuss and identify individual goals with all consumers. Subsequently, the assessment team found no evidence of consumer goals being identified, discussed or documented in consumer care plans. The service has a large cohort of consumers and to establish a system, train relevant staff, amend consumers care plans, and hold consultation with consumers, will take a period of time.

In its response to the assessment teams report, the service demonstrated that revision of assessment processes is underway to incorporate consumer goals into consumer care planning. This included the implementation of revised assessments and a commitment to review consumer goals and incorporate them into care plans.

While the approved provider has committed to addressing the identified non-compliance, at the time of the quality audit, consumer assessment and care planning did not identify or address consumers goals.

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| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |
|  | CHSP | 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.*

# STANDARD 3 Personal care and clinical care

# HCP Compliant CHSP Compliant

### 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 assessment team interviewed several consumers and their representatives, who provided feedback and explained in different ways:

* Feedback demonstrated that consumers and representatives consider they receive personal care and clinical care that is safe and right for them, and they feel they are provided timely personal and clinical care the way they like it.
* Consumers have access to clinical specialists to manage complex health needs, or when an incident affects their health and function.
* Consumers explained they see health specialists for routine treatments like occupational therapy or podiatry.

The assessment team interviewed service staff, reviewed organisational information, and consumer care documentation. The following was noted:

* Service processes and staff practices guide collaboration with consumers and their representatives. Subsequently service delivery caters to each consumers health and well-being requirements. Additionally, the assessment team evidenced relevant consumer information being shared with other services when requested or required to do so.
* Service processes evidenced the application of industry best practice in relation to specialist healthcare management. A review of escalation pathways to report changes in consumer conditions and/or recognising consumer health deterioration, evidenced subsequent reviews and referrals had been made to appropriate third-party services.
* Service staff demonstrated an understanding of supporting consumers preferences when interviewed by the assessment team and explained various ways they do this when delivering services.
* Service processes demonstrated procedures and equipment is in place to minimise infection related risks. Policies and procedures relating to infection control and outbreak management are recognised and understood by service staff.

The quality standard for HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The quality standard for CHSP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

**Assessment of Standard 3 Requirements**

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| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | 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.*

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| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | 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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### 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 assessment team interviewed several consumers and their representatives, who explained in different ways:

* Consumers feel supported to get the services they need, even when that means receiving services from other businesses. Consumers described feeling supported to do things they want to do.
* Examples given by consumers described ways the service provides them ways to optimise their independence. The effective communication of service staff was noted as being collaborative and helps consumers identify what they need to stay independent and maintain any spiritual, emotional, or social needs they have.

The assessment team interviewed service staff, reviewed service information, and consumer care documentation. The following was noted:

* Service processes and staff practices generally demonstrated the recording of relevant information, including consumers preferences. However, the assessment team evidenced that in assessment and care planning processes, consumer goals were not identified, recorded, or continually reviewed.
* The service has processes to ensure consumers are provided with opportunities to source equipment if there is a need. Supporting processes for equipment maintenance were noted.
* The service evidenced processes to ensures consumers are referred to other agencies to initiate additional, independent support when required. Information about a consumer’s third-party service is shared with their representative and any relevant stakeholders.
* Service staff demonstrate understanding various measures available in consumers communities and described how this enables consumers to engage in the activities they value, in turn promoting their health and well-being.
* Service staff demonstrated an understanding of how consumers being supported in participating in meaningful activity fosters connections with culture, spirituality, and psychological well-being.

In its response to the assessment teams report, the service demonstrated that revision of assessment processes is underway to incorporate consumer goals into consumer care planning. This included the implementation of revised assessments and a commitment to review consumer goals and incorporate them into care plans.

I consider than on balance, while consumer goals were not explicitly addressed in service planning at the time of the quality audit, the evidence presented by the assessment team indicates service practises meet consumer needs and effectively optimises consumer independence, health, and quality of life. Service staff demonstrated that while consumer goals are not recorded in planning documentation, they are somewhat considered in the usual provision of supports and services.

I find this standard compliant.

The quality standard for HCP is assessed as compliant as six of the seven specific requirements have been assessed as compliant. One requirement was not assessed.

The quality standard for CHSP is assessed as compliant as six of the seven specific requirements have been assessed as compliant. One requirement was not assessed.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | 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.*

Findings

The assessment team evidenced non-compliance under Standard 2, Requirement 2(b), relating to the identification, recording, and assessment of consumer goals.

While it is evident that at the time of quality review the service did not have established and compliant processes in relation to Standard 2, the assessment team evidenced various areas the service demonstrated the following:

* Interviews will all sampled consumers and their representatives, indicated satisfaction with service staff who provide their day to day services. Consumers shared that they feel the service understands what is important to them.
* Consumers and representatives expressed confidence in both service staff and service management for their responses to changes in services, referrals to health professionals and others as needs changed. This included care planning and service provisions being adjusted in accordance with consumer needs.
* Interviews with service management and service staff demonstrated that staff held knowledge of matters of consumer importance and identified the significance this had to individual consumers. This included detailed information which had been effectively communicated and shared.

On balance, I consider the evidence on hand demonstrates that while established goals have not been discussed and documented for consumers, the service responds and supports consumers in living the life they wish, and that optimises their independence, health, well-being and quality of life.

I have considered the information in the assessment team’s report, the services response, the services compliance propensity, and the services willingness to address non-compliance identified in Standard 2 and find this requirement compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Assessed |
|  | CHSP | Not Assessed |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### 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

The assessment team conducted interviews with several consumers and their representatives, who provided feedback and explained in different ways:

* Consumers and representatives feel they can make complaints, and provide feedback to the service, and they also feel that the service listens and takes action.
* Consumers and representatives described the service taking an open disclosure approach to dealing with complaints when they arose. Feedback indicated the service was responsive and receptive.
* Consumers and representatives are aware of more than one way to provide feedback and provided examples of being able to speak with staff, send emails or letters, or escalate concerns externally.

The assessment team interviewed service staff, reviewed systems, policies, and consumer care documentation. The following was noted:

* Information is provided to consumers and representatives on advocacy, external organisations, government bodies, and interpreting services to support people in providing feedback and raising concerns.
* Service policies and process guide staff and provide timeframes to resolve complaints. Service staff explained service processes and described how complaints and feedback are managed in line with service policy.
* The service has a register for feedback and complaints which is monitored and reported against in management meetings where actions are agreed upon and improvements are made.
* The Service board is provided a report on all feedback received, including trends and analysis.
* The service demonstrated a transparent approach to dealing with complaints in line with the principles of open disclosure, however, staff were unable to explain what open disclosure was, despite using it. Additionally, they could not describe how open disclosure linked with the resolution of complaints made.

The quality standard for HCP is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The quality standard for CHSP 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) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 7 Human resources

# HCP Compliant CHSP Compliant

### 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

The assessment team interviewed various consumers and their representatives, who explained in different ways how the service provides them care and how its people and workforce do their jobs:

* Consumers and representatives described that overall, they get safe, quality care and staff are skilled at what they do. Staff are kind and caring.
* Consumers and representatives expressed positive comments when speaking about service staff and mentioned that staff seem to have enough time to complete tasks without being rushed.
* Consumers and representatives generally indicated that adequate staff are available to deliver their services the way they like them.
* Some consumers provided feedback that when staff have not been available because of unplanned leave, the service contacts them and arranges a replacement staff member or reschedules their service.
* Some consumers provided feedback to service management about staffing matters and felt confident their concerns were addressed.

The assessment team interviewed service staff, reviewed service policies and procedures, and consumer care documentation. The following was noted:

* The service has orientation, training, and performance management framework in place to assess, monitor and review the performance of its workforce.
* The service has imbedded processes to maintain adequate staff levels. This includes subcontracting services where required for specific services.
* Rostering processes are considered established and delivery of services was noted to align with consumers needs and preferences. Service staff explained they have enough time to complete the delivery of care and services.
* The service regularly reviews the skills, qualifications and competencies of its workforce.
* Service staff described their interpretation of services policies and provided examples of being training and education by the service to do their role effectively.
* The service has measures in place to ensure qualified staff monitor consumers clinical care.
* Human resource reports are provided to the executive and board, including any issues related to the workforce for action.

The quality standard for HCP is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The quality standard for CHSP 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) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

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

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### 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

The assessment team interviewed various consumers and their representatives, who provided feedback and explained in different ways:

* There are many ways that consumers and representatives can contact the service and provide feedback, and because of how the service communicates with them, they feel like they can partner with the service to make things better.
* Consumers receive the care and services they need and because their needs are met, they believe the service is well run.
* Consumers explained how they are involved in reviewing and evaluating their services. They described being encouraged to provide feedback in different ways, including a survey.

The assessment team interviewed service staff, reviewed policies, procedures, and consumer care documentation. The following was noted:

* The service’s governing body has established processes that demonstrate its accountability for providing overall governance. Service staff described in interview different ways they are consulted when policy changes are proposed, developed, and implemented. Service documentation reviewed by the assessment team corroborated this.
* The service has governance systems in place to monitor its information systems, continuous improvement framework, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* The services governance processes identify roles and responsibilities and define reporting and escalation pathways. Service staff described their understanding of these systems to the assessment team with competence.
* The service has a risk management system for the management of high impact and high-prevalence risks associated with the care of consumers. Staff guidance and management strategies are included as part of this policy suite.
* Staff demonstrated knowledge and awareness of elder abuse and associated incident reporting requirements.
* The service has a clinical governance framework in place, however, at the time of quality audit this did not include minimisation of restraint or antimicrobial stewardship. Staff were unable to explain their understanding or describe the meaning of; minimisation of restraint or antimicrobial stewardship, in relation to their roles. An open disclosure policy was noted at the service, however staff explained they had not received training on the principles of open disclosure.

In the services response to the assessment teams report, it was acknowledged that at the time of quality audit, clinical governance framework omitted antimicrobial stewardship and minimising the use of restraint. Additionally, acknowledgement was shared regarding the absence of staff training relevant to open disclosure.

The quality standard for HCP is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

The quality standard for CHSP is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Compliant |
|  | CHSP | 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*
4. *managing and preventing incidents, including the use of an incident management system.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not 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.*

Findings

The service has a clinical governance framework in place, however, at the time of quality audit this did not include minimisation of restraint or antimicrobial stewardship.

The assessment team found that during interview, staff were unable to explain their understanding, or describe the meaning of; minimisation of restraint or antimicrobial stewardship, in relation to their roles. An open disclosure policy was noted at the service, however staff explained they had not received training on the principles of open disclosure.

In the services response to the assessment teams report, it was acknowledged that at the time of quality audit, its clinical governance framework omitted antimicrobial stewardship and minimising the use of restraint. Additionally, acknowledgement was shared regarding the absence of staff training relevant to open disclosure.

It is recognised that the service undertook prompt action to implement new policies and staff training programs related to the findings of the assessment team, however, at the time of quality review these were not in place. Systemic changes to the services governance framework require further quality assessment, including corroborative interviews with consumers and staff to measure practical effectiveness.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not 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*