**Performance**

**Report**

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| Name: | Adventist Care Service Centre |
| Commission ID: | 500288 |
| Address: | 43 Bull Creek Road, ROSSMOYNE, Western Australia, 6148 |
| Activity type: | Quality Audit |
| Activity date: | 4 October 2023 to 5 October 2023 |
| Performance report date: | 29 November 2023 |

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: 2557 Seventh-Day Adventist Care (Western Australia) Ltd

Service: 27365 Adventist Care

**This performance report**

This performance report for Adventist Care Service Centre (**the service**) has been prepared by Decision Maker A. Grant, 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.

# 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **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** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **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** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

The service demonstrated each consumer is treated with dignity and respect, with their identity and culture valued. Consumers and representatives confirmed staff acknowledge and treat consumers with dignity and respect. Staff and management described how they ensure each consumer’s identity and culture is valued and how consumers are treated with dignity and respect. Management and staff described what is important to individual consumers and displayed knowledge of the consumer’s background, needs, goals and preferences. The Assessment Team noted the service has various policies and procedures which guide staff in providing social, spiritual and cultural care in an appropriate way. The Assessment Team observed how the workforce spoke about and to consumers and noted file notes recorded are documented with respectful language.

The service demonstrated care and services provided are culturally safe. The service considers and supports each consumer’s cultural needs and preferences when providing care and services. Care staff understand what it means to deliver culturally safe care and services and could describe what this means in practice. Management demonstrated an understanding of cultural backgrounds of consumers and described how they ensure services reflect each consumer’s cultural needs and diversity. The Assessment Team noted the service has a Sabbath fundamentals policy and procedure to guide staff to ensure the Sabbath receives due regard within the Adventist care service. The document states the Sabbath commences at sunset on Friday and concludes at sunset on Saturday with non-essential cleaning, washing, meal preparation and general chores completed wherever possible by sundown on Friday.

The service demonstrated each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Consumers and representatives confirmed the service involves them in making decisions about the care and services received. Staff discussed promoting choice and independence to consumers and provided examples. Documentation reflected consumer choice about who should be involved when decisions are made about the services received. Management stated consumers are given choices and make their own decisions and their representatives are involved where required/requested. Management stated the service encourages consumers to get out of their homes and do other things of interest to them.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Staff and management demonstrated how they support consumers to make choices and decisions about services that may place them at risk by consulting and providing strategies to manage those risks. The service has a dignity of risk policy and procedure to ensure consumers are supported to live the best life they can. Management discussed how they would undertake risk assessments and discussions with consumers where the consumer’s choice may be a high-risk activity. This could include recommending equipment to support the consumer when walking outside. Management provided examples of where the service is supporting consumers to continue doing things which may be considered a risk.

The service demonstrated information provided to each consumer is current, accurate and timely. Consumers and representatives interviewed confirmed they receive current and up to date information and most confirmed their statements are easy to understand. Staff and management described how they provide information to consumers at the commencement of services and regularly provide updated information to consumers. Management discussed how it provides budgets and statements in different colours to differentiate the documents. The Assessment Team noted consumers and representatives can speak with management if they have any questions and the accountant would arrange one-on-one meetings with each consumer each month to discuss their statements if required. The Assessment Team sighted examples of monthly statements and noted they were clearly set out and provide all necessary information that is required. The Assessment Team also sighted copies of the HCP agreement and information packs provided to consumers these include various information documents including brochures and information to assist consumers to make informed decisions and a copy of the charter of aged care rights.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives when asked confirmed staff are respectful of personal information and that their privacy is respected. Care staff confirmed they have access to consumer information that is relevant to their role. Staff and management described how consumer privacy and confidentiality is respected. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information. Management described the electronic care systems in place which are all cloud-based systems. The Assessment Team noted all hard copies of consumer files are locked in the manager’s office. Information is only shared with those who need to know and staff are provided information about maintaining consumer privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Compliant** |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | **Compliant** |
| 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** |
| 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** |
| 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** |

Findings

The service has an assessment and care planning process, assessment information is used to develop a care plan in partnership with consumers/representatives. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, the Assessment Team noted strategies to reduce the risk to consumers were included in all care plans. Management advised following a referral and relevant information from My Aged Care, they arrange to visit the consumer in their home to complete a home safety risk assessment and undertake detailed discussions with the consumer to capture their specific needs and the provision of services that would be most beneficial in maintaining or improving the consumer’s health and well-being. The Assessment Team noted a comprehensive assessment is completed identifying specific needs and preferences which is incorporated into the care plan.

The service has assessment processes to support the identification of consumer centred specific goals and preferences. Management advised consumers are provided an opportunity to identify their end-of-life preference in an advanced health directive if they have not already done so. Management advised all consumers are asked on admission if they have completed an advance care directive and are provided information about completing this document if they do not. Management described how each consumer’s goals are identified and discuss their goals, linking them to the provision of specific care and services, including goals related to the consumers well-being.

The service was able to demonstrate assessment and planning is based on an ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of the consumers. Care planning documents analysed for all consumers confirmed that consumers/representatives and health professionals when required, were involved in the assessment and planning of each consumer’s care and services. All consumers and representatives interviewed stated they have had an opportunity to meet with their HCP manager to discuss their specific preferences. Discussions included how care and services are delivered to them to fit within the assessment HCP referral outcomes to fit within their budget. For example, a representative for a consumer of the service stated the service has worked collaboratively with the family to move to an HCP Level 4 package and with all necessary assessments completed in partnership with the family.

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in their care plans to guide care staff to effectively deliver care and services. Care staff stated consumer care plans are in place and available to them via a mobile app and in hard copy files in the consumer’s home. A review of consumers’ care documentation showed the service updates care plans following requests by consumers, changes due to review and where health needs have required further assessment and changes to how care and services are provided. The Assessment Team noted the service has policies and procedures in place to guide staff in consumer assessment and care planning processes including an allied health professional team approach facilitated with consent from the consumer.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Management stated triggers for reassessment can include return from hospital, request by a consumer, feedback from care staff and/or identification of deterioration. Management advised all consumers have a review/reassessment every six months.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| 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** |
| 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** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

The service demonstrated personal and clinical care is tailored to consumers’ needs and preferences based on assessment of their needs, goals, and preferences. All consumers interviewed by the Assessment Team reported satisfaction with the care they receive. The staff refer to nursing and allied heath staff input and recommendations for the provision of best practice strategies. Policies and procedures are available to staff who confirmed the optimisation of each consumer’s health and well-being is the focus of the services provided ensuring care is tailored to the needs and preferences of each consumer. All consumer care plans and assessments reviewed showed the care provided for each consumer is individualised. Consumer care plans are developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and nominated representatives. Care documentation showed that best practice and validated assessment tools are being used, including, but not limited to falls risk assessment tool (FRAT), Braden risk assessment, mini nutritional, continence assessment, dysphagia assessment, nutrition and hydration assessment and medication administration assessment.

The service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and process are in place to assist care staff manage risk, and to ensure clear instructions are provided to them to minimise the effect and number of risks for consumers. Care staff demonstrated awareness of consumer’s risk and how they manage risks including consumers living with dementia, prompting consumers to use mobility aids they have and using safe transfer strategies to reduce falls. Policies and procedures were sighted relating to risk management that includes how to manage consumer risks such as illnesses, falls or medication incidents. All sampled consumer files contained home environment assessments, with follow up where issues were noted. The Assessment Team noted processes are also in place for managing consumers’ non-responses to scheduled visits and these are reflected in consumer care plans.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumer’s dignity and comfort and with respect to their cultural preferences. Two consumers when interviewed by the Assessment Team confirmed that, as part of the initial care planning discussion, advance care planning and end of life planning were discussed. Management stated they do not currently have any consumers nearing end of life and advised services would be provided in line with the consumer’s wishes and based on any cultural preferences including working in partnership with palliative services and the general practitioner to ensure that the consumer and family are supported at the end-of-life care. Management stated the service also follow up with the consumer’s family regarding bereavement support needs.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support care staff to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers and representatives interviewed stated there is regular contact from their HCP manager and care staff who attend services are attentive to any changes or concerns.

The service demonstrated communication systems available to the workforce to assist them to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided and the Assessment Team noted all staff have access to information pertinent to their role. The service has processes to shared information where it has consent to do so and is relevant to the care and services being provided. Consumers and representatives were satisfied that their needs, preferences, and choices are communicated effectively and recorded in their care plan. A consumer when interviewed confirmed that they receive regular care staff that know their care needs and can always talk to someone if anything changes regarding their care, which is always communicated among the staff.

The service demonstrated there is timely and appropriate referrals to internally and to external providers that can meet the needs of the consumer. Management described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes. Consumers and representatives stated they were satisfied with timely referrals made to others. Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed. For example, the representative for a consumer when interviewed stated a referral was made for a gerontologist based on results from the review of a diagnosis of moderate Alzheimer’s disease. Documentation analysed by the Assessment Team showed the service has a draft referral policy and procedure in place guide the staff when referring consumers to other health professionals when a clinical incident or change in condition occurs.

The Assessment Team noted the service has documented policies and procedures to support the minimisation of infection related risks, through infection prevention and control practices. Staff confirmed they have completed training on infection control measures and during interviews management talked about the policies and procedures that are in place to minimise and prevent the transmission of infections including COVID-19 and influenza. The assessment team viewed the COVID-19 management plan and other policies that guide staff in minimising and managing infections. During interviews with the Assessment Team management advised they support consumers to maintain hydration levels as a strategy to reduce urinary tract infections and possible antibiotic treatment. The Assessment Team noted the services policies and procedures provide information about standard precautions, infection prevention control, the use of personal protective equipment and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **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** |
| 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** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not Applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** |

Findings

The service demonstrated each consumer is provided safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health and well-being and quality of life. The service has processes to discuss, gather, and record information to inform how activities for daily living will be provided by staff. Care documentation analysed by the Assessment Team detailed how services are tailored to meet each consumer’s assessed needs and personal preferences. Consumers and representatives interviewed stated that the service listens to them, provides them with the services, and supports they require, in a way that helps them to continue to do things independently. For example, the representative for a consumer at the service stated the consumer enjoys their autonomy of doing things around their home, the representative stated they are aware of cognitive decline as the consumer is not able to manage consistency of taking their medication, however welfare checks are being discussed with management to enable the consumer to continue to do this independently and safely.

The service demonstrated that the emotional, spiritual, and psychological well-being of each consumer is considered when services and supports for daily living are provided. The psychological well-being of consumers is considered during assessments and reviews and used to inform discussions about the services and supports that might assist well-being to be improved and/or maintained. Consumers and representatives interviewed stated staff are aware of their preferences and what supports their emotional and psychological well-being. Care staff when interviewed by the Assessment Team discussed wellbeing and showed awareness of checking in with consumers, and if there are concerns, staff escalate to the HCP manager.

The service demonstrated it supports consumers to participate in the community, maintain relationships that are important to them and do things that are of interest to them. The service has processes as part of assessment and care planning, which gathers the consumer’s story to inform how staff can better support the consumers. Consumers and representatives interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships, and participate in activities within and outside of the service. Care workers interviewed were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities that consumers enjoy, such as attending specific shopping centres, going for walks or drives in the local community and/or social activities within their area they like to attend. Care staff advised during interviews with the Assessment Team that there is flexibility for longer and shorter outings if the consumer chooses.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and ensure that information shared is kept private and confidential. Staff were able to demonstrate they understood each consumer’s preferences, needs and health issues. Care staff stated they are provided information about each consumer through regular updates verbally, on an application on their mobile phone and a copy of the care plan in the consumer’s home. Care staff also stated they will discuss at the beginning of a service what services are to be provided with the consumer and report any changes in preferences, needs and condition of the consumer where, observed or indicated.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care are actioned when required. The service demonstrated processes are in place to guide staff for this to occur internally and externally, such as when consumers have requested equipment or if they need services that cannot be arranged or provided by the service. Management provided examples to the Assessment Team of referrals made to external organisations including to support consumers with home delivered meals. Management advised that given the small cohort of consumers who have specific social interests, there has not been referrals made to other external organisations. The Assessment Team noted the service has policies and processes which guide staff in ensuring timely referrals are made to support each consumer’s supports and care for activities of daily living.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. The Assessment Team noted equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers and representatives advised they are satisfied with the equipment they use and stated it was selected for suitability on the recommendations of allied health professionals. Care staff stated they have access to equipment to support consumers including wheelchairs and where required equipment in the home. Staff stated they complete training annually and as required to ensure they are using safe manual handling techniques. Management stated they complete a check initially and ongoing of equipment used and ensure maintenance agreements are set up in consultation with consumers and representatives for equipment purchased.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | **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. | **Not Applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not Applicable** |

Findings

All individual requirements withing Standard 5 are not applicable, therefor Standard 5 is not applicable and was not assessed as part of the Quality Audit.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **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** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** |

Findings

The service demonstrated consumers, their representatives and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives confirmed they know how to provide feedback and/or make a complaint and staff described how they support consumers to raise issues or concerns. Documentation analysed by the Assessment Team showed the service receives feedback and complaints from consumers and representatives and procedures/policies are in place to guide staff on encouraging and receiving feedback. Management when interviewed by the Assessment Team explained how consumers and representatives are encouraged and given opportunities to provide feedback. This includes being offered opportunities to provide feedback through the staff performance appraisal process the Assessment Team noted the performance appraisal form has a section for consumer feedback. Consumers and representatives are also encouraged to speak with staff, call the manager, send an email or complete a feedback form.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives when interviewed by the Assessment Team indicated they are aware of other methods of raising and resolving complaints and care staff could describe how they could support consumers who require assistance with raising issues. The Assessment Team reviewed documentation which showed consumers are provided with information about advocacy services and other mechanisms for raising concerns and complaints, the Assessment Team noted the handbook and file provided to consumers upon entry to the service contains this information. The Assessment Team noted there are also policies and procedures to guide staff on other complaint mechanisms and advocacy services.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is utilised when things go wrong. Consumers and representatives interviewed confirmed the service responds to feedback and complaints promptly, management explained when a complaint is received, it is logged in the complaints register and given to management to review and action at which point management will acknowledge as soon as possible, usually by the end of one business day.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers described how services have improved after feedback was provided and management described how feedback and complaints are analysed, trended and how the information is used to make service improvements. Feedback and complaints data is discussed by the management committee and presented to the Board for consideration. The Assessment Team analysed the service’s policies and procedures that showed a documented continuous improvement framework, this includes continuous improvement activities embedded in the service’s policies and procedures on feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| 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** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **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** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

The service demonstrated 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 their representatives stated they receive quality care and services, and staff are not rushed. Care staff interviewed stated they have time to complete the services during their shifts and have time to deliver quality care and services to consumers. Consumers and representatives when interviewed by the Assessment Team stated that staff know the consumers and they have regular staff who attend to complete the services. Management explained how they plan the workforce by looking at how many consumers they are supporting and how many staff are required to meet the needs of all consumers.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers and representatives interviewed confirmed staff are kind and caring, and the Assessment Team noted care staff and management spoke about consumers in a kind and respectful way during the quality audit and showed they know each consumer. Care staff interviewed confirmed they have regular consumers for whom they provide services, and they know each consumer well. The Assessment Team sighted examples of compliments received by the service (through feedback and surveys) about the delivery of service, quality of workforce and the way consumers feel respected. The Assessment Team noted consumer feedback indicates they are appreciative of the high standard of service and care they receive.

The service demonstrated the workforce is competent and has the knowledge to effectively perform their roles, management described recruitment processes which ensure staff have adequate skills and qualifications. The Assessment Team noted there are processes in place to monitor competencies and, where identified, implement further education and training. Staff interviewed stated they feel well supported by the service and management, two staff indicated they are highly skilled and have a strong knowledge of aged care services and how to treat consumers. Management stated when recruiting new staff, they are looking for relevant qualifications (minimum of Certificate III in aged care or registered health practitioner), experience in the aged care sector, if possible, first aid certificate and police clearance. New staff are buddied with another staff member for their first shifts and the senior staff member will provide feedback to management on the competency of the new staff member. Management ensures all staff have regular consumers for whom they provide care and services to ensure all staff understand and build rapport with their consumers. The Assessment Team noted the service maintains relevant qualifications and competency details of all staff, to do this the service uses an electronic system which reminds staff about when details need to be updated, for example when a police clearance needs to be renewed.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. The workforce described completing relevant training and being supported in their roles. Management described recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities for all staff. During interviews with the Assessment Team staff confirmed they receive ongoing training and are assessed routinely to ensure they are competent in their role, overall staff stated they feel supported in their roles. Management described the recruitment processes including interviews, checking qualifications, and undertaking reference checks, management stated all staff must complete induction training and annual mandatory training. The Assessment Team noted staff are provided with a training package which they need to read and complete in addition to management also conducting face to face training with all staff.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce, staff interviewed by the Assessment Team confirmed they take part in performance processes regularly. Management described the process for regular assessment and monitoring of workforce performance, including inviting consumers to provide feedback on the staff as part of the annual performance process. The Assessment Team noted feedback and incidents are monitored and reviewed to identify staff performance issues. Management described the processes for monitoring and reviewing staff performance for example there is a 12-month appraisal process. The management team stated if there are issues to address with staff, a performance improvement process will be implemented additionally If there are concerns about a staff member’s performance outside of the performance appraisal annual review, management will act upon it immediately.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **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** |
| 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** |
| 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** |
| 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** |

Findings

The service demonstrated it engages consumers in the development, delivery and evaluation of care and services and supports consumers in that engagement by conducting surveys with consumers to gather feedback and suggestions. The Assessment Team noted consumers are provided opportunities to provide feedback on individual staff performance which helps the service to evaluate the care and services provided to consumers. Two consumers when interviewed described how they are given opportunities to provide feedback about staff performance through their annual performance appraisal process. Management during interviews outlines how the service provides consumers with ways to be engaged in the development, delivery and evaluation of care and services these include surveys, providing consumers with opportunities to provide feedback, suggestions and complaints and having staff and management available to talk with the consumers, the Assessment Team sighted results of a recent consumer survey to substantiate these statements. The results of these surveys showed very positive responses to almost all questions. Management during interviews with the Assessment Team stated they utilised the results of the survey and additional comments to identify possible improvements to care and services.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Assessment Team noted the service management team meets every month to discuss relevant information about the care and services provided for consumers then every second month, this information is presented to the Board by the management team. The Board then considers the information and provides guidance and suggestions to the CEO and management team. The Assessment Team analysed the meeting agenda and documents for the management committee meetings which lead into the Board meetings. The Assessment Team noted the management meetings cover various topics including, software updates, home care manager’s report, training report and financial operating statements. The home care manager’s report addresses emergency/critical incidents, notifiable situations, accreditation, consumer details including unspent funds and services provided, clinical risk register, quality feedback, audits/surveys, and continuous improvement project information which is subsequently all provided to the Board. Management stated one of the Board members has a strong infection control background and the Board member will give advice and guidance for the home care manager to consider.

*Information management*

Staff interviewed confirmed they have ready access to relevant documentation and information about consumers. Staff stated there are ‘green folders’ at each consumer’s home, as well as information available on a mobile phone application. There are relevant policies and procedures in relation to information management, document retention and destruction, along with privacy related policies and procedures. During interviews with the Assessment Team management stated, and the Assessment Team noted, all systems are password protected. Management stated care staff only have access to an individual consumer’s details on the mobile phone application during the rostered service time and staff do not have general access to all information outside of when they need to access it.

*Continuous improvement*

Continuous improvements are identified through various mechanisms including feedback, complaints, suggestions, incidents, risk assessments, the self-assessment process, and changes in compliance requirements. Continuous improvement is discussed at the management meetings and at the Board level. The Assessment Team sighted the plan for continuous improvement and the self-assessment documentation which list various actions the service has identified for improvement. An example of continuous improvement the service is addressing is the implementation of updated computer systems to better meet the needs of the service.

*Financial governance*

The service has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality care and services. This includes providing HCP consumers with a budget upon entry to the service and monthly statements which consumers confirmed are clear and accurate. A representative when interviewed stated if they do not understand the statement, it is easy to speak with management to discuss the document. Financial reports are regularly reviewed by the management team and the Board, the financial controller prepares these monthly dashboard reports and operating statements which consist of a list of consumers and unspent funds among other things. The HCP manager stated they review the unspent funds balances regularly to identify what else could be offered for the consumers based on their needs, goals, and preferences. The financial controller advised the Board meets eight times each year and the current Board has been in place for about eighteen months and the financial controller has been ensuring the Board members understand the aged care cohort and what is expected.

*Workforce governance*

Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities. The service has processes for selecting and onboarding new staff, including training relevant to the Quality Standards. Training is provided to new and existing staff regularly with mandatory training being completed annually. The service has relevant policies and procedures in place to manage the workforce, including performance management processes.

*Regulatory compliance*

The service is a member of a peak industry body and attends conferences and participates in various discussion groups to ensures the service is implementing the aged care reforms appropriately. The service is also part of a much larger Australian-wide organisation which holds regular conferences. The service uses contacts across the organisation for further guidance and advice regularly. Management subscribes to updates (websites, webinars, notices) from various entities, including the Department of Health and Aged Care and the Commission. The service will be developing a more focused consumer advisory group process in line with the upcoming regulatory requirement. The service is expecting to have its first meeting under this arrangement by February 2024. The service has a paper-based incident management system which meets the current needs of the service. However, management acknowledged improvements could be implemented as the service increases its consumer numbers.

*Feedback and complaints*

The service has a paper-based feedback and complaints system which meets the current needs of the service. There are various policies and procedures addressing how the service gathers and responds to feedback and complaints. Consumers are encouraged to provide feedback and the service uses this feedback and complaints to identify opportunities for improvement. – *End of ‘Feedback and complaints’ heading.*

The service demonstrated it has effective systems in place to manage high impact and high prevalence risks associated with the care of consumers. Management was able to demonstrate it has a risk management framework including policies and procedures to guide staff and management practices in identifying and responding to risk. Management could describe the high impact or high-prevalence risks associated with the HCP consumer cohort. Care documentation and clinical reports sighted by the Assessment Team evidenced robust risk assessments are conducted by a clinician, vulnerable consumers are flagged, and appropriate actions are taken. The home care manager monitors high-impact or high-prevalence risks which are reviewed on a case-by-case basis at the clinical governance and governance Board meetings each month. Care staff when interviewed were able to demonstrate what elder abuse can look like in a community setting and induction and annual refresher training include recognition of elder abuse for all staff. The service has procedures and tools to guide staff including serious incident response scheme reporting guidelines. The service discusses risk and supports consumers to live the best life they can through regular consultation and review, discussing how they want their care to be provided and agreeing on how risks might be managed. The service has processes in place to report and record incidents, this is currently being documented in a paper-based incident management system which meets the current needs of the service. Analysis of meeting agendas and minutes showed clinical trends and the processes adopted to mitigate risk are reported to the board.

The service demonstrated it has a clinical governance framework in place that guides and sets out responsibilities and accountabilities for how the service delivers safe and quality clinical care for consumers. The framework includes processes for open disclosure, minimising the use of restraint and antimicrobial stewardship. The service has a clinical governance framework in place which describes the service’s approach to supporting consumers who receive care and services including communication, documentation, assessment, care planning, monitoring, and reporting and ensuring all staff are aware of their roles and responsibilities within the organisation. The service commenced providing information to consumers on informed choices by issuing out the OPAN ‘Medication: it’s your choice’ fact sheet on day two of the Quality Audit. Management provided a draft policy specific to minimising the use of restrictive practices in home care awaiting upper management approval. Management stated more training would be provided to staff using the Aged Care Learning Information Solution (ALIS) to provide specific home services examples. Management stated they apply an open disclosure process in the resolution of complaints and incidents and this information is discussed with the staff during orientation and at the regular training sessions throughout the year. The service has policies and procedures relating to antimicrobial stewardship and staff demonstrated a good understanding of how these related to their roles during interviews.

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)