**Performance**

**Report**

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| Name of service: | Albany Community Care Centre |
| Service address: | 73 Hardie Road ALBANY WA 6330 |
| Commission ID: | 500090 |
| Home Service Provider: | Albany Community Care Centre Inc |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 6 October 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.

**This performance report**

This performance report for Albany Community Care Centre (**the service**) has been prepared by F.Nguyen, 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.

# Services included in this assessment

**Home Care:**

* Albany Community Care Centre, 19068, 73 Hardie Road, ALBANY WA 6330

**CHSP:**

* Community and Home Support, 27143, 73 Hardie Road, ALBANY WA 6330
* Care Relationships and Carer Support, 25197, 73 Hardie Road, ALBANY WA 6330

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 31 August 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The service demonstrated each consumer is treated with dignity and respect, with their identity and culture valued. All consumers advised they are treated with dignity and respect, and the service recognises and values their identity and culture. Staff and the management team described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect. This was confirmed through observations and documentation provided to the Assessment Team.

The service demonstrated services are culturally safe. Most consumers interviewed said staff understand their needs and preferences and deliver culturally appropriate services. The management team demonstrated an understanding of consumer’s cultural backgrounds and described how they ensure services reflect consumers’ cultural needs and diversity. This was confirmed by the Assessment Team’s observations between staff, consumers, and volunteers during consumer activities throughout the Quality Audit. All consumers interviewed advised their care and services are culturally safe, and their care provider understands what is needed to make them feel respected, valued, and safe.

The service demonstrated how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives confirmed that the service involves them in making decisions about the care and services they receive. Staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation reflected consumers choices about who should be involved when decisions are made about the services they receive.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. While no consumers and/or representative stated that they require support from the service for the consumer to take risks, staff and the management team were able to describe how they support consumers to take risk and provided documentation to confirm the process. Staff and the management team described the provider’s approach to dignity of risk and how they have supported consumers to live the best life they can, referencing their dignity of risk assessment, and policies and procedures.

The service demonstrated that information provided to consumers is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers and/or representatives interviewed confirmed information is provided to them verbally and in writing when they first access the services and ongoingly. Staff and the management team described how they provide information to consumers at commencement of services and regularly update consumers with current information.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information. Staff confirmed they have access to consumer information, which is limited and relevant to their role, and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. All consumers and/or representatives sampled were confident their privacy is respected whilst receiving services.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1- consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the care plan, guides staff in the provision of safe and effective care and services to the consumer. The service considers the risk for consumers when completing assessments. Following a discussion with the consumer and/or their representative strategies to reduce identified risks are included in the care plan.

The service has processes in place to support consumers to identify their specific goals and preferences with the information outlined in the care plan. The operations coordinator (HCP) stated consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. Consumers advised on admission to the service that staff asked them if they had completed an advanced health directive. Staff stated they are aware of each consumer’s needs, goals and personal preferences as this information is recorded on the care plan. A review of documentation confirmed consumers who have completed an advanced care directive have an alert recorded in the electronic care management system.

The service demonstrated it involves the consumer, the carer and, as appropriate, any representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers in accordance with their obligations relating to privacy of information. All consumers and representatives interviewed reported they have had an opportunity to meet with their coordinator to discuss their specific needs and preferences.

The service demonstrated outcomes of assessment and planning are effectively communicated. Care providers said they have access to the consumers care plan through the electronic system available on their organisation supplied tablet or a hard copy in the file in the consumers’ home. Staff said information is also provided by phone if there have been changes made and they are encouraged to speak with the operations coordinator directly. Consumers stated prior to the commencement of the services, they are provided with a copy of their care plan which is discussed with the coordinator confirming the provision of services in line with their identified preferences.

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. Consumers and representatives interviewed reported services are regularly reviewed. The care providers interviewed stated when they identify a change to a consumer’s condition, they report to the operations coordinators and record the information in the progress notes which the coordinators have access to as they are written. If the matter is urgent, they will contact them but if the required operations coordinator is not available other appropriate supervisory staff will assist.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 – ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The service is able to demonstrate personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the personal and clinical care they receive. A registered nurse is available to assesses the clinical and personal care needs of all consumers on admission to the service and will consult with the consumers, their representatives and operations coordinators (CHSP and HCP). Referrals are initiated to allied health staff seeking recommendations for the provision of best practice strategies as issues are identified. Policies and procedures are available to guide staff practice.

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 processes are in place to assist care providers manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Staff interviewed demonstrated knowledge of consumers who have high prevalence/high impact risks.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort. Consumers confirmed that, as part of the initial care planning discussion, advance care planning and end of life planning are discussed. The operations coordinators advised on admission all consumers are provided with an opportunity to complete advance health care directive. The information is discussed with the consumer and their representative at the initial care plan meeting and then as appropriate.

The service was able to demonstrate deterioration or change to 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 the workforce 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. The care providers interviewed stated if they identified a change in the consumers condition, they would contact the relevant operations coordinator immediately, would record in the progress notes, and if appropriate, seek to provide that information to the next of kin.

The service demonstrated communication systems available to the workforce to assist the team to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided. Care plans are updated regularly, and all staff have access to information pertinent to their role. Consumers said they feel that their needs, and preferences are effectively communicated between staff. Care providers advised information regarding consumers’ care and service needs and preferences including charges that may occur, is communicated to them prior to the scheduled client visit. Care providers said they share information with the other staff that visit the consumer on a regular basis through the progress notes.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care (MAC) for consumers accessing CHSP services. The operations coordinator and registered nurse described the process to refer consumers to allied health services, other medical professionals when needs identified and My Aged Care for consumers requiring additional CHSP services.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. The service has in place practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumers medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use. Staff and management advised that personal protective equipment is available to all staff, training has been completed in COVID-19 prevention and staff are supported by policy and procedures. Additional training, sessions and individual education has been provided for all staff including the donning and doffing of personal protective equipment.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service demonstrated consumers get 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. A review of consumer care documentation showed there are specific goals for each type of care and service for activities of daily living including how this will be achieved. Consumers and representatives interviewed said that the service listens to them and provides them with the services and supports they need, in a way that helps them to continue to do things independently.

The service demonstrated it has services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being. Consumers and their representatives interviewed confirmed the service supports them when they are feeling low. Staff demonstrated they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological well-being. The service provides training to care providers and coordinators for mental health awareness. Care providers interviewed said they make time in their service delivery to talk with and listen to the consumer. If they notice anything out of the ordinary, they will report back to the coordinators.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships which are important to them. The service demonstrated consumers are supported to do things of interest to them. The service has processes as part of assessment, care planning and review which gather the consumer’s story to inform how staff can support the consumer. Staff demonstrated how they support consumers to participate in their community, have social relationships and do things of interest to them.

The service demonstrated it has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and with those where responsibility for care is shared. Consumers confirmed care providers know what needs to be done during a service visit. Care providers stated they have access to relevant information about each consumer and know their needs and preferences. A review of documentation showed evidence of sharing of information when required.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services are addressed. A consumer interviewed stated referrals to occupational therapists have occurred and services improved as a result. Other consumers indicated if they needed a referral for another service, they are confident the service would respond in a timely and appropriate manner. Staff demonstrated they know how to identify changes in consumer well-being which could be addressed through a referral.

The service demonstrated meals are varied and of a suitable quality and quantity. The community care centre provides daily lunch meals and morning and afternoon teas Monday to Friday. The respite cottage prepares and provides meals and snacks for consumers in the cottage. Consumers stated the meals provided in the centre meet their requirements. The menus are developed based on consumer preferences, likes and dislikes. Care providers and management could explain how they know the meals are acceptable to the consumers.

The service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers and representatives interviewed said they are satisfied with the equipment provided. Management demonstrated processes in place to ensure equipment is suitable, clean and well maintained. Consumers described equipment assessed, sourced and purchased as part of the HCP. Items include but are not limited to, adaptations to the home and suitable beds and mattresses. Management stated equipment is provided with the recommendation and guidance of a health professional, including an occupational therapist, physiotherapist or registered nurse where relevant.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service demonstrated it provides a welcoming environment which is regularly used by consumers. Consumers interviewed stated they find the service welcoming, and they enjoy being at the service. Staff could describe how consumers can use various areas of the environment to meet the consumers’ preferences. The Assessment Team observed consumers easily engaging with other consumers and staff in the social and wellness centre and the respite cottage.

The service was observed to be safe, clean and well maintained. Consumers interviewed confirmed they feel safe and comfortable when using the service environment. Consumers were observed to move freely around the service environment. The service provides parking close to the front door for mobility scooters to make it easy for consumers to attend the reception area. The manager of the social and wellness centre explained the process for reporting and responding to risks, hazards and incidents.

The service demonstrated furniture, fittings and equipment are safe, clean and well maintained and suitable for the consumer. The majority of consumers interviewed stated they feel safe when using furniture and equipment. Staff could explain how they ensure maintenance occurs regularly and when required. The service has preventative maintenance schedules as well as specific checklists for various equipment to ensure equipment is safe, clean and well maintained. The service has daily cleaning schedules and a tag and test process for electrical equipment. The manager of the social and wellness centre undertakes monthly inspections of equipment, including the kitchen. The kitchen has regular food safety audits and inspections.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 – organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives know how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raises issues or concerns. The management team advised there are policies and procedures in place and staff, and/or subcontracted service providers can raise concerns. All consumers interviewed in relation to this requirement confirmed they know how to contact the service to provide feedback, with all consumers referring to their feedback forms, with the services contact details easily located.

The service demonstrated that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed advised while they have not required the service of an advocate or interpreter, they were aware these services are available, and staff were also able to explain the provider’s process to access advocacy and interpreters. Care providers and the management team discussed processes to ensure consumers have access to advocates and language services if required, the Assessment Team confirmed this through observations and documentation provided.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback provided. The service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. This was confirmed through documents provided to the Assessment Team. Consumers interviewed advised they felt confident if they had a complaint that the service would address it.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Operations coordinators and management described how feedback and complaints are analysed, trended and the information used to make service improvements. The Assessment Team viewed documentation that evidenced feedback provided has positively impacted service delivery. Operations coordinators and the management team advised the service had identified a trend in medication incidents and identified this related mainly to signing the medication sheets.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service was 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 services. Consumers advised they get quality care and services. Resource coordinators and the management team described how they plan and manage the workforce to deliver consistent quality care and services. Consumers interviewed indicated that scheduled appointments were rarely cancelled, and when necessary, alternative arrangements are made in consultation with consumers and/or their representatives.

The service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers and/or representatives interviewed confirmed in various ways that staff and contractors are gentle, kind and caring when providing care and services. Care providers, volunteers, operations coordinators, resource coordinators and management spoke about consumers in a kind and respectful way to the Assessment Team during the quality audit.

The service demonstrated the workforce is competent and has the knowledge to effectively perform their roles. Management described robust recruitment processes to ensure staff and have adequate skills and qualifications, and how management monitor their competency through observation, feedback, and annual performance reviews, with identified training gaps actioned. The management team advised they assess competence at interview stage and monitor this ongoingly through a variety of ways including mandatory and other job-related training, observations, feedback from staff and consumers, and performance reviews.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Workforce in various roles described completing relevant training and being supported in their role by the service. The management team described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. This was confirmed through documentation viewed by the Assessment Team. Care providers interviewed advised they received ongoing training and are assessed routinely to ensure they are competent in their role. Care providers also advised the service is responsive to training requests made by them and they are remunerated for their training time.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management described their process for regular assessment and monitoring of workforce performance. The Assessment Team viewed documentation that underpins and monitors performance reviews and development of staff. Consumers and/or representatives advised they feel comfortable contacting the coordinator if the consumers are not happy about how staff and/or contractors are providing care and services and, if when they have in the past, this was addressed.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Requirement 8(3)(d)

The Assessment Team recommended Requirement 8(3)(d), as they were not satisfied that the organisation has effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system. The Assessment Team provided the following evidence relevant to my finding:

* The service demonstrated it has effective systems in place to manage high impact or high prevalence risks associated with the care of consumers. Staff are provided education and support through the clinical team to identify and respond to elder abuse. However, the Assessment Team noted that there are no specific processes outlined for the identifying and responding to abuse and neglect for consumers. The service is supporting consumers to live their best lives and is managing and preventing incidents, including its use of incident management systems.
  + In relation to identifying and responding to abuse and neglect:
    - Documentation reviewed noted elder abuse training is incorporated into the mandatory training program for all staff. The training outlines the identification and responding to abuse/alleged abuse of a consumer. However, the Assessment Team noted that there are no specific processes outlined for the identifying and responding to abuse and neglect for consumers. While staff were able to articulate what they would do if they were aware of abuse to a consumer, specific guidelines have not been developed by the organisation.
    - The management team acknowledged the gaps identified by the Assessment Team and stated the development of policies and procedures to assist staff to identify and respond to abuse and neglect would be reviewed as a priority.
  + In relation to managing high- impact or high-prevalence risks:
    - The service demonstrated there is a process in place to identify risks associated with the care of consumers and putting strategies in place through consumer risk assessments. The operations coordinators (CHSP and HCP) demonstrated knowledge and an understanding of individual consumer’s risk and vulnerabilities.
    - Staff interviewed could identify high prevalence risks associated with the care of consumers including falls risk or the taking of medications. The service uses validated assessment tools to assist with the identification of consumer risks. Documentation reviewed confirmed that risk to consumers is managed individually.
  + In relation to supporting consumers to live the best life they can:
    - The service supports consumers to live their best life through consultation with how they want their care to be provided. Examples included supporting consumers with mobility equipment to maintain their independence, following exercise programs to increase physical strength and support consumers to maintain relationships and connections to their community.
  + In relation to incident management systems:
    - Staff said they are asked to report any changes in consumers including where there may have been an incident outside of service delivery for follow up. Staff provided examples including where there have been witnessed and unwitnessed falls, observed decline in health and where consumers have had injury noted requiring clinical assessment.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service provided sufficient evidence in the form of an Abuse and Neglect Policy to outline the processes and guidelines in place for preventing, identifying and responding to abuse and neglect for consumers.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that the organisation has effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system. Based on the above evidence, the Decision Maker finds Requirement 8(3)(d) compliant.

Requirement 8(3)(e)

The Assessment Team recommended Requirement 8(3)(e), as they were not satisfied that where clinical care is provided, a clinical governance framework, including antimicrobial stewardship, minimising the use of restraint, open disclosure. The Assessment Team provided the following evidence relevant to my finding:

* The organisation has a clinical governance framework in place. The clinical governance framework sets out the roles and responsibilities of the governing body, management and staff and includes how risks will be managed. Basic information to guide staff in relation to antimicrobial stewardship and open disclosure are provided. However, the service was unable to demonstrate information including policies and procedures to guide staff in relation to minimising the use of restraint is available.
  + In relation to antimicrobial stewardship:
    - Antimicrobial stewardship is included in the service’s clinical governance framework. The clinical service coordinator advised the service has an approach to antimicrobial stewardship which continues to be reviewed.
    - The clinical service coordinator said where they are supporting consumers with taking antibiotics through their medication assistance services, they ensure the medication is taken and the course of antibiotics are finished. The clinical service coordinator said they will also discuss with the medical officer if further reassessment are required.
  + In relation to minimising the use of restraint:
    - The organisation does not have a policy in relation to minimising the use of restraint. Information in relation to minimising the use of restraint is not included in the service’s clinical governance framework. However, staff do have access to education on what minimising the use of restraint means in practice via the online learning program available to all staff.
  + In relation to open disclosure:
    - The service has an open disclosure policy and staff were able to describe what this means when something goes wrong and in their approach to resolving complaints.

The management team acknowledged the gaps identified by the Assessment Team and provided the following information:

* The organisation has recently secured the employment of an executive manager of operations with extensive experience in the provision of health care services both in hospital and community care setting. He advised he is working with the clinical and executive management team to review and revise the service’s policies and procedures in relation to the provision of clinical care within the community setting.
* The Executive manager of operations advised the clinical team meet weekly to revise the organisation’s clinical governance framework using the Aged Care Quality and Safety Commission fact sheets.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* In the service’s response to the Assessment Team report, they have provided a revised copy of our Clinical Governance Framework with reference to our minimising restraint policy. The service’s Minimising the Use of Restraint policy was also provided which ensures processes and guidelines are in place for identifying and responding to the use of restraint.
* These policies are available, as per usual process, and communicated to all staff including for care providers on their personal devices issued by the service.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that where clinical care is provided, a clinical governance framework, including antimicrobial stewardship, minimising the use of restraint, open disclosure. Based on the above evidence, the Decision Maker finds Requirement 8(3)(e) compliant.

Requirements 8(3)(a)(b)(c)

The service demonstrated is had an organisation wide approach to gather feedback from consumers to inform delivery of effective and safe care and services. Consumers discussed how they are engaged in providing feedback. Consumers interviewed noted services have improved since the recent organisational changes and that they are encouraged to provide feedback and do see changes implemented as a result. Management said they are developing a consumer advisory body to consult on potential improvements to the organisation.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has a Board of 6 members, with relevant backgrounds and skill sets. The service has a range of reporting mechanisms to ensure the Board and leadership team are aware and accountable for the delivery of care and services. An organisational structure is in place which shows there is delegation of roles, responsibilities, and accountabilities. There is a governance responsibilities policy in place. The Board meets monthly and considers various reports addressing safe, inclusive and quality care and services. The Board considers recommendations from senior management and provides guidance to the management team.

The service demonstrated there are organisation wide governance systems in place to manage and monitor information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff interviewed confirmed they have access to information to guide how they deliver care and services. Management demonstrated how the service uses various systems and process to have effective organisation wide governance.

* In relation to information management:
  + The service has a centralised electronic care planning system, with staff having access through electronic devices at point of care/service. Two factor authentication is in place. Consumer documentation is stored securely. Staff interviewed confirmed they have ready access to relevant documentation and information about consumers.
  + The HCP and CHSP agreements include confidentiality and privacy statements which states the service will take all reasonable steps to protect the confidentiality and privacy of information collected. The service is reviewing its information management policy and file management procedures.
* In relation to continuous improvement:
  + Continuous improvement opportunities are identified through mechanisms such as care plan reviews, performance appraisals, feedback and complaints and internal audits.
  + The Assessment Team sighted the continuous improvement policy which contains information about how the service identifies and makes improvements. The policy includes policy statements for feedback and continuous improvement, workplace health and safety committee, continuous improvement committee and organisational culture. The continuous improvement committee is to be reviewed and reimplemented by January 2023, with the potential to combine with the quality care advisory body or separately for involvement of Board members.
* In relation to 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 consumers with an HCP budget upon entry to the service, and monthly statements which consumers confirmed are clear and accurate.
  + Financial reports are regularly reviewed by the Board and at various management, business and leadership meetings. The Assessment Team sighted meeting minutes from various Board and committee meetings which showed financial reporting as a regular agenda item. All purchases require a purchase order to ensure the purchase is within budget. The service has a financial limits and delegations of authority policy and purchasing authority procedure.
* In relation to 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 onboarding new staff, including training relevant to the Quality Standards.
  + The Assessment Team sighted minutes of a business meeting dated 9 August 2023 which included discussion about a focus on recruitment and onboarding processes to make this more efficient.
  + The service is working on its workforce planning policy and performance review processes. The service has a dedicated training and development coordinator as well as a people and culture senior coordinator.
* In relation to regulatory compliance:
  + Management tracks changes in aged care regulation through subscribing to various updates including from the Department of Health and Aged Care, the Commission and an aged care peak body. A compliance and finance compliance calendar is maintained by the executive manager of finance and the quality and compliance manager. The service is further developing regulatory compliance documentation to include an internal audit schedule.
* In relation to feedback and complaints:
  + The service manages a spreadsheet to record feedback and complaints. The service is in the process of sourcing an electronic incident and feedback system to better follow incidents to completion and record continuous improvement. Feedback and complaints are regularly reported to the Board through the quality and compliance manager’s report. From 1 December 2023, the service will offer consumers and representatives the opportunity to establish a consumer advisory body. This is referenced in the Client Engagement Policy.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – organisational governance.

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)