**Performance**

**Report**

**1800 951 822**

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| Name of service: | All About You RSL LifeCare @ Home South Sydney |
| Service address: | Unit 31 Level 1, 191 Ramsgate Road RAMSGATE NSW 2217 |
| Commission ID: | 201183 |
| Home Service Provider: | RSL LifeCare Limited |
| Activity type: | Quality Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 3 April 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 All About You RSL LifeCare @ Home South Sydney (**the service**) has been prepared by G. McNamara, 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:**

* All About You RSL LifeCare @ Home - St George, 17644, Unit 31 Level 1, 191 Ramsgate Road, RAMSGATE NSW 2217
* All About You RSL LifeCare @ Home - St George, 17645, Unit 31 Level 1, 191 Ramsgate Road, RAMSGATE NSW 2217

**CHSP:**

* Care Relationships and Carer Support, 27745, Unit 31 Level 1, 191 Ramsgate Road, RAMSGATE NSW 2217
* Community and Home Support, 24949, Unit 31 Level 1, 191 Ramsgate Road, RAMSGATE NSW 2217

# 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 23 March 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 | **Not applicable** |
| **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 | **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 | 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

Six of the six specific requirements were assessed and I have found all six to be Compliant.

All consumers sampled said that service staff treat them with dignity and respect when communicating with them and delivering services. They also stated they were confident that staff knew about their identity, culture and background, and the things that are important to them. The service demonstrated that they have not received any complaints or feedback regarding consumers being treated disrespectfully.

Staff also were confident in the process of what they would do if they witnessed a consumer being treated disrespectfully, and confirmed that this had never occurred in their experiences. The Home Care Package coordinator said that treating consumers with dignity and respect in practice means employing active listening and always being in tune with their needs, wants and preferences, and delivering on that to the best of their ability. A review of the Diversity and Inclusion Policy indicated a requirement for ensuring the care environment is delivered in line with consideration to each consumer’s background, personal circumstances, and background.

All consumers sampled said that staff understand their preferences and culturally sensitive aspects of their services which makes them feel respected, valued and culturally safe. The service has robust processes and procedures to support the delivery of culturally safe services to consumers. Staff were able to describe how they deliver culturally safe care and how they could tailor services for consumers. A review of nine consumer files demonstrated that the personal information was individualised and included information such as country of birth, preferred language, family and social support networks, preferred pronouns, and health diagnoses.

Consumers described how they can exercise choice and independence, make their own decisions regarding the way their services are delivered, and who they would like to be involved in their care. Staff were able to adequately describe the methods they employ to encourage, promote and educate on consumer decision making. The HCP and CHSP coordinators both said that in their experience, family members will often choose to attend and/or listen in on their assessment meetings with consumers. If this occurs, they always ensure the consumer’s voice is heard and their choice respected on who they would like to be involved in any decisions required based on the meetings. A review of nine consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details. There were also instructions on who to contact for next of kin or emergencies.

The service offers personal care, domestic services and social support, and staff demonstrated they understand what it means to support consumers to take risks within the context of each service provided. Staff said that the most common risk that consumers choose to take is refusing services such as personal care, which they respect as much as possible. All staff interviewed said they are aware of and familiar with the Dignity of Risk Policy. This was also reviewed by the Assessment team, and it demonstrated that staff must support the consumer to understand the risk and determine how it can be managed. Staff are also required to provide the consumer with information about the risk and potential consequence in a form and language that they can understand to support informed choice and decision making.

Consumers sampled said that on commencement of services they are provided with a ‘welcome pack’ that includes service types, the Charter of aged care rights and contact information from the service. All nine consumer client files that were reviewed showed that information has been provided to consumers, and documents such as budget information, home care agreements, the Charter of Aged Care Rights and care plans have been signed by the consumer and uploaded to the database. The Community Services Manager said that there is a new tool being rolled out for use by coordinators across the organisation called the Budgeting Tool which allows staff to collaborate with consumers when budget planning to ensure services are itemised and planned within budget. The Assessment team reviewed the welcome pack for both HCP and CHSP clients which indicated information is provided to consumers about the organisation, their budget and funding arrangements, services provided and feedback and complaints.

The service staff confirmed that all consumer information is kept digitally and no hard copy files with personal information are stored in the office. The Community Services Manager confirmed that if consumer information is taken hard copy, it is placed into a shredder bin immediately after being scanned into the system, which is emptied by an external company weekly.

All consumers sampled said they felt that staff respect their privacy and keep their personal information confidential. Both the HCP and CHSP coordinators said they ensure support workers are aware of respecting consumer’s privacy when delivering both domestic and personal care, for example giving consumers choices on where they may like to dress after personal care, to make the service as comfortable and non-intrusive as possible.

# 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

Coordinators outlined the assessment process they follow. They said they use the client consultation form to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. During assessment risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented in the individual support plan. Consumers discussed how the service identifies their care needs and any risks.

Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation.

Support workers said they are provided information by coordinators in relation to the care needs of consumers and are provided with an access of the care plan that includes clear instructions. They access Alaya care apps on their phone and are updated in relation to changes by direct phone call and discussion at regular staff meetings. Care planning documentation sighted by the Assessment Team included specific tasks for support worker and in accordance with consumer. Advanced care planning and end of life planning was in place for a sampled consumer.

Policies and processes are in place that describe how assessment and care planning development is undertaken, in consultation with consumers and/or their representatives. The Assessment Team interviewed consumers, asking how they are involved in assessment and care planning, reviewed their care planning documents, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis. Progress notes and emails sighted provided evidence of liaison with other agencies as required.

Consumers/representatives interviewed confirmed they participate in assessments and ongoing reviews and were involved in development of their care plan. They felt they were well informed by the coordinator of the services they could access through the CHSP and HCP. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers said the services they receive are in accordance with their needs and preferences and agreed upon by them. Consumers/representatives confirmed they were provided with a copy of their current care plan. Consumers and representatives interviewed provided examples regarding their involvement including:

Several Consumers advised when services change an updated care plan is organised. The initial assessment is conducted by the coordinators and includes a risk assessment. Coordinators refer to the internal clinical team where clinical care is required for further assessment such as cognitive assessment. Care plans are then developed in partnership with consumers and representatives based on the information gathered via the assessment. Once developed a copy is provided to the consumer/representative. Care plans were sighted in all sampled consumer files. Updated care plans were also sighted based on reviews and changes in consumers’ care needs. Support workers interviewed said they have access to consumers’ care plans through the mobile apps. Those interviewed felt they get enough information on the needs of the consumers and how to deliver care.

Policies and procedures guide staff in relation to review and reassessment. HCP coordinators said they review the individual care plan with each consumer every year or as needed. CHSP coordinators said they are behind with the care plan review. Support workers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the coordinators who follows-up and keeps them informed of any changes. Detailed coordinator emails/notes were also sighted that reflecting changes in needs based on reviews, and discussions with social worker and drivers and contractors.

Sampled HCP care plans sighted were current, with reviews, conducted at least yearly, and as circumstances changed. However, the Assessment team found that CHSP care plan reviews were not up to date, with 38 out of 58 care plans due for review. In its written response the approved provider advised that information was being transitioned to a new system at the time of the Quality Audit, that all reviews had now been undertaken and that a system for ensuring reviews were undertaken was in place. I am satisfied these actions have addressed the issue identified.

# 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

Seven of the seven specific requirements were assessed and I have found all seven to be Compliant.

Consumers/representatives interviewed were satisfied overall with care and services they are currently receiving. They said communication from the office works well, and the manager regularly contacts them about care and services. They said staff provide services safely and confirmed current processes are in place to manage the risks around COVID-19. Several consumers/representatives said they think carers and social support workers provide an excellent service and play an important role in helping them maintain their overall health and wellbeing.

The service has systems in place for the delivery of safe and effective personal and clinical care services that meet the needs, goals and preferences of consumers. This includes identifying and managing high impact and high prevalence risks through assessment, care reviews and ongoing monitoring processes and recognising and responding to deterioration or change in health and wellbeing. The information regarding the consumer’s needs and preferences noting any changes is effectively communicated to inform the delivery of care. The service has a referral process to a nursing agency for all clinical needs to consumers when required such as wound care or any complex care.

Management advised their clinical team to participate in professional development to ensure the clinical care they provide is best practice and reviewed for effectiveness. They said they are supported by the organisation to access any training needed and clinical assessment documentation is available for their use.

The service engages with a range of peak bodies and other organisations to support best practice, such as dementia Australia and receives alerts from the government bodies and accesses the commission’s website. A comprehensive assessment is conducted for all consumers and clinical needs are assessed by a clinical team and any identified needs are included in the care plan and reviewed regularly.

Management confirmed care and services are delivered by trained carer and social support worker and all services are monitored by the managers. Carer and social support worker report any changes in the consumer’s overall health and wellbeing and this is followed up in a timely manner. Any incidents, changes in the consumer’s health or other significant events are noted in the consumer’s file and followed up as appropriate

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Six of the six applicable requirements were assessed and I have found all six to be Compliant. The service does not provide meals and that requirement is Not Applicable and was not assessed.

Consumers and representatives confirmed supports provided optimise their independence, health, well-being and quality of life. They provided examples of how the support provided them assists them to continue living their life the way they like.

Service staff demonstrated how services and supports for daily living promote the emotional and psychological well-being of consumers and assists them to take part in the community, interact with others and do things of interest to them. Coordinator and support worker complete online training before providing any services to consumers so that they are prepared, their training includes an overview of policies and procedures, code of conduct, privacy and confidentiality, identifying abuse and neglect, incident reporting, and dementia care.

Management systems in place to ensure service staff, and those involved in direct care delivery, work in collaboration with consumers to identify how best to support them to maintain their mental well-being.

Consumer documentation reviewed provided evidence of current care plans, with agreed upon goals, tasks and instructions for support workers, with consideration of risks to consumers and their changing circumstances. Consumer files sighted identified when the consumer had equipment in place and how this information was to be used with consumers. Dated notes sighted also included referrals to occupational therapists for assessments and home modification services where required

# 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. | Not applicable | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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

Four of the four specific requirements were assessed and I have found all four to be Compliant.

Service staff described how consumers, and/or their representatives may provide feedback. These methods include completing a feedback form which is included in their welcome pack; an annual survey provided to all consumers; and verbal feedback provided to the support workers or calling the office staff to provide feedback. The Community Services Manager advised that at time of commencement of services, consumers are provided with a welcome and information pack that includes a fact sheet on feedback and complaints. The Assessment team reviewed the welcome pack for both CHSP and HCP clients and feedback and complaints information was provided, including the complaints process. All consumers sampled said that they were aware on how to prove feedback or complaints and would feel comfortable doing so. For example:

Consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service. The service could show documentation that supports consumers to access these services. The welcome and information pack provided to consumers on commencement for both CHSP and HCP include information for how to access an advocate and contact details for some sample advocacy services, such as OPAN. Information for external complaints services, such as the Commission and Health Care Complaints was also present. This documentation also included information for language services such as translation and contact details for such services. The HCP Coordinator also said that when a consumer commences services, there is an initial meeting with the consumer and their family or support network, if necessary, to ensure consumers understand all information provided in the welcome pack in relation to feedback and complaints, language services and other methods for raising complaints. Consumers sampled said that they have heard about the Commission for raising feedback and complaints.

All staff interviewed demonstrated an awareness of open disclosure and advised they would always apologize to consumers if there was a problem with the services they received or expressed any concern about elements such as staff conduct. The Community Services Manager also said in managing a complaint, they would always speak to the staff member involved to ensure a full picture was captured. The Assessment team reviewed the Open Disclosure policy which outlined the process of open disclosure, including apologizing, the provision of timely information, a factual explanation of what happened and outlining the steps taken to manage and prevent it from occurring again. All consumers sampled that had raised feedback or concerns said that they felt appropriate action.

Consumers and/or representatives demonstrated that the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through annual satisfaction surveys, and through regular feedback forms or verbally through support workers. The Chief Risk Officer (CRO) described the way that data regarding consumer feedback is reported to the executive and governing body through the Riskman system, and this was consistent across all management staff interviewed. Management recognised that the service’s biggest challenge at present is staff recruitment and retention, which was consistent with consumer feedback sampled by the Assessment team. Management described the multiple strategies in place to address this concern, which was being tracked on the Continuous Improvement Register.

# 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service sufficiently demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly for support workers.

The Workforce rostering team leader said that they ensure that rosters are forward planned for at least a week to ensure clients receive services from their preferred support worker, and to accommodate for any shift changes due to staff leave. The team leader said they ensure they always have a current list of staff members on leave which is updated daily, and at times will organise for some services to be filled by support workers from other regions to reduce the amount of service cancellations. The General Manager for Home Care said that there has recently been a realignment of staff across the organisation to introduce a Support Worker team leader in all services to support care staff on an operational level**.** The organisation employs a Clinical Lead for each region for the provision of effective and best practice personal and clinical care, and to be available for clinical assessment or advice from coordinators and support workers where required. All consumers sampled said that staff that they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their views were respected regarding choose of support worker and timing for their services.

All consumers sampledalso said that their regular support workers respect their identity and let them make choices about the way their services are delivered. All nine consumer files that were reviewed indicated a use of respectful language to each consumer and their individual circumstances. The CHSP and HCP Coordinator both said they have never witnessed or heard of a consumer being treated in a disrespectful manner but were consistent in saying they would immediately report any concern to management and record the incident in the client file and in the risk management system.

The Assessment team observed the HCP coordinator participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner. Consumers sampled said that they felt that staff know what they are doing and are competent in the tasks they complete during services. The Community Services Manager said there is currently a program the service is running called ‘Cleaners to Carers’ which allows for domestic care workers to participate in a traineeship to be trained for personal care and eventually earn a Certificate 3 and 4 in individual support. They also said that all new staff receive a comprehensive induction, buddy shifts with team leaders or experienced support workers and have an induction passport to support the process.

The Assessment team sighted the passport which included information about the quality standards, business and information systems, assessments about infection control and development action plans. Management confirmed that the service is currently sub-contracting services to one organisation for clinical services. Management said they are currently recruiting for in-house registered nurses, and once this process is completed they will have all services provided internally.The Assessment team sighted the brokerage agreement, insurances and qualifications/registrations of staff from the sub-contracting service, which were all completed and currently in date.

The Community Services Manager indicated that there is mandatory training to be completed on induction, and on-going training and support is offered to staff where it is required. Mandatory training includes cultural safety and awareness, WHS, infection control and PPE and identifying and reporting elder abuse and neglect. The Assessment team sighted the mandatory training register which showed that all staff have completed all mandatory training.

The Head of Learning and Development said that an annual training calendar is developed at the beginning of each year based on the key risk areas identified across the organisation. The calendar is distributed to all staff and each month has a different training topic. For example, February’s topic is the expansion of SIRS into Home Care. The training includes e-learning, a toolbox talk from a subject matter expert and further reading and resources.

The General Manager also said that recently management received feedback from staff regarding a lack of awareness of managing behaviours associated with dementia. To respond to this, a dementia strategy was developed by a dementia specialist with industry resources and included training for staff on recognising and managing behaviours associated with a dementia diagnosis. This was also sighted on the continuous improvement register by the Assessment team.The clinical practice specialist also said that clinical leads in all regions are available for training and support to operational staff for issues regarding clinical and personal care and assist with development of the annual training calendar. All staff interviewed said that they have regular informal and formal meetings with their managers and team where they can discuss any concerns or additional training requirements.

The Community Services Manager said that the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed three performance management plans of staff which showed an informal performance discussion between manager and employee but could not demonstrate there was a formal system in place for identifying goals and working with staff to achieve these. However, staff interviewed said that they are supported in their roles by their colleagues and managers and have regular meetings and discussions with their team about performance.

Although the formal management system is not currently implemented, the Assessment team observed other methods for management to monitor staff performance and acknowledge that the service has identified that the system needs to be implemented. It was also sighted on the Continuous Improvement Register to commence in March 2023.

# 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers sampled provided examples of times that they have provided feedback to the service and have done so in both formal and informal ways.

The service promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body remains accountable for the delivery of safe, inclusive, and quality care by being continuously informed through governance mechanisms and ongoing reporting pathways from the service to executive level. All staff said that they are aware of best practice support for consumers regarding both clinical and non-clinical care and that they service supports them to deliver these outcomes. For example, through ongoing training developed from key risk areas, consumer feedback and clinical data indicators.

The service uses effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It also is using an effective risk management systems and practices, including managing high impact rinks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

The Assessment team sighted the incident management system, Riskman, which is used by all staff to record and report incidents, hazards and near misses. The Chief Risk Officer (CRO) said that incidents reported with a severity rating of moderate or higher, based on the risk matrix, are sent as an alert to all managers and executives for review and recording. The CRO also said that a risk-based report is collated from Riskman monthly that provides data to the Quality and Safety People Committee for review and development of key risk areas across the organisation. This information is then used for developing training for staff and informs the continuous improvement register.

The service has a clinical governance framework. The clinical governance framework document was reviewed by the Assessment team and included reference to actions on the continuous improvement register and confirmed that goal achievement is rigorously monitored. It identifies a foundation of systems that ensure open and transparent processes are implemented to identify and report clinical risks and opportunities for improvement.

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