**Performance**

**Report**

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| Name of service: | All Care |
| Service address: | 135-142 Princes Hwy Fairy Meadow NSW 2519 |
| Commission ID: | 201349 |
| Home Service Provider: | All Care Health Services Group Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 20 February 2023 to 22 February 2023 |
| Performance report date: | 3 July 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 Care (**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 Care Health Services Group, 26973, 135-142 Princes Hwy, Fairy Meadow NSW 2519

**CHSP:**

* Community and Home Support, 27715, 135-142 Princes Hwy, Fairy Meadow NSW 2519

# 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
* issues raised following the Quality Audit
* additional information supplied by the approved provider on 12 April 2023
* the provider’s response to the assessment team’s report received 23 May 2023.
* follow up interview with consumers after the Quality Audit
* Information held by the Commission regarding the service and the Home Service provider.

# 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 | **Non-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

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

Requirement 7(3)(a) – in relation to the Home Care Package service, ensure the workforce is planned to enable, and the number and mix of members of the workforce enables the delivery safe and quality care and service, particularly in relation to ensuring reasonable consistency of service commencement times, and communication of service time and staff changes.

# 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 Quality Standard for the Home Care Package service is Compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six specific requirements have been assessed as Compliant.

Requirement 1(3)(a) - Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Consumers spoken to provided positive feedback about being treated with dignity and respect. For example, one consumer with a varied cultural background stated staff show them great respect and were happy to have a laugh with them. Both field and office staff during interview could answer specific questions on consumers’ backgrounds and things of importance without hesitation, spontaneously giving numerous examples.

Staff could explain what treating consumers with dignity and respect meant in practice. For example, support workers explained that it remains the consumer’s home, they respect the way consumers want things done and respect their decisions. These support workers stated that they had never seen a consumer being treated disrespectfully, but if this was to occur they would ring the Team Leader and document it in an email or incident report. Management advised there had been no complaints or issues related to staff treating consumers with disrespect.

Documentation sighted and reviewed included:

* The Complaints Register, which was consistent with management feedback, with no entries in relation to ‘consumer respect’.
* Care Plans had ‘My Cultural Information’ with birth country/language.
* Client Information sheet had 'How to build rapport' which contained extended details on the consumers’ background.
* Client Information sheet had 'Likes, dislikes and strengths' which contained a comprehensive list of what was important to the consumer.
* Client Information sheet had 'My life my choices' and 'My goals' which outlined what was important to the consumer.
* Care Plan language was both inclusive and respectful.

Requirement 1(3)(b) - Care and services are culturally safe

Consumers sampled said support workers get to know them, are familiar with their background and what’s important to them. Client Engagement Managers (CEMs) advised that a full cultural profile is completed at the initial assessment, which enables the service to list specific cultural needs for their care including spoken language and diet. Support workers spoken to demonstrated a good understanding of providing culturally safe care in their day to day work. For example, one support worker stated that for one consumer who lives with dementia, that they play music in that consumers native tongue as it encourages them to eat, shows them old photos and learnt some words in that native tongue words to help with the consumer’s understanding.

Management advised that support workers and consumer backgrounds are cross matched for the best cultural fit, to ensure that every consumer feels safe during the delivery of services, continuity of care/worker can be maintained, and complaints can be avoided. Management also said that a ‘Cultural Diversity’ competency assessment is conducted during a Buddy shift, and if the support worker is deemed ‘non-competent’ they would be referred to complete the module again.

Documentation sighted and reviewed included:

* Care Plans ‘My Cultural Information’ is cross matched to support worker.
* Training mandatory induction module 'Celebrate Differences: Ensuring a Diverse and Inclusive Environment'. Following the Quality Audit the approved provider submitted a copy of its induction training materials related to this.
* Employment Hero showed 100% completion rate for sampled staff.
* Reconciliation Action Plan included a local artist surfboard in the office.

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.

# Consumers sampled stated, in various ways, that they are supported to make decisions and have a choice in what care and services they receive from the time of the initial assessment. They decide what services, the preferred days/times and agree to the support worker’s cultural fit as necessary. Support workers interviewed stated that consumers always have the choice, they ask them what they want today and follow their instructions. They confirmed there are strong family connections in place for all sampled consumers, so have not been required to assist in maintaining relationships.

# Management spoke about their ‘client directed care framework’ on a number of occasions, explaining that both consumers and staff have been educated to understand what it means in practice for service delivery. Management indicated that right from the initial assessment, the consumer exercises their choices deciding what they want help with, how they want to spend their HCP budget, and who the service should speak to either themselves or their representative moving forward.

In information submitted following the Quality Audit, the approved provider indicated that it used a system (identified for the purpose of this performance report as TP) for information distribution throughout its organisation, which it stated it had spent a significant amount of time customising to its requirements. It stated that this system ensures the timely distribution of information by:

* Providing a Client Information Sheet which Community Support Workers (CSWs) have access to. It stated that that sheet is a summary of the consumers individual care plan
* Providing appointment notes, which staff are required to complete for each appointment, which are relayed in real time and which are reviewed daily
* Providing appointment details, in which CSWs are provided with their roster 14 days in advance. The approved provider stated that by getting the roster in advance staff are adequately informed about the consumers they are to provide services to, and can contact the office with any enquiries about individual consumers’ circumstances if required

The Assessment Team viewed the content of TP in a number of instances, which has been referenced throughout this report.

# Documentation sighted and reviewed included:

* Policy CS 3 ‘Care Planning, Clients’ Agreements & Contracts’ Version 4 December 2021 (next review December 2023), which outlined a person-centred approach embedding client directed care and choice.
* Care Plans were signed/dated by consumers and their dedicated CEM. Care plans reviewed showed various dates of establishment, review and update.
* TP electronic client records, which listed client preferences.

Requirement 1(3)(d) - Each consumer is supported to take risks to enable them to live the best life they can.

Some consumers sampled explained how they are encouraged by support workers to mobilise inside/outside the home, and for those receiving personal care do as much as they can for themselves under supervision. A CSW explained how they helped the management of risk by, firstly, conducting an assessment before assisting her clients to take risks, such as for one consumer who was assisted by staff to view an environment of interest to them. The staff member stated they assisted the consumer to mobilise during this observation.

CEMs conduct a full risk assessment for every consumer during initial assessment. This identifies risks or hazards and deploys strategies to reduce risks to optimise opportunities for consumers to live a life they choose. For example, documentation for a consumer demonstrated that their cognitive decline was leading to some personal hygiene issues and risk of falls, and that actions were taken to address this. These actions included rostering changes, such as provision of the same staff, together with increased social interaction to address the needs of the consumer.

Management advised that a dignity of risk framework was in place whereby the consumer tells the service what they want and the risk are explained, but that the decision is the consumer’s to make. Management further advised that that all discussions are documented by the CEM, and any phone calls received are attached to the client record to close the loop.

Documentation sighted and reviewed:

* Policy CS 3 ‘Care Planning, Clients’ Agreements & Contracts’, however this did not a direct reference to consumers to take risks or maximise independence.
* Policy CS 22 ‘Dignity of Risk’
* The Care Plan of a consumer indicated they were assisted to purchase their own walker

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.

All consumers sampled received a Client Pack upon entry to the service that outlined matters such as service options, service agreement, pricing structure, complaints procedure and feedback forms. Consumers confirmed that they were receiving their monthly statement by post, and if they had questions they would phone their dedicated CEM.

However, one consumer stated their statement had not been categorised and wanted to know what they owed and why they owed it. That consumer was contacted after the Quality Audit. They stated that a new system was in place, and while they still had some trouble understanding their bills, they were happy to speak to the staff member responsible for billing, who the consumer felt was very good and would assist them. The approved provider submitted information which indicated its staff had engaged with that consumer on a number of occasions to discuss their financial statement and fees generally. In information provided by the approved provider after the Quality Audit, it stated that as a consequence of the concerns raised by the consumer it developed a plain English for interpreting the monthly consumer statement, to assist its consumers. A copy of that document was provided.

While assisting this consumer to understand their financial details appears to an ongoing process, I am satisfied that the approved provider has put in place measures, include ongoing measures, to assist this consumer and other consumers.

Management explained both budgets and monthly statements are autogenerated by the TP system to avoid manual entry errors, with charges only appearing once a service is completed by the support worker. Management also advised that a change to an Industry award (SCHADS) resulted in changes to costs (details of which were provided to the Assessment team) and service times, and that the roll out of this included a letter sent to all consumers on 22 July 2022, including CEM 1-on-1 meetings for affected consumers to discuss changes in their HCP budget.

Following the Quality Audit the approved provider submitted information regarding its implementation of SCHADS. It stated it did not pass on the cost increase to consumers from 1 July 2022, the time when wage increases were implemented, but chose to do so one (1) month later to support consumers, at cost to itself. The approved provider submitted a pro forma letter it indicated was sent to all consumers about the price increase. That letter noted the delayed implementation date and that there would be no change to Package management fees. A review of the service’s Complaints register recorded that a consumer raised a concern about an increase in fees, and it was recorded that the reason for the increase was discussed with the consumer. The approved provider also submitted a pricing table, which it indicated was given to consumers, which it stated evidenced that it remained the best provider option for consumers where hours of care was decisive factor.

Management advised that the Client Portal was now utilised as a tool over the phone with the consumer for CEMs to discuss any issues. The CEO stated that the service had conducted monthly calls for first 6 months to assist the consumer who expressed concerns about categorisation of their statements, to assist their understanding of their monthly statement. Case notes submitted by the approved provider after the Quality Audit showed a number of engagements with that consumer from June 2021 to March 2023 regarding financial matters, with staff recorded as going through financial matters with the consumer. One engagement was seen to involve an advocacy service and related to an income tested fee.

The Assessment team provided details of unspent funds across the service. In information submitted by the approved provider following the Quality Audit it addressed individual consumers and provided details of why unspent funds had accumulated, including hospitalisation, saving to purchase large items and consumers having transferred to the service with accumulated funds. It also identified its processes for monitoring and managing unspent funds generally.

The Assessment Team reviewed the organisation’s Continuous Improvement Quality Register (CIQR) which was provide prior to the Quality Audit. The CIQR recorded an item from September 2022, based on ‘Client/Carer Feedback’, with the opportunity for improvement noted as ‘Timely information to support choice and control over their service’. The required actions were recorded as ‘Development of a Client Portal within our CEM systems’. The item was noted as ‘In Progress’.

During the Quality Audit a consumer stated that their partner, who is also a consumer, was on a level 3 package and had applied for a level 4 package but had not heard anything about it yet.

Following the Quality Audit the approved provider submitted information in relation to that consumer, in which it stated it had contacted myagedcare about the progress of this package, and was told by myagedcare that as of April 2023 a further wait period of 1 to 3 months was expected. It noted that in the meantime it had been in regular contact with the consumer about their care arrangements, and was modifying services as requested or required.

The Assessment team identified concerns raised by consumers in relation to change in service delivery time and change in staff. I have considered that information in requirement 7(3)(a).

Documentation sighted and reviewed:

* Monthly Statements Guide was provided during Initial Assessment.
* HCP consumer budgets were seen by the Assessment Team to be set out in a clear format, and available to staff on TP electronic client record ‘HCP Budget’ button.
* HCP consumer monthly statements were observed by the Assessment team to be set out in a clear format, and included government subsidy per care days/month, package management fee month total, expenses generic entry ‘Client Directed Care’. External charges were itemised, as well as total income, total expenses and closing balance.
* HCP consumer monthly statements were available in bi-lingual and larger text formats for visually impaired consumers.
* TP auto generated monthly statements from support worker start/end log on times for each shift
* Client Portal provided information of daily services delivered in real time.

# Requirement 1(3)(f) - Each consumer’s privacy is respected and personal information is kept confidential.

All consumers sampled felt that staff always maintain their personal privacy during care delivery. Support workers demonstrated an understanding of their responsibilities in relation to maintaining privacy and confidentiality, such as, for a named consumer, putting measures in place to respect their privacy during provision of personal care.

Management explained that all field and office staff are aware not to disclose information unless otherwise authorised. For example, a family member of one consumer requested a copy of the consumer’s monthly statement, which was provided but not until they signed an ‘Authority to Disclose’ form as evidenced on their file.

Examples of documentation sighted and reviewed:

* Policy CS 7 ‘Privacy’ outlined collection/disclosure of personal information. This was seen to have a review date of 1 June 2024
* Policy WS 7.9 ‘Information Technology’ outlined that no confidential information to be stored on local drives. This was seen to have a review date of 1 June 2023
* Forms ‘Authority to Disclose’ available on client files were signed/dated.
* Training mandatory induction module 'Client Information – Confidentiality & Privacy'.

# 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 Quality Standard for the Home Care Package service is Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

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.

The assessment and planning process consider risks to individual consumer’s health and wellbeing including management of skin integrity, restrictive practices and falls risks. Consumers and representatives reported they are included in, and are satisfied with, the assessment and care planning processes at the service. Staff could describe how assessment and planning is facilitated and how this informs the delivery of consumers’ care and services. For example, management and staff described the process of assessment and planning, and reported this includes consultation with the consumer/representative, other health professionals and documentation such as hospital discharge information and ACAT assessments to inform the development of an individualised care plan. Management stated that care plans contain an environmental and situational risk assessment. It further stated that, jointly, these risk assessments are used to ensure that services a client is requesting can be delivered safely.

The Assessment Team reviewed care documentation for consumers which demonstrated assessment and planning processes identify the needs, goals and preferences of consumers and any related risks to their health and wellbeing. For example, the care plan for a consumer was viewed, which demonstrated that risk such as cognitive decline, leading to some personal hygiene issues and risk of falls, was identified. Rostering changes, include provision of the same staff, were implemented, together with social interaction to address the needs of the consumer.

The Assessment Team reviewed current policies and procedures related to care planning and risk assessment, including CS22 – Duty of Care, Decision making and Choice.

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.

Review of consumer care documentation demonstrates, and interviews with consumers/representatives indicated, that individual consumer’s current needs, goals and preferences are addressed. It was demonstrated that for a couple who receive personal care services daily that consideration was given to their capabilities and how staff promote those capabilities while assisting where required.

Six out of eight consumers sampled confirmed advance care planning is discussed. CEMs advised there is discussion about a consumer’s end of life (EOL) wishes when a consumer enters the service at care plan review and if a consumer’s condition deteriorates. For example, one consumer stated that staff have spoken to them and their partner about advanced care planning, with the relevant papers having been signed in the solicitor’s office and other family members aware. The representative of another consumer, who lives with dementia, shared how the consumer and family are guided through the support of the service, and whilst EOL has been discussed, they are not at the point to put this step in place just yet.

The service’s systems were seen to contain all key information regarding consumers, including their diagnoses, EOL wishes and current needs and preferences in relation to risks, communication, mobility, diet, and continence.

Management shared how they have used several communication channels to educate clients about advance care planning, and taken steps to ensure that clients have access to advance care planning guides. They stated that information regarding advance care planning has been provided via the service’s Connect and social media. Care staff interviewed stated they had access to an App that provided relevant information about the consumers, including alerts.

Requirement 2(3)(c)

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Review of care planning documentation and consumer interviews demonstrated that planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other health care providers and organisations are included in assessment and planning for consumers. For example, a CEM interviewed discussed a recent review of a consumers care plan that their child had participated in. The consumer was noted to be living with a cognitive impairment, with some challenges in the provision of care. The type and frequency of services given to that consumer was seen to align with their situation. Each appointment had a task list, which provides the CSW with access to an information sheet that outlines how to build rapport with the consumer, and an outline of what each service entails.

Another consumer stated their family had definitely been involved in the assessment and planning. That consumer stated that the family had stepped back as they felt comfortable with the involvement in care and information that is shared with them. An appropriate referral was seen to have been made to an Occupational Therapist (OT).

The CEM described how TP is by far the best system they had used for obtaining and having access to pertinent information.

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.

Through review of care documentation by the Assessment Team and interviews with consumers and staff, the service demonstrated communication with consumers and outcomes of assessment and planning is effective. Most sampled consumers/representative advised they can provide input into the consumers’ care needs. For example, one consumer stated that while they did not require a copy of their care plan, the care plan was seen to be reflective of their care and service, particularly a rehabilitation program after an accident.

However, another consumer was asked whether staff explained information about their care and services, and whether their care plan was offered, and replied ‘Not really’, and indicated that they felt they needed more information on financial matters. This issue has been discussed under other requirements.

Management advised that the Client Portal was now utilised as a tool over the phone with the consumer for CEMs to discuss any issues.

Care planning documentation was observed to be readily available to all staff and visiting health professionals have access to care documentation relevant to the services they deliver. Staff interviewed advised that all the information relating to a consumer is available to them via the TP. Clinical and care staff reported communication at the service is good and they feel they have access to enough information to assist them in meeting the consumers’ care needs.

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.

The service demonstrated that care plans and services are reviewed twice yearly at a minimum by the CEMs, or when circumstances change, or if there is an incident involving a consumer.

Management confirmed the CEMs are responsible for between 30 to 40 consumers and they are in regular contact with them. A note is recorded in TP for every service that is delivered by the service on every occasion. At times this may include a trigger that will escalate the note if an incident or change in consumer’s behaviour has occurred that may require an assessment, whether clinical or otherwise. For example, a consumer who cares for their partner stated they were having a meeting with the service shortly as they needed some more help, which had prompted a review of their care plan. The consumer stated they would like more help at home so that they can both maintain their independence and stay at home for as long as possible.

Information indicated that a CEM can enter a note that may include instructions specific to an appointment for the client support worker. The CSW receives this instruction via their phone and is required to review the information before they can perform a wellness check on the consumer. Wellness checks are performed on every visit where a service is delivered, and this process ensures the CSW has the latest up to the minute information and instruction.

The care notes recorded on every visit for another consumer were seen to be integral to providing the information that each care worker needs, to ensure that consumer’s personal care needs are attended to each day. The Assessment Team observed that notes are recorded during the delivery of each consumer service and that care plans are updated regularly.

Management shared that they review every note recorded in TP, every day, and will take action without prompting if they identify anything unusual or requiring action.

# 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 Quality Standard for the Home Care Package service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

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.

Care documentation was reviewed for consumers requiring management of wounds, falls, diabetes, challenging behaviours, pain, catheter care, and maintenance of skin integrity. This demonstrated, and consumer and staff interviews confirmed, consumers are receiving individualised care which is safe and right for them and is based on best practice. For example:

* One consumer was identified as living with insulin dependent diabetes requiring administration of insulin. Their daily service was seen to include a routine to enable that consumer to administer their personally and maintain their independence in this area. Following the Quality Audit the approved provider advised that its organisation’s policy is that staff do not dispense insulin to consumers but that appropriately trained and competent CSWs monitor insulin usage and document it, including for this consumer. It stated that at orientation all CSWs undergo a mandatory medication module. It supplied a copy of the related competence assessment.

For another consumer care and services were seen to be adjusted to address personal hygiene and related issues, and for another a Clinical care worker (CCW) discussed how a consumer’s falls risk and deterioration in health were assessed and measures put in place tom address these.

Management discussed two real life scenarios, in relation to respecting consumers food and alcohol preferences, while also ensuring that related risks are explained to the consumer and notes recorded in TP to trigger further action by the appropriate staff.

Management reported they know care is safe and effective because they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care and review care documentation and analyse incidents to identify any emerging concerns or care needs.

The service has policies and work instructions reviewed at an organisational level to guide staff in care delivery, including for pain management, skin integrity and falls prevention and management.

Requirement 3(3)(b) - Effective management of high impact or high prevalence risks associated with the care of each consumer.

The service demonstrated high impact, high prevalence risks to consumers are managed effectively via clinical review, which includes other health professionals when required. Staff could describe the main risks to the consumers including falls and skin tears and the risk mitigation strategies that are used for these. Strategies to mitigate risks are implemented and management review, trend and analyse clinical incident and quality indicator data which is reported both within the organisation and externally. For example, the service identified its top three consumer risks, and a manager was able to promptly, and without accessing the services systems, provide details of 5 consumers which some or all of these risks related.

The Assessment Team sought details of consumers requiring a higher level of care than the package currently available to them. The service advised that it maintains a client register which shows the level of package available to them as compared to the level assessed. The service advised that when a client's care needs exceed the value of the package assigned there is a business process to in place, which includes reducing less essential service types to facilitate essential services, assistance for reassessment application with My Aged Care and education about other care options. The Assessment Team viewed a copy of the register.

The Assessment Team also sought details of consumers living alone and who don’t have a representative, or have very limited contact outside your service. The service advised that it maintains a register with TP, which sets out which clients require support during an emergency. The service advised it had reviewed the register and provided the names of 30 consumers that matched that criteria. It noted that its contact with those consumers varies, depending on the nature of that specific client's wishes.

The Assessment Team viewed the service’s incident register, which had 37 entries. Each entry was seen to include immediate response, actions taken, policies and procedures created/changed, affected parties and people contacted to ensure they were okay.

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.

The service was able to discuss care delivery for consumers at End of Life (EOL) that ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained.

Management and Client Engagement Managers advised a community palliative care team is mostly employed to provide support when a consumer is assessed as palliative or at EOL. Staff reported alongside care delivery they provide comfort measures and have used strategies such as the use of an essential oil diffuser and music if the consumer/representative finds this beneficial. Clinical and care staff described how their focus is on maintaining the comfort of a consumer at the EOL, providing pastoral care and supporting the consumer’s family.

The Assessment Team reviewed procedures available to staff which provides guidance on what to recognise and how to respond to acute changes in a consumer’s health care status. The clinical manager provides training to CSWs regularly, and provides updates in meetings with CEMs and managers.

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.

The service was able to demonstrate that changes in a consumer’s health and well-being are recognised and responded to in a timely manner. Care notes for sampled consumers identified that staff recognise, report, and respond to changes in a consumer’s condition. The clinical manager advised actions taken include assessment of the consumer, discussion with the consumer/representative, referral to their GP or other allied health professionals and transfer to hospital if necessary.

Care staff advised they follow electronic instruction through TP if they have concerns about a consumer behaviour such as loss of appetite and changes in mood or behaviours. They provided an example in relation to a consumer who was suffering from a urinary tract infection which a care worker identified when changing their continence pads. An ambulance was called to take the consumer to hospital, as the consumer had other issues making such assistance desirable. A CEM spoke with the hospital at discharge to understand what care was required once the consumer returned home, and update TP so that relevant staff were informed.

All consumers who were asked if the service’s staff would know if their health changed suddenly stated they would except one consumer, who when asked if he felt staff knew them and would know if their his health changed suddenly replied that ‘some would’, but did not recall at time when their health deteriorated or they became unwell. Case notes submitted by the approved provider after the Quality Audit indicated that a review of that consumer was undertaken by staff a few weeks previously, with discussion held on referral for a higher level care package. That consumer was contacted after the Quality Audit, who presented as articulate and able to communicate effectively. That consumer stated that the organisation and its staff were accessible, and that the consumer felt comfortable speaking to them.

Management advised that the Client Portal was now utilised as a tool over the phone with the consumer for CEMs to discuss any issues. The Assessment Team reviewed procedures available to staff which provide guidance on recognising and responding to acute changes in a consumer’s health care status.

Although not all consumers expressed complete confidence that all staff of the organisation would pick up changes in their health, on balance I am satisfied that the service’s processes and systems are effective

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.

The service was able to demonstrate that information about the consumer’s condition is documented and shared both within and externally to the organisation when necessary.

Management and staff described how changes and updates are reported real-time via the notes on every visit, and the appropriate action is initiated that may include a review of services delivered. Consumers/representatives reported they are satisfied that staff know about consumer’s needs and preferences most of the time, the exception being when new staff are junior to their roles and lack confidence. Consumers/representatives are aware of the type of information which is made available to care workers on every visit.

Review of sampled consumer’s care documentation identified that correspondence from health professionals, test results and referrals are accessible to staff at varying levels where it is appropriate to their role and the care that they deliver. The organisation stated that collaborative practice is central to the way it operates, in bringing individuals and external organisations together to identify and address problems and deliver outcomes.

Where care obligations are shared with multiple organisations, the organisation has comprehensive policies that govern the sharing of client specific information. These policies include, CS11 - Referral of Clients to Other Agencies and CS19 - Working with Other Agencies. Both these documents were seen to have a review date of June 2024

Management stated that information is only shared with other organisations when consent is granted by the client.

All care workers interviewed stated that the client information sheet runs through what is required to deliver services. It includes alerts that you let them know what is important for that specific visit. They also stated that consumers will also mention things the more you see them and become familiar with them, and that communication between the CSW’s and CEMs is strong.

Requirement 3(3)(f) - Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service was able to demonstrate that referrals to other healthcare providers or organisations are appropriate and produced in a timely manner. Management and staff described how changes in a consumer’s health or well-being would prompt referral to a relevant health professional, for example following a choking episode, consumers are referred to the appropriate supports.

Review of care information identified other health professionals assess consumers and provide directives for their care. For example, a consumer needed to learn how to walk again after an incident. The service referred and coordinated a specialist that has assisted the consumer to learn how to walk within the limits of their condition and maintain core strength.

Management advised, and electronic reviews for sampled consumers confirmed, the service is closely connected to physiotherapists, podiatrists and exercise professionals who visit consumers regularly. Referrals can be made, for example, to a geriatrician, audiologist and a palliative care team.

Requirement 3(3)(g)

Minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The service demonstrated effective processes were in place for Infection Prevention and Control (IPC), including management of an infectious outbreak. There are practices in place to promote evidence-based use of antibiotics. The Assessment Team reviewed a contemporaneous outbreak management plan, policies, and procedures to guide staff in IPC and antibiotic management.

Management advised that the clinical care manager is recognised within the district as being an expert in wound care and has had good results. For example, infections are reported real time via electronic notes, and where relevant through an incident form. These are analysed and reviewed as they occur, and ongoing monitoring strategies introduced via TP, including the usage of antibiotics.

The Assessment Team interviewed the IPC leads (management) who have completed the related training, who described their role during an outbreak and in provision of staff IPC training. Staff advised they have completed training in IPC practices and could advise what actions they take to prevent and manage an infectious outbreak.

The Assessment Team reviewed the training matrix, which confirmed all staff have been trained in IPC practises.

# 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 Quality Standard for the Home Care Package service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as seven of the seven specific requirements have been assessed as Compliant.

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.

Consumers reported the service supports them in their daily life to promote their quality of life, well-being and enable them to maintain their independence and advised staff know about their individual needs and preferences.

The service has partnered with a health and fitness service to deliver leading edge aged care exercise classes. Consumers interviewed shared how this has been good for core strengthening and balance enabling them to maintain mobility and support their independent living preferences. For example, one consumer stated how, after an accident, allied health and exercising have got them walking again, and how they had recommended the service to many of their friends. Another consumer stated that they and their partner look froward to being taken on an outing weekly. The service stated it is trialling creative ways for consumers to have social interaction and maintain core strength and balance. This is achieved through group exercise classes and new friendships have formed and it is often followed by lunch that is coordinated at a local café and over seen by a care worker.

However, another couple stated that while they’re receiving the care and services that they need the cleaning service could be better, stating that the cleaning company they use was very bad and that one cleaner was very abrupt. They stated they reported this experience to the service, and that the service tried but they couldn’t get the good cleaners in. They further stated that the cleaner that visited recently was good, and were told by that cleaner that it would take some time to bring the house back up to speed

In its written response, and in other information submitted by it, the approved provider acknowledged this couple’s concerns as valid. It referred to Industry wide shortage of domestic staff, which restricted it, in the past sixteen weeks, to providing domestic assistance between 1 and 2 pm with only three separate workers. It set out the measures it was taking, including recruitment, use of other staff and given clients the option to source their own cleaners, with the service to pay the invoices. The approved provider stated this option had been taken up by some consumers. The approved provider also submitted evidence of a review of these consumers in April 2023, which indicated those consumers raised no ongoing concerns at that time.

On 23 May 2023 the approved provider submitted an updated complaints register. That register showed that from 15 February 2023 to 1 May 2023 there were 8 complaints which appeared to be related to cleaning, however 7 of these related times for cleaning services being changed, with one (1) relating to the standard of the cleaning.

I have considered the issue of cleaning services under requirement 7(3)(a).

Requirement 4(3)(b) - Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Consumers/representatives sampled advised the service promotes their independence and encourages them to participate in activities that reflect their lifestyle and interests. Staff demonstrated detailed knowledge of consumer’s needs, goals and preferences, including levels of support they require.

The information captured through the work processes and methodologies in TP was seen to be extensive and included detailed strategies to support their choice, daily living, wellbeing, and service delivery. For example, one consumer enjoys attending social events, including live events and was seen to be supported to attend each that they wanted to. However, that consumer expressed concerns about the cost charged by the service to attend those events, of those staff were often late. I have considered that consumers circumstances and the approved provider’s response under Standard 1 requirement 1(3)(e).

A consumer’s representative shared how that consumer likes to be kept busy and can become stressed during quiet times. The representative mentioned that the care workers do an excellent job at keeping that consumer active through gardening, walks in the park and taking them for coffee, which provides their partner with a little respite. Another consumer’s representative stated that their partner enjoyed talking with the care workers, and they will often sit and listen to them. That representative expressed confidence in the service supporting activities they like, with consideration to their decreased mobility.

The Assessment team evidenced an activity/events plan and photos of consumers and staff enjoying themselves at events.

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.

Consumers advised they are supported to maintain contact with people who are important to them and to participate in activities of interest both within and outside of the service community. For example:

* One consumer being accompanied by the service to visit family interstate
* Another consumer being accompanied by the service to attend the Melbourne Cup, including flying to Melbourne
* One couple wanted to seeing a film but not in a group. They shared how they contacted the service and they coordinated a carer to take them to the movies utilising funds from their package.

Four of the consumers sampled shared how prior to COVID19 the service held social events, they would like to see them return now that it is safe to do so.

The service runs an Out and About program that provides their consumers with the opportunity to connect with others, take in a movie or show, or just a change from the everyday. The Assessment Team viewed the schedule and noted that from 19 July 2022 to 16 December 2022 that eleven events were held.

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.

Consumers/representatives advised they are satisfied with the way information about them is communicated. Staff could describe how information is shared via TP and how they are provided with updates about changes in relation to consumers daily living supports. For example:

* Care staff are required to do a wellness check on every visit with a consumer, TP prompts them through this process to ensure this is consistent and a note is recorded on every occasion. The note is available real-time and includes triggers that may enact services and actions.
* CEMs utilise the functions in TP regularly to advise care workers of any changes to the care that is to be delivered.

Management advised that:

* appointment notes are reviewed every 24 hours to ensure that services are meeting the consumers’ expectations. Where issues are identified they are actively resolved.
* Where a client receives services from multiple providers it is governed by CS19 - Working with Other Agencies. This document was seen to have a review date of 1 June 2023
* Where a third-party is providing services to a client the services are governed by a Brokered Services Agreement.

The Brokered Services Agreement stipulates the services to be provided, a key contact within the service, and the compliance requirements of the service provider. All consumers have a dedicated Client Engagement Manager (CEM), who acts as a conduit with third-parties.

Requirement 4(3)(e) - Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers/representatives advised they are supported by other organisations and providers of care and services. Care documentation demonstrated consumers are referred to other services and staff were aware of these.

The real time nature of the notes recorded via TP and the processes and work methodologies were seen to enable the timely referral for consumers to the other providers of care and allied health professionals. Staff interviewed shared how they have all the information that they need to deliver services to consumers. This is supplied through the consumer information sheet on their mobiles. As they arrive at a consumers’ premises they are prompted to perform a wellness check, the information sheet is then accessible and supplies all detail required pertinent to delivering the service. The care worker will then close the job by recording a note via their hand sets, enabling them to accept the next appointment.

Management shared how they review these notes daily, and sometimes in real time. This allows them to stay up to date with all consumers’ progress, and to take prompt action on any areas as required. This may entail a phone call to the care worker for further information, a referral to a Physio for pain management, an escalation to the nurse for investigation, or a review with their Client Engagement Manager. Management stated it is kept well aware on the status of the health and wellbeing, of every consumer appointment held – real time and historically.

Management reported that the service has adopted two comprehensive policies, dictating how it engages with other organisations regarding a clients care needs, which were sighted by the Assessment team, including:

* CS19 - Working with Other Agencies, with a review date of 1 June 2023
* CS11 - Referral of Clients to Other Agencies • Jointly, these policies enumerate the circumstances in which workers work with other organisations to meet the needs of clients, , with a review date of 1 June 2024
* CS 7 - Privacy stipulates that consent must be obtained by a client to disclose information with third-parties.

Management further stated that Client engagement managers are also educated about consent, and the requirement to collaborate with third-parties to achieve optimal client outcomes.

Requirement 4(3)(f) - Where meals are provided, they are varied and of suitable quality and quantity.

Sampled consumers expressed satisfaction with the quantity and quality of food that is being prepared by care staff during visits where this formed part of the care delivery. Other consumers were satisfied with the selection through ordering frozen meals. One couple stated they would like to trial this as an alternative to frozen home delivered meals and intend on contacting the office to let them know. Care staff are at times requested to prepare meals using food that is purchased by the consumer, or to drop off frozen meals for the consumer to heat up themselves.

The service does not operate a professional kitchen or services where the organisation will purchase, prepare and deliver ready-made meals.

Requirement 4(3)(g) - Where equipment is provided, it is safe, suitable, clean and well maintained.

Consumers advised they have equipment available to them to assist with daily living and this is maintained and kept clean. All care staff will review and assess equipment to ensure it is clean and in good condition. For example, management shared that if a walker or wheel chair needs repairing, the service will drop it off, collect a borrowed replacement whilst it is under repair, and then collect the equipment once it is ready.

One consumer stated that they and their partner use walkers and without them they would not be mobile and would be unable to maintain their independence. Non slip mats and a shower chair was introduced to another consumers showering routine to ensure their personal care services are delivered safely.

# Standard 5

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| Organisation’s service environment | Not Applicable |  |

This Standard is Not Applicable as the organisation does not provide a service environment, and therefore this Standard 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

The Quality Standard for the Home Care Package service is Compliant as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as four of the four specific requirements have been assessed as Compliant.

Requirement 6(3)(a) - Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Eight of 8 consumers sampled said they know how to provide feedback, and some had raised a complaint by calling the office or their dedicated CEM. Concerns were raised with the Assessment Team over scheduling issues, this is detailed in Requirement 6(3)(c). Support workers said that consumers are encouraged to phone the 1300 number to speak to their dedicated CEM or the Chief Client Officer, alternatively the support workers would raise the complaint on their behalf.

The Complaints and Feedback Register is the responsibility of the Chief Client Officer who ensured these direct service improvements in the CIP. This register was sighted by the Assessment Team. Management described various vehicles used by the service to encourage consumers to provide feedback including phone calls to a CEM which are logged in TP as a ‘complaint’, carers email feedback through to their CEM, support workers providing feedback in their appointment notes, website bi-lingual accessibility, bi-lingual feedback forms included each quarter with the monthly statement, care plan reviews, client newsletter and the annual Client Survey.

A consumer was spoken to following the Quality Audit in relation to concerns expressed by them during the Quality Audit. That consumer stated they had considered escalating their concerns to another body and had spoken to management about that. Management stated they had no record of that, but that that was the consumer’s right to do so. The consumer stated they were not discouraged by management from escalating their concerns. A register of concerns indicated another external organisation contacted the service about the consumer’s concerns, which appeared to relate to the charging of Government mandated fees.

The following documentation was sighted and reviewed:

* Policy CS4 ‘Client Feedback’ Section 7 outlined complaints procedure.
* Policy CS4 ‘Client Feedback’ Section 7e) outlined complaints management.
* Complaints & Feedback Register had 65 entries over the last 6 months.
* Service Agreement Section 15 Feedback & Complaints outlined the process
* Service Agreement Section 16 External Complaints listed 3 agencies.
* Client folder contained Feedback Forms to post to the office.
* Quarterly newsletter back cover outlined 4 options to provide feedback.
* Training mandatory induction module 'Complaints & Feedback'.
* Employment Hero showed 100% completion rate for sampled staff.
* CSW Handbook outlined feedback and complaints.
* CEM Handbook outlined feedback and complaints.
* Buddy Checklist Item 13 outlined ‘How to give feedback on clients.

Requirement 6(3)(b) - Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Eight of 8 consumers sampled were unanimous that they were confident to raise a complaint themselves, and felt comfortable that their CEM would address their concerns without the need to involve a 3rd party advocate.

Management explained that CEMs establish the need for an advocate at the Initial Assessment, and that they have been trained in relation to formal advocacy and discuss this during Care Plan reviews. They also advised that language services were not required by the Wollongong HCP consumer cohort at this time but have utilised TIS in the past.

The following documentation was sighted and reviewed:

* Policy ‘Working with other Agencies’.
* Service Agreement Section 14 Advocacy outlined the role of advocates.
* Service Agreement Section 16 External Complaints listed 3 agencies including the Commission.

Requirement 6(3)(c) - Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Of 8 consumers interviewed 4 stated they had had raised a complaint to the service, action had been taken, and at 8 weeks were satisfied with the outcome as they could see signs of improvement particularly over the last 2 weeks with the same support workers providing their service.

Support workers said that they offer the consumer support, document complaints in their client notes in TP and depending on the nature of the complaint would speak to the CEM or Chief Client Officer. One had a very good understanding of Open Disclosure. Management explained a complaints process that included acknowledgement within 24 hrs, CEO notification, TP client note and an 8 week follow up with the client after the complaint has been closed off.

The Complaints Register over the last 6 months was dominated by 2 key themes, namely change in service delivery time (36 of 65 entries) and change in staff (10 of 65 entries). Management advised that COVID staff illness has been an issue, and in particular domestic assistance sub-contracting services in terms of times and staff consistency has been problematic.

The Assessment team found key actions taken by the service were twofold, to move the casualised workforce from 3% to 42% permanent part time as of 1 November 2022, and the introduction of permanent geographical runs on the Master Roster for consumers and workers which was introduced 5 February 2023. To keep consumers informed, the service now sends out rosters to consumers every Friday for the week ahead. Further information regarding the management of rostering concerns by the service is set out in Standard 7 requirement 7(3)(a)

The Assessment Team discussed at length a complaint lodged by a consumer in October 2022 and again in December 2022 regarding changes in services, and was satisfied that appropriate action had been taken and that open disclosure was practiced.

The following documentation was sighted and reviewed:

* Policy CS4 ‘Client Feedback’ did not specifically mention Open Disclosure.
* Complaints Register showed outcomes and 8 weeks follow up for every complaint.
* Training mandatory induction module 'Open Disclosure'.

Requirement 6(3)(d) - Feedback and complaints are reviewed and used to improve the quality of care and services.

Four of 8 consumers sampled had raised a complaint to the service about staffing (3 related to shift times and 1 related to different staff), and indicated they were assured by the service that the new Master Roster would make a big difference in terms of consistency of staff and times for everyone.

Support workers explained that consumers are now given their schedule on a Friday, with most of the issues regarding times happening before Christmas but regardless they document or ring the CEM to resolve. For example, one consumer had an issue getting their morning routine going with breakfast and medications, so now all of that is done at the previous night’s service so they are prepared for the morning.

Management said that the key complaint for the service was staffing, either changes in time or changes in staff which started during COVID. Nearly all staff were casual prior to the changes in the SCHADS Award, but the service acted to move its’ workforce from 3% permanent part time to 42% in November 2022. Management also said the service then overhauled the Master Roster on 5 February 2023 to introduce permanent runs for staff and clients, with services getting better because service times and worker consistency is beginning to come into play.

The Assessment Team discussed with management the predominant complaints trend of ‘change in service delivery time’ during Day 1 onsite. At the exit meeting, the Chief Client Officer shared an analysis of services for someone who had lodged multiple complaints. For that consumer, they had had 2,500 services delivered over the previous 12 months, with 2,400 scheduled to take place at 9am. Actual services delivered late was 30, with all delivered by 9.45am.

The Assessment Team reviewed the organisation’s Continuous Improvement Quality Register (CIQR) which was provided prior to the Quality Audit. The CIQR recorded an item from June 2022, based on ‘Client/Carer Feedback’, with the opportunity for improvement recorded as ‘Communication regarding appointment changes’ with the required actions recorded as ‘Address communication issue with regard to appointment changes. Fixed run rosters’. The item was noted as ‘In Progress’.

The following documentation was sighted and reviewed:

* Policy CS4 ‘Client Feedback’.
* Complaints Register outlined service improvements such as Master Roster.
* Continuous Improvement Plan showed the rollout of photo ID cards to 120 staff, so they could be easily identified upon arrival for an evening service.
* Feedback Forms.

# 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. | Non-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 Quality Standard for the Homer Care Package service is assessed as Non-compliant as one (1) of the five specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Employing staff who are kind, caring and respectful who go above and beyond to help consumers in their local community.
* Ensuring the workforce is competent, qualified and knowledgeable to enable them to perform their roles effectively for consumers.
* Ensuring the workforce is recruited, trained, equipped and supported to deliver quality outcomes.
* On balance, ensuring the workforce is regularly assessed, monitored and reviewed in terms of performance in their role.

The service is not:

• Planning its workforce to deliver safe and quality care and service, particularly in relation to ensuring reasonable consistency of service commencement times, and communication of service time and staff changes.

As to Non-Compliant requirement 7(3(a)

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.

Four of 8 sampled consumers said they are not always notified of a change in staff or service time, but services are not missed, and staff are never rushed. For example, one consumer said ‘staff are often turning up at different times than arranged, and there are a lot of different girls so not much consistency with the staff’. Another consumer said ‘someone turned up this morning to take me out, but I wasn’t notified so I was not ready to go. It makes me feel like I’m on a railway station and I have missed the train’.

Two support workers described a typical shift and agreed that they did not need extra time to provide safe and quality care for consumers. Rostering staff explained that there had been a lot of shuffling over the last few weeks to adjust client schedules to fit the new Master Roster, that has been designed with permanent 7 day runs in response to consumer complaints in relation to staff consistency. The Master Roster required an overhaul following the casualised workforce moving to 42% permanent part time, related to all staff are employed under SCHADS (which lead to a price increase, as discussed under requirement 1(3(e), and the set-up of geographical client teams for those receiving 3 or more services a day which was now 70% complete. It was stated that the new Master Roster commenced 5 February 2023, was set up with two runs whereby both the consumer and the support worker have a fixed roster, and that CEMs have spent up to 5hrs/day explaining the change to consumers, with feedback over the last 2 weeks being very positive.

The Assessment Team discussed with management the predominant complaints trend of ‘change in service delivery time’ during Day 1 onsite. As noted in requirement 6(3)(c), the Complaints Register over the last 6 months was dominated by 2 key themes, namely change in service delivery time (36 of 65 entries) and change in staff (10 of 65 entries). In information submitted by the approved provider following the Quality Audit, it stated it had implemented a number of processes to address these concerns, including:

* Implementing a mandatory process of contacting consumers whenever an appointment is moved by a period greater that 30 minutes
* Taking steps to add additional resources to its rostering function
* Transitioning to fixed run-rostering, which it stated helped to ensure appointment times are consistent.

As stated under requirement 6(3)(d), at the exit meeting, the Chief Client Officer shared an analysis of services for someone who had lodged multiple complaints and the small number of shifts delivered late as a proportion of total shifts.

The following documentation was sighted and reviewed:

* Complaints Register had 36/65 entries for change in service delivery time.
* Complaints Register had 10/65 entries for change in staff.
* Roster for the previous three weeks indicated that all visits were scheduled, unless triggered by a consumer cancellation
* SCHADS saw minimum shifts moved from 15 minutes to 30 minutes.
* Support worker profiles have colour coded skills box to match to service.
* Workforce planning daily dashboard showed staff numbers and mix to CEMs, rostering and management.

In its written response the approved provider stated that review of its complaints register indicated that there had been 48 complaints in the period 1 January to 18 May 2023 compared to 65 complaints in the period 1 June to 31 December 2022. It stated that comparison of these two same periods showed that service delivery had increased 23% over this period. It stated this indicated that while complaints about service delivery time and change in staff exist, they were decreasing over time.

I note the approved provider’s advice about a reduction in complaints, however a number of complaints are still being received about time changes. On 23 May 2023 the approved provider submitted an updated complaints register. That register showed that from 15 February 2023 to 1 May 2023 18 complaints were received regarding time changes, including changes in staff, not being notified of the change and staff turning up late. In three of those instances the person making the complaint was recorded as being ‘visibly upset’, ‘quite upset‘ and ‘quite annoyed’.

I acknowledge that the approved provider has implemented a number of improvements to address the rostering and communication issues. As noted in requirement 6(3)(d), the service’s Continuous Improvement Register (CIQR) recorded an item from June 2022, based on ‘Client/Carer Feedback’, with the opportunity for improvement recorded as ‘Communication regarding appointment changes’ with the required actions recorded as ‘Address communication issue with regard to appointment changes. Fixed run rosters’. The item was noted as ‘In Progress’. I also note that management stated that the service had overhauled the Master Roster on 5 February 2023 to introduce permanent runs for staff and clients.

While these measures are making significant improvements, despite this passage of time and the approved provider’s obvious commitment to improvement, and some consumers have expressed that they have identified improvements, issues in relation to service changes are being recently voiced by a number of other consumers. While I acknowledge the approved provider’s wide ranging response to the issues, I find that these improvements are not fully embedded and that the approved provider requires time to demonstrate their sustainability.

Requirement 7(3)(b) - Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Eight of 8 consumers sampled were stated staff listen, were caring and go out of their way to help us. For example, one consumer stated that they felt their CEM had not been listening to them, so they now had the Chief Client Officer as his contact who ‘listens to me and helps me through any issues’.

Each consumer has a dedicated CEM who encourages them to give feedback straight away to ensure they always feel safe and respected during service provision. Consumers are assured that if they are unhappy for any reason, the service needs to know about it to address directly with staff. Management advised that the recruitment interview process had a heavy focus on the competency of 3 soft skills respect, honesty, and empathy before looking at industry experience as they said these skills cannot be trained.

The Complaints Register was sighted and reviewed. It had no entries in relation to improper staff treatment. The Assessment Team found that during interviews staff spoke about difficult consumers in a warm, caring and engaging manner.

Requirement 7(3)(c) - The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Eight of 8 consumers sampled were unanimous in describing that all staff were confident to perform their tasks. For example, one consumer’s representative stated that when their parents support worker showers them they (the representative) does not have to do anything.

All staff stated that their on-the-job competency is monitored by their direct line manager daily to check they are following business process, in addition to direct client feedback regarding service delivery. Support workers explained that the RN conducts competency assessments such as insulin administration and wound management as required, and constantly monitors their client notes after each shift.

Management described a robust recruitment process that checked staff competency through interview, screening qualifications (including Cert 3 Community Care) and reference checks. Competency assessments are conducted at the end of induction, during Buddy shifts and every 6 months thereafter for 14 competencies by the Quality Team. If a person is deemed ‘non-competent’, they are reassigned that training module and reassessed. In addition, a complete review of all staff roles was conducted in relation to the SCHADS Award, with the casualised workforce moved from 3% to now 42% permanent part time roles.

The following documentation was sighted and reviewed:

* Position descriptions outlined minimum qualifications and registrations for each role, for example Cert 3/4 was mandatory for Care Management staff.
* Employment Hero electronic HR files had 9 'Mandatory Certifications' with status, expiry dates (in-built alert), and a copy attached.
* Employment Hero had ‘Mandatory Vaccinations’ including 3 COVID and flu vax with status, expiry dates (in-built alert), and a copy attached.
* Employment Hero did not contain position descriptions for support workers.
* CSW Handbook Appendix A had a position description for support workers.
* Subcontractor Register for CHSP home modifications included: licenses, registrations, insurances, WWVP check with expiry (30-day manual alert).

Requirement 7(3)(d) -The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

When interviewed no consumers identified any issues regarding staff training were identified. throughout the interviews.

All staff explained a detailed induction program including service overview, Buddy shifts, TP training, Employment Hero training (including policies & procedures) and mandatory online modules for manual handling, medication/insulin administration and infection control.

Management advised that training needs are assessed through numerous avenues including: incidents & hazards register, complaints and compliments register, Buddy shifts, competency assessments (as listed in position descriptions), in addition to being driven by client needs. For example, risk assessments identified a need for ‘squalor’ training for support workers, and increased dementia client referrals identified a need for ‘dementia’ training for CEMs organised with University of TAS and Dementia Australia. Additional training for 3 support workers was identified for a consumer’s specific needs, including a new diet, commode, manual handling, and wound care as discussed in a case conference held 21 February 2023

The following documentation was sighted and reviewed:

* Employment Hero training matrix showed 14 mandatory induction modules to be completed within 90 days of commencement, in addition to ongoing autogenerated reminders for staff 30 days prior to 6-month due date.
* Training mandatory induction module 'Open Disclosure'.
* Clinical training mandatory induction modules included: ‘Infection Control’, ‘Real-Time Risk Assessment’, ‘Nutrition’ and ‘Medication Management’.
* Additional refresher training for all staff on ‘Infection Control’ with 100% completion rate in January 2023.
* SIRS training 100% completion rate prior to 1 December 2022.
* Code of Conduct 100% completion rate prior to 1 December 2022.

Requirement 7(3)(e) - Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Eight of 8 consumers sampled could not recall being formally asked for their feedback on staff, but all agreed they would complain if they had an issue.

Staff were not due or were unable to recall the outcome of their last performance appraisal, however they indicated ongoing learning and development had been through online modules such as: risk assessments, medications, infection control and manual handling. Management explained the support and supervision framework for support workers, CEMs, rostering staff which included weekly 1-on-1 meetings and lots of informal guidance that is documented in Employment Hero. They also advised that due to a surged 2022 COVID workforce where managers had to do service delivery as the agreed priority, and a Wollongong outbreak in October, the formal performance appraisals had been delayed 5 months until the recruitment of two new Team Leads who began last week. Staff training needs are formally identified through the Client Advisory Committee and the Complaints & Feedback mechanisms to determine either individual or group needs.

Following the Quality Audit the approved provider submitted information relating to performance reviews. That information detailed other means in which it had monitored and supported staff, including service supervision and Wellness Supervision and Development. It submitted a register of performance reviews which indicated that a majority of performance reviews had been completed prior to the Quality Audit, however in a few instances reviews were undertaken in excess of two years from date of commencement of employment, with a few performance reviews having been undertaken in excess of two years ago.

The following documentation was sighted and reviewed:

* Formal written performance appraisals were available for Nov 2021.
* Support Wellness & Supervision Reviews completed via phone for 30 of 57 support workers by two new Team Leads who joined only one week ago.
* Employee Roadshow scheduled for 6 March 2023.
* Workplace competency assessments scheduled throughout April 2023.

On balance I find that the approved provider is Compliant with this requirement, however it is encouraged to progress performance appraisals through the recruitment of the two new Team Leads.

# 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

The Quality Standard for the Home Care Package service is Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

Requirement 8(3)(a) - Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Consumers sampled advised that there are various vehicles that seek their feedback for broader service improvements, but their preference was to speak to the office about any concerns or issues. For example, one consumer’s representative said they now get an email every Friday with the roster, which means ‘I can look and call them with any changes in services.’ A Client Advisory Committee representative advised that the support workers are having much better conversations plus providing better support around mental health issues with consumers since their training.

Staff stated the service is well run because clients are happy, and any problems are identified, addressed quickly and measures put in place to prevent recurrence. For example, one staff member said that in the last 6 weeks the major roster is now working quite well because it comes out 2 weeks ahead and is running consistently. Management said that the Client Advisory Committee has been operating since 1 Nov 2017, they meet every 6 months, were established to embed clients into the co-creation of the service and provide a formal feedback mechanism for consumer related initiatives. For example, monthly statements are now in electronic form, in multiple languages accessed via the client portal launched November 2022.

Currently the Quality Improvement and Workplace Health & Safety Committees have consumer representation, with plans to also add a representative to the Board from 1 December 2023.

The following documentation was sighted and reviewed:

* Feedback forms, please refer to Requirement 6 3(a).
* Client Advisory Committee meeting minutes were available.
* Continuous Improvement Plan showed the rollout of ‘Mental Health First Aid’ staff training post COVID as identified by Client Advisory Committee.
* Client Engagement Managers mental health training.

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.

The Board is accountable for the delivery of a culture of safe, inclusive and quality care and services, and remains informed through formal governance, leadership, reporting pathways at the service level all contained in the monthly report provided by the Chief Executive Officer.

The Board consults with an internal Advisory Board of 6, including a clinical representative with a geriatric’s specialty with a risk management mandate. The Board is an active participant in the services’ clinical governance framework which includes a ‘clinical risk matrix’, and for those consumers exceeding the threshold a client clinical working group is created and outcomes monitored at the Board level. In addition, 81 vulnerable consumers have been identified and are reviewed every 30 days.

Management stated that the CEO and CCO actively promote a culture of safe and quality care with 100% transparency, by providing debriefs to the Operations and Rostering Teams every 3 months post Board meeting. They advised that the Board would appoint a GP on 1 July 2023 in preparation for the provider governance reforms effective 1 December 2023 and any future to provide a higher level of clinical care.

The following documentation was sighted and reviewed:

* Service Delivery Dashboard outlined client/staff service delivery metrics.
* Client Unspent Funds Report.
* Complaints & Feedback Register was tabled every Board Meeting.
* Incidents & Hazards Register was tabled every Board Meeting where every clinical incident was reviewed.
* Clinical Report submitted by the CEM outlined consumer clinical outcomes.
* Workforce, Health & Safety Claims was tabled every Board Meeting.
* Conflict of Interest register was tabled every Board Meeting.
* Policy & Procedures Review (including clinical) tabled every Board Meeting.
* Post Board Meeting CEO attended Operations Team Meeting to raise client concerns directly with 7 Customer Engagement Managers.
* Post Board Meeting CEO attended weekly Rostering Team Meeting to raise scheduling issues with the master roster.
* Vulnerable consumer list of 81 from 347 HCP consumer cohort (23%) in TP with a ‘vulnerability flag’.

Requirement 8(3)(c) - Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

Information Management

The service launched TP in September 2022 which provides ‘real time’ client interface, with add ons Employment Hero for HR/training and Xero for finance. In addition, there is a mobile app for support staff and a client portal for consumers providing all parties any information in real time. Consumers have ready access to easy to understand information including the introduction of bi-lingual website, client portal and monthly statements.

Continuous Improvement

Management advised that continuous improvement opportunities are identified through 3 formal Committee mechanisms, directly through staff and client feedback which generates a ‘CI Initiative’ that is Board tracked. The Continuous Improvement Plan had 24 entries over the last 6 months that were fed through from the Complaints and Incidents/Hazards Registers. The Quality Improvement Committee meets every 3 months.

Financial Governance

The service has financial governance systems/processes to manage the finances and resources required to deliver safe and quality services. The Head of Finance utilises a daily dashboard that outlines services consumption for the previous day for oversight on both clients and staff, and financial statements are provided to the Board monthly. The Assessment Team discussed with management 20 consumers with unspent funds. Management confirmed that 14 had switched from other providers, surplus reduction strategies are in place which are reported through to the Board and real time balances tracked in TP.

Workforce Governance

Employment Hero is the centralised management system for HR/training. Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities. The service has robust processes in place for onboarding new staff, training that is specific to the 8 Quality Standards, to provide ongoing support and development of its staff to deliver safe and quality care and services.

Subcontracted CHSP home modifications are overseen with an end-to-end process that concludes with a quality report with photographs, as evidenced in Ms Panna Ray’s Care Plan who had a recent bathroom rails installation. The service’s Workplace Health & Safety Committee meets every 3 months. I have considered issues in relation to staffing matte4rs under requirement 7(3)(a)

Regulatory Compliance

Management reported there had been no adverse findings by another regulatory agency or oversight body in the last 12 months. The Board are all AICD members which has an Aged Care Working Group that send email notifications and convene a lunch forum every 6 months. They also attend peak body conferences such as ACCPA, and recently the Commission's SIRS webinar to keep abreast of HCP program changes. The CCM joined a SIRS working party in the local area. SIRS and Code of Conduct was mandatory staff training with 100% completion rate prior to the changes effective 1 December 2022.

Feedback and Complaints

Management advised that as part of the service’s transparent culture complaints appear on the client record as a ‘note’ not a complaint, encouraging 65 over the last 6 months. The feedback and complaints process are working effectively to ensure issues are closed out correctly informing the consumer, that outcomes are tracked, and trends data analysed to inform continuous improvements in service delivery. Refer to requirements 6(3)(c) and 6(3)(d) for additional detail.

Requirement 8(3)(d) - Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

1. managing and preventing incidents, including the use of an incident management system.

Management explained that the No.1 high-impact high-prevalence risk for their HCP consumer cohort has been slips, trips and falls. Staff said that risk assessments (including environmental) are done during initial assessments including falls, dementia, visual impairment etc and form part of the 6-month review. All staff demonstrated a good understanding of risk identification (including abuse and neglect), risk mitigation strategies and explained the incident reporting process via their TP mobile app.

Support workers have had specific falls and hazards reduction training with on the job competency assessments conducted by the Quality Team, in addition to Abuse & Neglect and more recently SIRS training. The Incident Register is available in TP as an electronic real time system with 37 incidents reported over the last 6 months, including full details, immediate response and checking the consumer’s status and tabled at the Board level.

The following documentation was sighted and reviewed:

* Client Information sheet in TP reported as real time risk assessment.
* A list of vulnerable consumers was sighted, as detailed in requirement 8(3)(b).

Requirement 8(3)(e) - Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

The service provided a well-developed clinical governance framework which outlines the core elements of effective clinical governance and policies relating to antimicrobial stewardship, minimising restrictive practices and open disclosure. Management stated that restrictive practises will be ongoing focus for the service and that training and staff counselling will continue. Management described the framework in place to ensure safe and quality care to consumers, including reporting process, monitoring systems, electronic triggers and sensors, analysing clinical indicators, and the training that staff partake in.

Staff have completed training in minimising restrictive practices, alternative strategies to restrictive practices and open disclosure. Staff interviewed confirmed that they do not have any consumers where a restrictive practise forms a part of the care and services delivered. Staff interviewed were able to describe examples of antimicrobial stewardship, minimising restrictive practices and open disclosure.

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)