**Performance**

**Report**

**1800 951 822**

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| Name: | Alliance Health Services Group Pty Limited |
| Commission ID: | 200937 |
| Address: | 2/59 Buckingham Street, SURRY HILLS, New South Wales, 2010 |
| Activity type: | Quality Audit |
| Activity date: | 8 May 2024 to 9 May 2024 |
| Performance report date: | 15 July 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2983 Alliance Health Services Group Pty Ltd  
Service: 26115 Alliance Health Services Group

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7995 Alliance Health Services Group Pty Limited  
Service: 23895 Alliance Health Services Group Pty Limited - Community and Home Support

**This performance report**

This performance report for Alliance Health Services Group Pty Limited (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s advised that they will not be submitting a response to the assessment team’s report.

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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 2(3)(a)

* Ensure assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

Requirement 2(3)(b)

* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes.

Requirement 2(3)(d)

* Ensure the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Requirement 2(3)(e)

* Ensure 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.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being.

Requirement 3(3)(b)

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

Requirement 3(3)(c)

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

Requirement 3(3)(d)

* Ensure deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Requirement 3(3)(e)

* Ensure 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.

Requirement 4(3)(a)

* Ensure 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.

Requirement 4(3)(b)

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

Requirement 4(3)(d)

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

Requirement 4(3)(g)

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

# 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

I assessed this Quality Standard as compliant as I am satisfied that all six requirements are compliant.

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives stated they feel welcomed by staff who demonstrated an understanding of consumers and the care and services they would like delivered.

Staff demonstrated they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of how services are tailored to individual consumers. Management outlined how the service guides and monitors the case managers, coordinators, and support workers. Management explained how the service implements policies and procedures, induction, and training, and are committed to ensure a person-centred organisation that promotes respectful relationships and delivers care and services in a culturally safe manner.

The Assessment Team noted staff orientation and training includes information about respecting consumer rights, dignity and choice and cultural awareness. All consumers are provided with a charter of aged care rights and the organisation also has a Code of Conduct, which outlines how consumers are treated with respect and their choice and independence valued.

Consumers and/or representatives confirmed staff know what is important to them and stated they are supported and provided with safe and quality care. Staff, including case managers and support workers know the background of consumers and described how they support them. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s individual identity and background. Case managers and intake staff stated that during the initial assessment of each consumer, their care plan is tailored to accommodate any individual identity, such as preferences of having a male or female worker, and recognition of culturally significant details regarding service delivery.

Consumer care documentation contained information on consumers’ backgrounds, goals, and activities of interest. Management and staff advised how they communicate and work with consumers to ensure care and services are culturally safe. Organisational documents included relevant policies and procedures in relation to the provision of inclusive and culturally appropriate services. Services are provided to consumers from multiple backgrounds. The Assessment Team reviewed care files, including care plans and noted these included specific cultural needs and preferences related to consumer personal care requirements.

The service demonstrated that consumers are supported to exercise choice and independence, enabling consumers to make decisions about their care and services, decide who should be involved in their care and maintain connections and relationships of choice.

Consumers and/or representatives described in various ways how they are supported to maintain relationships and connections with others that are important to them. Staff provided examples of how they support and encourage consumers to maintain connections and make decisions about their care. Case managers discussed how they offer support to consumers, including providing information to consumers regarding services the organisation offers and what can be covered in their home care package.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and/or representatives provided feedback in relation to how the service supports consumers to live their best life. Staff discussed how they support consumers live the best life by linking them with services that meet their needs. Care staff described the support and assistance provided to ensure consumers are as safe as possible while living their best life.

Consumers and/or representatives stated consumers are encouraged to do the things they want to do and are provided with equipment that assists them to maintain their independence. Management discussed their understanding, approach, and review of consumers dignity of risk including their awareness of the consumers’ right to take risks.

The service demonstrated information provided to each consumer is current, accurate and timely, and communicated clearly, is easy to understand and enables consumers to exercise choice. Consumers and/or representatives confirmed they receive information about the services verbally through the assessment process, as well as receiving monthly statements, which are itemised and clear to understand.

Management advised, and documentation confirmed that correspondence was issued to all consumers and/or representatives regarding changes to home care package fee structure. The service demonstrated consultation with consumers occurred and amended budgets accordingly.

Care planning documents confirmed consumers are provided information at commencement of services including a service agreement, Charter of Aged Care Rights, and welcome pack. Ongoing information is provided verbally and in writing such as mail, emails, and a regular newsletter. The management team advised the service supports consumers to understand information provided, including through advocacy, and interpreting services if required.

Consumers and/or representatives stated consumer personal information is kept private and respected by staff delivering care and services. Staff described ways in which they protect consumer information and ensure information is protected when attending to care needs. Computers will automatically lock when not in use and secure log in is required to access confidential and private information.

The service has policies and procedures in place to ensure consumer information is kept confidential and only shared with the consent of the consumer. Staff and management are required to complete training in privacy, confidentiality, and information handling. Management explained the service have established networks and all systems are password protected and any personal information that is paper based is kept in a locked cabinet in a locked office. Staff obtain consent before sharing information with other services.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

I assessed this Quality Standard as non-compliant as four of the five requirements are assessed as non-compliant.

The service demonstrates that assessment and planning is based on ongoing partnership with consumers and those the consumers wish involved, including other organisations and providers of care and services. Consumers and/or representatives advised the service seeks permission before involving others and reported they felt the process was easy.

Care managers stated that information from consumers, representatives, family members, and other organisations involved in consumer care is crucial to consumer assessment and planning. Management stated information is gathered from consumers, carers, and/or other agencies to help the service determine the level of assistance the consumer requires to maintain a safe standard of living and access the correct support areas. The Assessment Team reviewed consumer care planning documents, which evidenced that the service documents the key roles and responsibilities and the involvement of others involved in the consumer's care.

The service was unable to demonstrate consumer assessment and planning that considered risks to the health and well-being of consumers to deliver safe, effective, and best-practice care. Management advised the clinical care coordinator and/or approved equivalent will communicate the client’s goals and strategies to the wider professional team. However, the Assessment Team viewed evidence that showed consumer care planning information provided to staff did not provide details or guidance in delivering safe and best-practice care.

Based on the information provided by the Assessment team, Requirement 2(3)(a) is found non-compliant.

The service did not demonstrate that assessment and planning identify and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Consumer care planning and assessments are not person-centred, individualised, and does not consistently address consumer needs, goals, and personal preferences.

Support workers confirm that consumer needs, goals, and preferences are documented in their care plan and provide them with the relevant information they need to care and support. However, the care being documented by support workers did not reflect or align with the consumer's care needs and preferences captured in their care plan.

Based on the information provided by the Assessment team, Requirement 2(3)(b) is found non-compliant.

The Assessment Team found that the outcomes of the assessments and planning was not appropriately communicated, and consumer assessments were not documented in the care and services plan, resulting in staff with insufficient information to guide care and services provided to consumers.

Staff advised that consumer information and care documentation guide the care delivery, which is available in a folder at the consumer's home or via the client management system. The Assessment Team reviewed consumer care service plans available to staff and found that the outcome of the consumer's assessments and planning was not appropriately documented in the care and services plan.

Based on the information provided by the Assessment team, Requirement 2(3)(d) is found non-compliant.

The service could not demonstrate that consumer care planning documentation is reviewed annually or as consumer needs change.

Management reported that clinical reviews and care plans are reviewed annually to ensure relevancy, or when consumer needs change. However, the Assessment Team noted when reviewing consumer care planning documentation that some consumers were not consistently reassess after a change or an incident.

Based on the information provided by the Assessment team, Requirement 2(3)(e) is found non-compliant.

# 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. | Not Compliant | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not 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

I assessed this Quality Standard as non-compliant as five of the seven requirements are assessed as non-compliant.

Consumers and/or representatives advised that the service regularly communicates with their doctors and has made referrals to other care and support they require. Staff confirmed making referrals to other organisations, including sharing consumer assessment outcomes and areas of support for the consumer's needs.

Clinical staff stated that recommended treatments for the consumer are provided to their medical officer or other relevant parties involved in their care where appropriate. Management and staff described the process for referring consumers to other service providers or organisations. They confirmed that referrals are made with the consumer's consent and usually occur when the consumer requests to be referred or on the day of an outcome of an assessment or reassessment that identifies a referral is required.

Consumer care planning documents evidenced the service making timely consumer referrals. The Assessment Team noted that the services planning policy and procedure document the processes for making referrals to allied health professionals and other providers with the consumer's consent.

Consumers and/or representatives reported that staff wore masks when undertaking services during COVID-19, and that some staff continue to wear masks. Consumers stated that staff ask them how they feel before providing support or services. Management reported that staff come to the office to collect personal protective equipment. Management reported that it is a requirement that all staff notify the service if they are unwell, as the service has a strict protocol that staff do not come to work if they are unwell.

Staff are required to undertake infection control training, including an infection control assessment. Staff confirmed they regularly use personal protective equipment and hand sanitiser before and after shifts. The service has developed a COVID-19 response plan.

The service did not demonstrate that each consumer gets safe and effective personal care, clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

Consumers and/or representatives provided feedback and confirmed they were happy with how their care team provides clinical and personal care that reflects their needs and preferences. Consumers and/or representatives reported that their personal and clinical care is mainly provided by the same person each time and confirmed they have a designated care team. Management described monitoring systems and processes to ensure that consumer personal and clinical care is provided safely, and consumers receive safe, best-practice care and services.

However, the Assessment Team identified that care plan documents did not consistently include information on how care and services have been delivered and contained limited guidance for staff.

Based on the information provided by the Assessment team, Requirement 3(3)(a) is found non-compliant.

The service did not demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer.

Consumers living with high-impact and/or high-prevalence risks such as diabetes, delirium, confusion and impaired cognition, dementia, falls risk and pain are appropriately assessed and supported. Consumers and/or representatives confirmed the service undertakes risk assessments and comprehensive reassessments after being involved in an incident.

However, the Assessment Team identified no documented evidence in consumer files to show strategies, interventions or monitoring of care and services. There was no evidence to demonstrate how the service managed its duty of care to ensure that high-impact, high-prevalence risks, especially clinical risks, were managed effectively.

The services incident register contained detailed information regarding the risk and impact to the consumer involved in the incident and how the service responded to mitigate and minimise the risk. Care planning documents for consumers recorded on the incident register showed the service did not consistently monitor and adjust care practice to support care delivery for consumers.

Based on the information provided by the Assessment team, Requirement 3(3)(b) is found non-compliant.

The Assessment Team sighted care planning policies and procedures detailing the processes for managing consumer end-of-life preferences, including a process for connecting consumers with specialist palliative care providers. However, feedback from consumers and/or representatives, care plan reviews, and staff interviews showed care and service plans did not consistently reflect consumer needs, goals, and preferences related to end-of-life care.

Based on the information provided by the Assessment team, Requirement 3(3)(c) is found non-compliant.

The service did not demonstrate 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.

Consumers and/or representatives stated they felt confident that staff would know if there was a change in their condition, and staff described the process to follow if they recognised a change in the consumer’s condition. Management advised staff would follow specific procedures if they noticed changes or deterioration in a consumer's health or function.

However, care managers and support workers could not provide specific examples of how they recognise and respond to changes or deterioration in a consumer's health or function.

Based on the information provided by the Assessment team, Requirement 3(3)(d) is found non-compliant.

The service did not demonstrate that information about a consumer’s condition, needs, or preferences was recorded and documented, and that all information was available to others where responsibility was shared, such as high-impact, high-prevalence risks, including dietary, falls, and allergies. The Assessment Team sighted care planning policies and procedures describing the organisation’s process for staff to communicate information relevant to the consumer’s care needs and with other relevant parties, such as their medical officers, careers, or representative.

Based on the information provided by the Assessment team, Requirement 3(3)(e) is found non-compliant.

# 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. | Not Compliant | Not Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Compliant | Not 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

I assessed this Quality Standard as non-compliant as four of the seven requirements are assessed as non-compliant.

Consumers and/or representatives stated the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. Staff showed they were familiar with the consumers’ interests and gave examples of ways consumers are supported to do things of interest to them. Management stated they schedule services and supports according to the consumer's availability to ensure they can continue their regular routines, whether in the home or attending a social event outside the home.

Consumers and/or representatives confirmed that the service has referred them to the appropriate individuals, organisations, or providers of care and services to meet their changing needs.

Staff described the referral process to other organisations and providers. This involves obtaining consent from the consumer to share their details with relevant organisations and completing a referral form. All staff provided numerous examples of referring consumers internally and to other organisations, such as community services and social groups, allied health professionals, and external community social support groups.

The service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Management advised that during the initial assessment, if concerns about a consumer’s ability to maintain nutrition and hydration are identified, the care manager should refer the consumer to dieticians and speech pathologists.

Staff and management knew consumers and their needs and spoke about the support and services they provide for consumers and how these assisted them. However, the Assessment Team found that some consumers did not receive safe and effective services and supports. The service did not demonstrate that 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.

Based on the information provided by the Assessment team, Requirement 4(3)(a) is found non-compliant.

The service did not demonstrate that providing daily support and services promoted consumers' emotional, spiritual, and psychological well-being. Staff could not describe how they have supported consumers' emotional, psychological, and spiritual well-being. Progress notes in consumer records of service provision were observed to be a cleaning checklist and contained minimal information to guide staff practices.

Based on the information provided by the Assessment team, Requirement 4(3)(b) is found non-compliant.

The service was unable to demonstrate that information about consumers' conditions, needs, and preferences is communicated to others where care is shared.

Consumer care plans were inconsistent, and many had not been reviewed. Medical diagnosis information captured on various forms were inconsistent, resulting in incorrect information related to consumer medical needs and strategies implemented. Management advised that file alerts provide updated information to staff on a consumer's changing needs, conditions, and preferences. This is also communicated to other external organisations if required. However, support workers were not always aware of consumer diagnoses.

Based on the information provided by the Assessment team, Requirement 4(3)(d) is found non-compliant.

Management advised most equipment is provided by the consumer for all in-home support services; however, discussions with consumers over unsafe equipment will occur to ensure their ongoing safety and the safety of staff. Management advised for equipment being provided and installed, the service provider ensures that the installation is completed to minimise incorrect installation and work health and safety concerns. An occupational therapy assessment is also conducted before any equipment approval to ensure that the requested item is suitable and safe. However, consumer and/or representative feedback, and document reviews showed that not all equipment was maintained or safe to use. The service was unable to provide documents that showed evidence of compliance checks and regular monitoring evidence.

Based on the information provided by the Assessment team, Requirement 4(3)(g) is found non-compliant.

# 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

I assessed this Quality Standard as compliant as I am satisfied that all four requirements are compliant.

Consumers and/or representatives stated they know how to provide feedback to the service and can contact their case manager or the service directly. They said they preferred ringing their case managers or ringing the service directly rather than filling in forms. Consumers and/or representatives reported they are encouraged to contact staff at any time if they are not happy with the care and services provided by the service.

The complaints register showed how consumers and/or representatives are supported to make complaints and can access feedback mechanisms. Management described how the organisation seeks to build a culture of open feedback and transparency through the complaint system. Feedback gets captured promptly in the register and attended to in a timely manner. Quality and Safety committee meeting minutes evidenced that compliant status is discussed especially those that are open and overdue.

Support workers described actions they would take if a consumer raised feedback or complaints, including encouraging them to inform their case manager or coordinator of their concerns. The service provides consumers and/or representatives with documented information about how to lodge a complaint and include feedback forms in the client information kit.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and/or representatives stated they would speak directly with management or staff if they had a concern and they felt comfortable providing feedback. They are encouraged to provide feedback and know they can make complaints directly to the Aged Care Quality and Safety Commission should there be a need to do so.

Staff discussed how consumers are supported to access language services or advocates if required. Management has processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. On entry to the service, consumers are provided with a consumer handbook, and it contains the Charter of Resident Rights, as well as information which outlines internal and external feedback avenues, and advocacy services. In addition, information relating to internal and external complaints avenues is included in the care agreements which is provided to consumers.

The service feedback and complaints policies and procedures also describe the external supports available to consumers for complaints such as access to advocacy and interpreter services.

Consumers and/or representatives stated actions were promptly taken in response to their feedback, and had their complaints resolved in a timely manner. They described the promptness of changes, being kept informed of the process and of the actions taken to address their concerns. Management and staff demonstrated an understanding of open disclosure principles and described how they apply this to their day-to-day operations and while addressing feedback. The feedback system shows complaints being recorded and trends identified. Support workers stated that they have access to their support workers handbook which gives guidance on how to handle feedback and complaints and when to observe open disclosure.

Management advised the client coordinators are responsible to manage complaints in the first instance, and complex complaints are escalated to management for action, where appropriate. The Feedback register showed feedback and complaints recorded were responded to and closed, as per policies and procedures.

The service demonstrated how feedback and complaints are reviewed and used to improve the quality of care and services to consumers. Consumers and/or representatives confirmed the service undertakes regular surveys to gather consumer feedback.

Management stated that their risk management system captures all incidents, feedback, and complaints. Actions taken are registered in an electronic management system, monitored, and regularly reported to the Board. Management and staff described how feedback and complaints are welcomed to assist in the identification of quality improvements. The service demonstrates they regularly seek input and feedback from consumers via feedback forms and surveys and how the findings from that feedback is used to improve services.

Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Senior management receive monthly reports on complaints management. The Assessment Team sighted the monthly reports and the continuous improvement register, which provided tracking and trending and identified opportunities to improve care and services.

# Standard 7

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

Findings

I assessed this Quality Standard as compliant as I am satisfied that all five requirements are compliant.

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. Consumers and/or representatives found support workers to be competent in delivering care and services they need. Consumers stated staff are understanding of their individual culture and values and this is considered by the service when delivering care and services, for example getting support workers from a similar community that understands consumer values and cultural needs.

Care staff and sub-contracted workers advised they can access consumer information and their rosters via their mobile device or via an email from the brokered provider.

Management discussed their annual workforce planning that determines the number and mix of staff by reviewing each service the provider operates. Managers of each division review their growth in their business and staff requirement which is discussed with the General Manager in the service’s Community Strategy quarterly reviews.

Management discussed their workforce advising while some services have been cancelled due to staff unplanned leave, personal care and transport to appointments have been prioritised and staff work together to ensure the provision of care and services to consumers. Consideration of workforce needs are assessed thorough workforce planning; including actioning workforce shortages and ensuring ongoing recruitment is occurring.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity and diversity. Recruitment processes and position descriptions document service expectations of staff and incorporate the organisational values. Consumers and/or representatives are satisfied with the staff and said they are respectful, kind, and caring. Support workers stated they are guided by what the consumer or their representative identifies is right for them and are aware of individual consumers conditions, needs and cultural preferences from information in the care plans.

Staff described how they treat each consumer as an individual, show respect, compassion, respect their values, beliefs, and preferences. Staff demonstrated familiarity with the cultural needs of individual consumers. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process.

Management described how staff code of conduct and professional boundaries training is part of the onboarding of staff and mandatory training matrix. The Assessment Team viewed policies and procedures describing staff code of conduct as well as policy for inclusion and diversity within the organisation. The service training register included mandatory training for staff that included, code of conduct training, inclusion and diversity in the organisation training, and identifying neglect and elderly abuse as part of Serious Incident Response Scheme training.

The service demonstrated processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives expressed satisfaction with staff knowledge, and stated staff including clinical staff were competent in their roles.

Staff confirmed they underwent an induction program when joining the service and were required to complete mandatory training which was monitored by human resources and their service manager. They were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff stated they do online training for their professional development and received regular emails from the management with information and updates to work practices.

Management and human resources monitor staff qualifications and use information from observation and feedback to identify workforce competency. Staff have a position description, regular supervision, buddy shifts, mandatory training, monthly face-to-face meetings, and annual performance reviews.

Professional registrations and staff compliance checks including police checks are monitored by human resources and the managers through an online platform which sends automated alerts to the manager and staff to ensure staff obtain their compliance checks within the relevant timeframes. Where subcontractors are engaged, the service team ensures the same competencies are met and regular feedback on services is sought from consumers to maintain continuity of service.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Consumers and/or representatives stated the staff are well trained and have the ability to deliver quality care and services.

Staff were satisfied with training provided by the service to equip them to carry out their roles and were satisfied with the communication and support from management. Staff reported they could access the learning platform to complete their yearly identified learning modules.

Management stated they follow the recruitment procedure and described the recruitment, onboarding, and induction process. Vacant positions are advertised via online recruitment agencies, the services’ webpage, and internal email. All roles have a position description, and new staff receive an induction/orientation to the organisation that includes the completion of a checklist, as well as mandatory training modules that are to be completed within the first couple of weeks of employment.

Sub-contracted support worker providers confirmed they provide training to their support workers in line with their obligations under their brokered agreements. The provider stated they are in regular contact with the service and based on feedback received from the service will respond accordingly.

Training modules and plans, the employee handbook and individual staff training records were reviewed. Training included manual handling, infection prevention and control, hand hygiene, maintaining professional roles and boundaries.

The service demonstrated that assessment and reviews of the performance of each member of the workforce is regularly monitored through monthly discussions with their supervisor and annually through staff performance and development and planning.

Consumers and/or representatives stated they were satisfied with staff performance at the service. Consumers stated if they had any issues with the staff providing care, they report it to the office and the support worker is replaced. Staff indicated they complete regular 1:1 feedback session with their manager and will discuss their performance and development program.

Management explained their system for monitoring and reviewing staff performance, which includes general consumer and representative feedback, complaints, and incidents. An employee assistance program operates and there are systems including 1:1 supervision discussion to address any staff performance concerns.

# 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

I assessed this Quality Standard as compliant as I am satisfied that all five requirements are compliant.

The service demonstrated that consumers are engaged in developing, delivering, and evaluating their care and services by seeking input from consumers through feedback and complaints, feedback surveys and other community engagement such as consumer advisory body meetings.

Consumers and/or representatives provided examples of how they are involved in the development of their support plans, encouraged to provide ongoing feedback to the service, including through consumer satisfaction surveys. Consumers and/or representatives expressed satisfaction with the quality of the service and have given examples of how care and services is delivered to meet their diverse needs.

The service facilitates annual survey for consumers to complement their annual care planning reviews and gather updated information and consumer priorities. The service has Consumer Advisory Body which brings a unique perspective and feedback from consumer and/or representatives which get presented to the Board and will inform actions and continuous improvement plans. Trends and themes from the survey results are analysed together with feedback and complaints data, which is managed through the centralised system and any initiatives and indicators coming out of these are provided to the executive and the Board through various governance sub-committees and meetings.

The service demonstrated that the organisation’s governing body promotes and is accountable for the delivery of a culture of safe, inclusive, and quality care and services. The Board is responsible for governance oversight of the organisation, endorsing decisions and priorities for the service and leads and promotes safe, quality, and inclusive services.

Case management, coordination staff and support workers advise management is always mindful about the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Support workers must submit valid driver’s licence and registration and insurance papers for their motor vehicle they use to transport consumers. Staff were aware of the incident and hazard reporting processes at the service and the need to report when observing any hazards, incidents, or concerns regarding consumers.

If a consumer does not respond to a scheduled visit, the support worker will report it to the case manager and coordination staff who will contact the consumer and/or their representative to check on their health and wellbeing. Staff provided consistent information on their non-response process.

Management advised the service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive, and quality care and services across the organisation. The governing body is supported by the Clinical Governance Committee and Risk and Audit Committee collectively. They are responsible for monitoring risk and quality in relation to care and services. Reporting processes occur through their meeting structure to provide information and advice to the governing body to ensure the organisation meet its responsibilities and maintain oversight.

The governing body meeting minutes include general manager report, finance report, clinical governance committee report. The clinical governance committee report appraises the reports from the quality committee, risk committee, and national clinicians meeting and covers discussions on significant incidents, data trends, quality activities and audit programs.

Committee meeting minutes and monthly reports identified results from audits, incident data including clinical incidents, complaints and feedback, workforce planning, key performance indicators and risk.

The service demonstrated organisational wide governance systems to monitor processes including information management, financial management, workforce governance, regulatory compliance, and feedback and complaints.

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Senior management have oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. Financial audits are conducted yearly by an external auditor. The home care budget is monitored by the service manager and case managers in partnership with the finance team. The finance team provides a monthly financial report, and all finances can be reviewed online.

Unspent funds from home care packages are monitored by the service managers, and during monthly supervision, consumer unspent funds are discussed and reviewed with case managers.

Workforce governance is overseen by the organisation’s executive management and human resource management. There are a range of human resource processes including established recruitment processes and position descriptions, staff education and a staff performance management system. Position descriptions specify staff responsibilities and accountabilities to support quality care. There is management oversight of the workforce, and processes for monitoring the performance of contracted and subcontracted staff, including review of contract performance by the general manager and legal team. The service ensures staff conduct in the delivery of care is consistent with their code of conduct. Staff showed they understood their roles, responsibilities, and accountabilities.

Management receives regular updates from governing bodies in relation to regulatory information which is monitored by the general manager. Information is disseminated to staff through emails and regular meeting mechanisms. Practice changes alerts are communicated to relevant management and conveyed to relevant staff through meetings, memos, and training as appropriate. The governing body is notified of any regulatory compliance issues through the board sub-committees as appropriate. Review of documentation confirmed the service has processes in place for monitoring regulatory compliance.

The organisation has a risk management framework inclusive of a home care risk register that is overseen by the quality care advisory body. The advisory body review clients of concern and client incidents to identify main risks to the organisation and will identify risk controls and mitigation strategies to implement and will provide reports to the governing body.

The organisation has a vulnerable persons register, disaster management and business continuity plan and aged care service emergency and disaster management plan which establishes guidelines and procedures to ensure the safety and wellbeing of consumers and staff during emergencies and disasters. The case managers demonstrated how they identify vulnerable consumers, including those living alone, consumers with specialized needs, cognitive and functional deficits, and limited supports. Consumer care plans identify and capture the consumer vulnerabilities.

The organisation has risk management policies and procedures. Management discussed managing high-impact or high-prevalence risks associated with the care of consumers. Falls have been identified as a high risk and falls risk assessments are conducted initially and ongoing. Referrals are sent to the relevant allied health services for assessment after initial assessment, home risk assessments are conducted, and consumers are assessed in their home environment when they have had a fall to ensure effective risk management is implemented.

In relation to identifying and responding to abuse of consumers, management stated staff participate in incident reporting training that includes responding to elder abuse and neglect and serious incident response. Staff stated they know how to respond to, and report suspected elder abuse if identified. The service has policies and procedures on elder abuse and appropriate reporting to guide staff.

In relation to consumers supported to live the best life they can, consumer feedback was positive and evidenced how the care and services received assisted consumers to remain as independent as long possible. In relation to incidents management, all incidents are registered, investigated and the actions taken to mitigate risk and prevent recurrence are documented. Incidents, hazards and near misses are reported to the Board through the risk and quality care committee reports.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance framework is underpinned by five principles - governance, leadership, and culture; organisational effectiveness and improvement; effective workforce; clinical quality and safety and partnering with consumers.

In relation to antimicrobial stewardship, the service tracks and monitors antibiotics uses through its incident management system. Staff are trained in infection prevention and control and are vaccinated. Management and staff are aware of the need for antimicrobial stewardship and the organisation has principles and guidelines towards antimicrobial stewardship to guide staff approach in clinical care.

In relation to minimising the use of restraint, management and staff advised they do not have any consumers who have been identified as subject to the use of restraint. The organisation strives to minimise the need for any restrictive practice and there is a restrictive practices framework to guide staff.

Staff and management understood the underlying principles of open disclosure and knew that part of the principle includes acknowledging when things go wrong, being transparent and offering an apology.

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)