**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Alpha Omega Consulting |
| Commission ID: | 201443 |
| Address: | 146 Cabramatta Road East, CABRAMATTA, New South Wales, 2166 |
| Activity type: | Quality Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 31 May 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: 9661 Alpha Omega Aged Care Pty Ltd  
Service: 27662 Alpha Omega Aged Care

**This performance report**

This performance report for Alpha Omega Consulting (**the service**) has been prepared by G Harbrow, 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 response to the assessment team’s report received 7 May 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Requirement 2(3)(a)

Ensure assessment and planning, includes consideration of risks to the consumer’s health and well-being, with the strengthening of care plans to inform 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 for those identified as receiving end of life care.

Requirement 2(3)(e)

Ensure care and services are reviewed regularly for currency and 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 clinical care, including the safe and quality use of medications that reflects 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 with strategies that are relevant and consistent and reflective of consumer experience.

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)(e)

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

Requirement 4(3)(d)

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

# Standard 1

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

All consumers and or representatives described consumers as being treated with dignity and respect, with consumer identity, diversity, and culture valued. Staff identified how consumer respect and dignity is demonstrated.

Consumers and or representatives confirmed the service and staff demonstrated consideration of consumer background and culture, including provision of staff with the ability to converse with consumers in their preferred language.

Management advised the service aims to match consumers to staff from the same background. It described employing staff from multicultural backgrounds and communities, to facilitate staff understanding of consumer culture, and awareness of significant cultural events celebrated by the community.

All consumers and or representatives reported satisfaction with the consumer being able to make choices, maintain relationships, and communicate their preference about how care and services are delivered and managed. Staff could identify how consumers are supported to maintain independence with provision of choice and to maintain relationships through social connections.

Consumers advised they feel supported to take risks and stay independent. The service demonstrated how consumer independence is encouraged, enabling consumers to live the best life they can.

Consumers said information provided by the service was easy to understand and enabled them to make decisions. Management advised consumer information is available in the 4 languages, most common to the consumer cohort. The Assessment Team confirmed a range of consumer information being available in these languages and observed consumers attending the service with verbal information provided in the consumer’s preferred language.

Consumers and or representatives advised the service and staff respect consumer privacy, and staff provided examples of how this is demonstrated. The service demonstrated security of consumer information with access to the electronic information management system password protected. Staff with access to consumer information must agree to abide by the Code of Conduct’s consideration to protection of consumer privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Provider’s response that the service does not comply with Requirements 2(3)(a), 2(3)(b) and 2(3)(e), and as a result does not comply with Standard 2. I am satisfied the service complies with Requirements 2(3)(c) and 2(3)(d).

Requirement 2(3)(a):

The Assessment Team indicated consumers and or representatives were satisfied with services received, and staff could identify consumer risk. However, they found the service did not provide adequate evidence to demonstrate consumer risk is identified and considered to inform care planning for the delivery of safe and effective care and services. Care plans for consumers needing personal care did not include descriptive instructions to sufficiently guide and inform care and service delivery. Risks to consumers’ health and well-being were not consistently identified or reviewed regularly. Management acknowledged consumer care plans lack detail and are working on providing education to staff.

The Provider submitted a written response (the response) indicating in addition to clients’ care plans, a supplementary consumer checklist informing of consumer risk is available to staff. However, the document is not individualised and does not include consumer specific mitigation strategies. The response indicates a care plan consultation with a consumer and representatives has occurred over the phone, with a face-to-face meeting in April 2024. A discussion with care workers regarding risk took place the end of March and early April 2024. The response includes an updated care plan which includes additional information clearly identifying consumer risk and associated person-centred strategies for mitigation.

I note the Provider’s introduction of scheduled checks to evaluate the quality-of-service delivery and the identification of opportunity for improvement by triaging consumers on intake to identify risk and inform an interim care plan. The response indicates a response to the requirement to strengthen care plans identified prior to the Quality Audit, with education provided to staff in December 2023. Further education on documentation occurred was indicated for May with subsequent auditing of care plans to monitor progress and evaluate outcomes. The response indicates the service’s intention to review and modify care worker instruction cards to provide additional guidance to staff around safe care provision.

I acknowledge the response from the Provider, and initial steps to address the deficits identified by the Assessment Team. While I am satisfied with the Provider’s interim management of individually identified consumer risk, review of resources, education of staff and evaluation of planned quality activities for this Requirement is yet to be fully implemented and completed. With this consideration, I find the Requirement Not-Compliant.

Requirement 2(3)(b):

The Assessment Team identified consumer and or representatives were satisfied with the services they receive and staff described a process for identifying consumer, needs, goals, and preferences. However, the Assessment Team found the service does not always identify consumer needs, goals, and preferences for end-of-life care. One consumer was identified as having commenced on a palliative pathway; however, this was not reflected in their care plan, nor did the care plan indicate care preferences for end of life. Management explained end of life planning occurred on an as required basis, explaining that due to cultural reasons, some consumers prefer to avoid these conversations.

The Provider submitted a written response (the response) indicating various documents and policy in place to guide staff practice in giving culturally sensitive and culturally safe consideration to end of life planning and care. In response to the Assessment Team’s identification of a consumer’s care plan not reflective of their commencing a palliative pathway, I note the Provider had made several unsuccessful attempts to discuss these changes with the consumer’s family. While I acknowledge the effort to involve family and significant others in care planning, care plans provide detailed guidance for staff to deliver safe and effective care reflective of consumer needs. In not identifying the consumer as receiving end of life care, the requirement that assessment and planning identifies and addresses the consumer’s current needs has not been satisfied. While the service provides multiple resources to guide staff practice in end-of-life care, this was not evident in practice. I find the Requirement Not-Compliant.

Requirement 2(3)(e):

The Assessment Team identified the service is mostly responsive to consumer needs, with most consumers able to recall recent meetings with staff to discuss care plans. Staff and documentation confirmed a process of annual care plan review, or earlier in response to change. While service policy does not stipulate a mandated review date, it does indicate a care plan review required for changes in consumer condition or following an incident. While the Assessment Team found most care plans had been reviewed within the service’s identified timeframe, the care plan details were not current or up to date. One consumer was identified as having developed a pressure injury during recent hospitalisation, however, their care plan did not indicate any change to skin integrity. The Assessment Team indicated management’s response to this feedback was to schedule staff education on care planning to improve care plan content.

The Provider submitted a written response (the response) indicating a review of internal process to ensure currency of information contained in care plans planned for the next 3 months, and scheduled auditing of care plans to evaluate effectiveness of outcomes.

With implementation and evaluation of the quality assurance activities planned for this Requirement yet to be completed, and an effective care plan review process yet to be embedded in practice, I find the Requirement Not-Compliant.

Compliance with remaining Requirements:

All consumers and or representatives confirmed involvement with making decisions regarding care and services received. They recalled speaking with, and discussing their care and services with staff, and identifying those they wish to be involved with their care. Care plan documents evidenced family members and or brokered services involved in the care planning process and care provision.

Most consumers and or representatives recalled being provided a copy of the consumer’s care plan, with staff reporting the service informs them of any required changes to consumer care provision.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Provider’s response that the service does not comply with Requirements 3(3)(a), 3(3)(b), 3(3)(c), and 3(3)(e) and as a result does not comply with Standard 3. I am satisfied the service complies with Requirements, 3(3)(d), 3(3)(f) and 3(3)(g).

Requirement 3(3)(a):

The service did not demonstrate safe and best practice management of a consumer living with diabetes and requiring insulin administration. Consumer documentation did not evidence a valid medication order for the safe administration of a high-risk medication, nor the best practice of checking of the 5 rights of medication prior to administration by a registered nurse. A care worker administered insulin, with no evidence of assessed competency or knowledge of how to do so safely. Nursing staff were unable to identify best practice in relation to blood glucose monitoring. Documentation did not evidence acceptable blood glucose parameters identified by the consumer’s medical officer or the required response should levels be assessed as outside these parameters. Staff identified, should the care worker tasked with the administration of insulin not be available for their shift; the consumer does not receive their prescribed medication. Staff said the consumer’s medical officer indicated the omission as acceptable, however, this was not documented, nor were omissions captured in the service’s incident management system.

The Provider submitted a written response (the response) identifying a review and development of a plan to manage an individual consumer living with diabetes and requiring injections of insulin. However, the response does not include a process to ensure the quality use of, and safe medication management for all medications including identified high-risk medications.

I acknowledge the response provided by the Provider and the initial steps to address the deficits identified by the Assessment Team. The response provides an overview of the steps commenced to establish an improvement in practice, however, does not address the processes, resulting in a finding of non-compliance. With actions yet to be implemented, imbedded, and evaluated, I find the Requirement Not-Compliant.

Requirement 3(3)(b):

The service was unable to demonstrate effective and consistent consumer assessment for, and management of identified risk. Management said the service manages high impact and high prevalence risk through discussions at staff meetings and utilising a vulnerable consumer register. It explained the meetings allow for staff to evaluate consumer risk mitigation strategies and that care coordinators are expected to document risk identified from the consumer’s aged care assessment team (ACAT) assessment in the vulnerable consumer register with strategies put in place and modified according to the ongoing level of risk. The Assessment Team found use of the register was not current or consistent with consumer experience. A consumer recently admitted to hospital for wound complications was not identified in the risk register, nor were strategies evident for another consumer identified in the register at risk of pressure injury and pain.

Staff explained a process of clinical triage to provide an overview of a consumer’s clinical condition, associated risks, and specialised care needs. Management indicated clinical triage an expectation for all consumers receiving level 3 and 4 HCP services. However, consumer files for 7 consumers receiving level 3 and 4 HCP services had not been clinically triaged to inform risk. Staff indicated clinical triaging was introduced for consumers new to the service with no plans of introduction for existing consumers.

The Provider submitted a response (the response) indicating a review and update of individual consumer care plans to reflect current care needs. However, the response did not address the Assessment Team’s finding of ineffective management of identified high impact and or high prevalence risk associated with consumer care. I find the Requirement Not-Compliant.

Requirement 3(3)(c):

Staff indicated, for consumers’ requiring palliative care, referral is initiated and lead by the local hospital. Management identified end of life wishes being discussed with consumers when the need was identified, however could not demonstrate how consumers end of life needs, goals and preferences are recognised, and how their comfort in maximised and dignity is preserved. Although the service’s policy indicates end of life panning is to be included in care planning, this was not evidenced in consumer care documentation for a consumer approaching end of life. Staff engaged in care were unable to identify what was important to the consumer.

The Provider submitted a written response (the response) acknowledging the Assessment Team’s findings and identified the subsequent appointment of a dedicated interagency liaison coordinator to facilitate sharing of information between services. The response claimed, that for consumers requiring end of life care, service employed Registered Nurses will liaise other health teams to provide a coordinated approach to care. The response did not address the service’s inability to demonstrate how consumers’ end of life needs, goals and preferences are recognised, and how their comfort in maximised and dignity preserved.

With actions yet to be implemented, imbedded, and evaluated, I find the Requirement Not-Compliant.

Requirement 3(3)(e):

The Assessment Team found consumers’ condition, needs and preferences are not documented and communicated within the organisation, or where responsibility is shared.

Consumers and representatives said when staff are new to the service, consumers are required to explain their care needs and preferences in detail. The Assessment Team found service employed staff have access to consumer care files stored in the service’s electronic information management system. However, brokered staff are unable to access this system. Communication with brokered staff occurs through ‘SMS’ messaging or verbally and is not always documented.

The Provider submitted a written response (the response) indicating a current review is underway of the service’s information management system and includes consultation with stakeholders for piloting a system access for brokered service partners. The pilot is scheduled for the end of May 2024. To keep brokered staff informed of current needs and preferences the service has interim measures in place with a 10-minute verbal update provided on consumer support needs. With actions yet to be implemented, embedded, and evaluated, I find the Requirement Not-Compliant.

Compliance with remaining Requirements:

Consumers and or representatives were confident staff would notice changes to, or deterioration in a consumer’s health. Staff were able to explain how they recognise and escalate consumer deterioration, and management identified the provision of education and policy to guide staff recognition of deterioration. Care documentation indicates mostly appropriate recognition and escalation of consumer change and deterioration.

Consumers and or representatives discussed the range of supports they receive from the service including referrals to other health service providers. Staff explained a process of referral and identified a network of organisations available to consumers to ensure timely assessment and intervention. Documentation showed consumer referrals to other health service organisations.

Consumers and or representatives described strategies staff employ to minimise the transmission of infection, and staff explained infection prevention and control measures employed when attending a consumer’s home. Management said staff are encouraged to self-monitor and not attend consumer homes if unwell.

The service has policy to guide staff on infection minimisation to inform staff of standard and additional infection prevention precautions with links to further resources. The service has an infection control plan to manage infection related conditions and outbreaks.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s report and the Provider’s response that the service does not comply with Requirement 4(3)(d) and as a result does not comply with Standard 4. I am satisfied the service complies with the Requirements, 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(e) and 4(3)(g).

Requirement 4(3)(d):

Consumers and or representatives said they are required to repeat information to new staff to ensure needs and preferences are met. One consumer was noted to cancel their scheduled service when their regular staff member became unavailable. They said they did not want to explain their care need details again.

Staff described relying on phone calls for communication and information about consumers. The Assessment Team found communication about care and services delivered through brokerage services inconsistent. Management advised of brokered staff not having access to the service’s electronic information management system, informing they are investigating how access can be provided without compromising the security and confidentiality of consumers. This was confirmed by brokered service staff.

The Provider submitted a written response (the response) acknowledging the Assessment Team’s findings, with a commitment to use identified deficits to inform service improvement. With actions yet to be implemented, embedded, and evaluated, I find the Requirement Not Compliant.

Requirement 4(3)(e):

The Assessment Team recommended this Requirement was not-met. It identified, the service could not demonstrate timely and appropriate referrals to services and supports for daily living. Staff were unable to provide examples of consumer referral to services for provision of supports for daily living outside of providing transport to activities of interest. While the service referral policy does mention referrals to support activities of daily living, no examples are provided.

The Provider submitted a response (the response), providing examples of cultural activities and events attended by consumers. The response included a consumer’s care plan indicating interests, leisure and community involvement and the level of support provided by staff. The response included consumer referrals to social activities and community groups.

With consideration to the available information and the Provider’s response, I have come to a different view to the Assessment Team. I am satisfied that the service complies with this Requirement.

Compliance with remaining Requirements:

Consumers and or representatives provided examples of how the consumers receive services to help maintain their independence, well-being, and quality of life. Staff demonstrated knowledge and understanding of what is important to consumers and how services and supports provided, assist consumers to remain at home and maintain independence.

Consumers and or representatives said they feel comfortable with staff. Staff provided examples of how they promote consumer’s emotional, spiritual, and psychological wellbeing explaining welfare checks may be arranged should staff have any concerns about a consumer. Management identified isolation as a risk factor for consumers. It encourages staff to engage with consumers and their families to determine strategies to improve consumer emotional and psychological wellbeing.

One consumer provided an example of doing things of interest and staff gave examples of supporting consumers to attend church. Management described a recent cultural event held at the service which had been promoted in the service’s monthly newsletter.

# Standard 5

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and or representatives were satisfied service provided equipment was safe and suitable for consumers use. Consumers were confident the service would assist with any equipment concerns.

Staff reported checking equipment prior to use with any concerns escalated to service management.

Management advised it follows recommendations for consumer equipment from an occupational therapist with a period of equipment trial to ensure consumer suitability.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service demonstrated consumers and or representatives were encouraged and supported to provide feedback and make complaints. Information is provided to consumers and representatives in several languages encouraging the provision of feedback, complaints, or compliments. Consumers and or representatives advised they would not hesitate to contact the service, should they hold any concerns.

The service demonstrated information about consumer rights, consumer advocacy, and interpreter services is available to consumers. Management described a robust process of complaints management including staff practice of open disclosure. Staff are required to complete mandatory education regarding complaints management and the practice of open disclosure. The service has guidance documents outlining their expectations of staff in their management of feedback and complaints

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Service guidance documents refer to the value of feedback and complaints to inform continuous improvement opportunities for the organisation.

# Standard 7

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

Findings

The Assessment Team recommended that Requirement 7(3)(e) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Requirement 7(3)(e):

The Assessment Team report indicated the service was unable to demonstrate a process of regular performance assessment, monitoring and review had been conducted for all staff members.

Staff advised they have not participated in a performance appraisal and management confirmed only 12 staff members from a total of approximately 160 staff members having participated in a performance appraisal.

In response to the Assessment Team feedback management advised the service had commenced a process to complete 20 appraisals each month, with the goal for all staff members to have participated in a performance appraisal within six months.

The service demonstrated a process of internal auditing, investigation, and management of staff performance in response to complaints and or potential breaches of the Code of Conduct.

The Provider submitted a written response (the response) identifying a discrepancy in the Assessment Team’s accuracy of the reported number of staff members employed by the service, and the number of staff identified as having participated in a performance appraisal. The response clarified, at the time of the Quality Audit, 61 staff members were employed by the service. The response informed of 19 staff performance appraisals completed as opposed to the Assessment Team’s indicated 12. The response explained, and the service’s PCI confirmed, implementation of a planned performance appraisal calendar, prior to the Quality Audit. The calendar indicates dates of completed and further scheduled staff performance appraisals.

With consideration to the available information and the Provider’s response, I have come to a different view to the Assessment Team. I am satisfied that the service complies with this Requirement.

Compliance with remaining Requirements:

Consumers and representatives were satisfied staff had enough time to attend and complete scheduled services. Management advised the service considers consumer preference when planning care, and explained staff are interviewed prior to commencement with the service to determine an appropriate mix and fit with consumers.

The service has an electronic rostering system with capacity to readily identify vacant shifts, and the service uses labour hire companies if required. Brokered services are responsible for staff allocation to consumers, with an agreement in place requiring 24 hours’ notice provided to the service should a scheduled visit be unable to take place. Management advised of two unfilled shifts in the past month. The service is considering employment of part time staff to allow greater flexibility to fill vacant shifts.

All consumers and representatives described the service and staff as caring and respectful. The Assessment Team observed multiple interactions between the service staff and consumers which demonstrated kindness, respect, and an understanding of the consumer’s culture and identity.

Staff said, and staff records confirmed staff are qualified to perform their roles and the service requires all staff to provide evidence of completion of required mandatory education.

Management advised all new staff participate in a mandatory onboarding process which includes information on the Aged Care Quality Standards, and serious incident response scheme, (SIRS) training. The Assessment Team noted mandatory subjects in the service’s 2024 training schedule include open disclosure and complaints management, and culture and diversity.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

The service demonstrated, and documents confirmed, consumers are engaged in the development, delivery and or evaluation of care and services through the establishment of a consumer advisory committee. A consumer participation form is included in the consumer welcome pack, seeking consumer consent to engage in a variety of forums informing the development, delivery and evaluation of care and services. The Assessment Team noted a request for consumer response to the introduction of an annual consumer survey.

The service demonstrated the governing body promotes safe and inclusive care and accountability for service delivery. The service has established a quality care advisory body responsible for the review of the quality and safety of care and services delivered and reporting to the governing body.

Consumer information is managed by an electronic information management system and while service employed staff have access to the system, brokered staff do not, with interim measures in place to keep brokered staff up to date with consumer care needs. Management advised, the service is currently investigating system access by brokered services without compromising security and confidentiality of consumers, to ensure an information management system that is fit for purpose.

The service’s plan for continuous improvement (PCI), evidenced information is regularly updated and the Assessment Team noted that the PCI is included as a standing agenda item at governing body meetings. The service has a continuous improvement policy.

The service demonstrated they have effective financial management and reporting systems in place to manage resources required to deliver safe and quality care to consumers.

Staff position descriptions have clear core objectives and detail skills, competencies and qualifications required of the role. All staff employed by the service are required to sign the Code of Conduct.

The service networks with peak advisory bodies to inform regulatory compliance and receives policy advice from an external provider including regulatory updates.

The service has a flow chart providing staff guidance on the process for capturing feedback and complaints and a policy outlining how feedback is used to inform the service’s continuous improvement.

The service demonstrated effective systems in place to identify, report and manage high-impact or high prevalence risk relating to the care of consumers. Staff could provide examples of high impact or high prevalence risks including falls. Minutes from a governing body meeting demonstrated high impact, high prevalence risks tabled for identification and discussion.

Staff and management advised completion of training on consumer abuse and neglect as mandatory prior to commencing with the service. The service provides staff information providing clarity on the identification of consumer abuse and neglect and staff responsibilities regarding mandatory reporting.

Staff described a process for escalation of incidents to service management and the reporting of incidents using a phone application. Incidents are captured in a register for analysis and identification of trends and reportable incidents are identified by management and escalated to the SIRS if appropriate. The service uses a risk matrix to evaluate risk.

Consumers and or representatives are provided information on antibiotic use and antibiotic resistance as part of a welcome pack and the service has polices providing guidance on antimicrobial stewardship and clinical governance.

Management said, the service does not have any restrictive practices in use, however, identified they would seek guidance from consultants should they be required to develop consumer behaviour support plans.

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