**Performance**

**Report**

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| Name: | Amplar Home Health |
| Commission ID: | 600231 |
| Address: | 440 King William Street, ADELAIDE, South Australia, 5000 |
| Activity type: | Quality Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 3 December 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3162 Amplar Home Health  
Service: 19401 Home Support Services - Consumer Directed Home Care - Metro North

Service: 18215 Home Support Services - South Coast - EACH  
Service: 18216 Home Support Services - South Coast - EACH D  
Service: 22860 HSS 'Your Care Your Choice' - Brisbane South

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9083 Home Support Services Pty Ltd  
Service: 26691 Home Support Services Pty Ltd - Community and Home Support

**This performance report**

This performance report has been prepared by K Jarvie, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers, representatives and others

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives in each service advised staff and management treat consumers with respect, understand their cultural background and consider their personal circumstances and preferences. Staff and management interviewed spoke respectfully about consumers and provided examples of how consumers’ individual identities, culture and diversity are respected and included in care planning, assessments and reviews. Documentation reviewed confirm staff complete online training modules on dignity and respect, consumer directed care and the code of conduct for aged care.

Consumers and their representatives across all service locations confirmed staff deliver services in a culturally safe manner that fosters a sense of safety and respect. This includes respecting consumers’ cultural preferences to receive services from female only carers. Staff interviewed advised they receive cultural awareness training and feel supported with resources to understand and appreciate the unique cultural background of each consumer. Staff interviewed described providing culturally appropriate care and services, such as the use of shoe covers during service delivery. Management advised the organisation collaborates with an Aboriginal community services representative to ensure services received by indigenous consumers are culturally appropriate. Detailed cultural considerations in assessment and planning procedures were sighted by the Assessment Team.

Consumers and their representatives in each service said consumers are informed about the care and service options available and are encouraged to make their own decisions about services received and who they want involved in their care. Staff and management interviewed, and documentation reviewed confirm, policies and procedures are in place to ensure care planning and reviews are undertaken in partnership with consumers and others involved in their care.

Consumers receiving services throughout the organisation and their representatives advised staff actively listen to consumers, understand their priorities and respect the choices they make. Staff and management interviewed described the importance of discussing potential risks with consumers and allowing them the freedom to decide how to manage those risks. Management advised all staff receive training on dignity of risk with the consumer choice and independence training. Documentation review completed confirm the organisation has consumer dignity of risk procedures and forms that assist staff to clearly outline risks and benefits of consumer choice. This includes educating consumers about the consequences or risks of their choice and providing alternative options and intervention strategies.

Consumers and their representatives in each service confirmed receipt of clear and easy to understand information that enabled them to make informed choices. Staff interviewed across all services described how they adjust their communication as required to suit consumer needs and preferences. This included the use of large print and allowing time for lip reading. Sampled consumer files reviewed confirm the documentation of preferred consumer preferences for information provision.

Consumers and their representatives across all service locations advised staff are respectful of personal privacy and are provided with sufficient information to understand how consumers’ personal information will be used. A sample of consumers and representatives interviewed confirmed their consent is sought prior to consumer information shared with others involved in consumer care. Staff and management interviewed described how they maintain privacy and confidentiality of consumer information, including the use of an access controlled electronic information system. Training records reviewed show staff completion of annual mandatory privacy and consent training.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives interviewed across all service locations confirmed staff provide tailored consumer care and services based on assessed health and well-being risks. All staff interviewed described individualised mitigating strategies implemented to manage consumer risks, including allergies, adverse diabetic risks, wounds, infections, falls, depression and isolation. Management advised validated assessment tools that cover consumer physical, psychological, and social risks are readily available for clinician use on electronic applications. Management confirmed that both the consumer care planning and service delivery policy and management of vulnerable consumers’ procedure guide staff to engage further multidisciplinary health care professionals to assess and develop individual consumer risk mitigation strategies.

Consumers and their representatives interviewed in each service locality confirmed planned care received is reflective of consumers’ current goals and preferences. Whilst not all interviewed consumers could recall being asked about advance care or end-of-life care planning, some recalled receiving advance care planning brochures in their initial admission welcome pack. Management advised, and documentation reviewed confirm, consumer care goals and preferences are discussed and documented during initial assessments and reviews. Management advised as part of their continuous improvement plan a new aged care admission and review assessment template has been developed. This template is in the process of being implemented into the electronic client management system which specifically asks mandatory questions regarding end-of-life choices and if there is an advanced care directive in place. In addition, management advised a further continuous improvement action plan of including not for resuscitation alerts on consumer care plans.

A sample of consumers and their representatives interviewed in each service confirmed ongoing involvement in assessment and care planning processes. Management described organisational practices of undertaking care planning and assessment in collaboration with consumers and their chosen representatives. Management advised, and documentation reviewed confirm, clinicians in partnership with consumers and their nominated representatives regularly communicate with nominated general practitioners and other health care providers involved in consumer care.

Consumers and their representatives interviewed in each service expressed satisfaction with the effective communication of outcomes of assessment and care planning and confirmed they have been offered a copy of consumer care plans. Staff interviewed described how they access their mobile application to obtain sufficient consumer care information. Management explained that changes to consumer care plans are communicated through conversations with consumers, providing them a copy of the updated care plan and advising all staff who deliver their services. A sample of consumer files reviewed confirm care plans are acknowledged and signed off by consumers or their representatives.

Consumers and their representatives spoken with in each service expressed confidence consumer care and services would be reviewed and adjusted to meet changed needs. Staff interviewed across all service localities advised consumers are reviewed when a change in condition, goals or preference is reported in dated handover notes, following an incident, on hospital discharge or at minimum as an annual formal review. Management advised HCP consumers are reviewed face to face every 3 months or more frequently as required. A sample of care planning documentation reviewed confirm annual reassessments within the last 12 months and earlier reassessments were undertaken where incidents occurred, or consumers’ need, goals or preferences changed.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

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

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers receiving personal or clinical services, and their representatives advised they felt consumers are provided safe and effective personal and clinical care. Staff interviewed were knowledgeable of individualised consumer personal and clinical care needs, including identified risks and mitigating strategies. Staff and management interviewed confirmed they are guided by best practice resources when delivering medication management, wound care, pain management, falls management, nutrition, and infection control. Management advised that best practice policies and procedures in place are updated annually or as required. A sample of consumer care files reviewed confirm care and wound management plans contain individualised strategies from clinician assessments and recommendations where appropriate.

Consumers and their representatives interviewed in each service expressed satisfaction with the effective management of high-impact or high-prevalence consumer risks including falls, social isolation, depression, wound care, medication management, skin integrity, catheter and stoma care. Clinicians interviewed were knowledgeable of consumer high-impact and high-prevalence risks and described the implementation and use of individualised risk mitigating strategies. Care planning documentation reviewed confirm consumer high-impact or high-prevalence risks are documented and risk mitigating strategies implemented monitored for effectiveness.

A sample of consumers and their representatives interviewed in each service confirmed copies of consumer advanced care plans are requested and uploaded into the electronic care management system. Clinicians described, and documentation reviewed show, how care and service delivery is adjusted to maximise consumer comfort when delivering end of life care. This includes support to minimise pain and maintain skin integrity. Management described how staff have a supportive role around palliative care and that palliation services are externally provided. Management recounted how clinicians have access to a palliative care call guideline for afterhours enquiries on their electronic applications should they be concerned about consumer care outside of office hours.

Consumers and their representatives interviewed across each service expressed confidence in staff that know consumers well and were satisfied with responses to recognised and reported consumer deterioration. Clinicians interviewed described recognition of consumer deterioration, such as infected wounds and low blood glucose levels and responses taken to manage deterioration. Management advised staff are trained in both identifying and managing clinical deterioration. Management also described processes in place for clinical escalation where consumers are uncontactable, in physical distress from acute medical events or are psychologically distressed. Care planning documentation reviewed confirm consumer care and services are reviewed and adjusted, including commencing additional services and increasing observations in response to consumer deterioration. Documentation reviewed confirm a recognising and responding to acute deterioration policy is in place guide staff practice.

Consumers and their representatives interviewed in each service consistently reported that staff are aware of consumer care needs, and they do not have to repeat instructions or give directions during service delivery. Clinicians advised they document handover progress notes in the electronic consumer management system which is available to others involved in delivering consumer care. Clinicians advised communication of information is delivered formally in consumer care plans, or verbally both within the service and to others where care is shared. Management described how consumer information is communicated via handovers and at team meetings. Documentation reviewed confirm consent is sought prior to the sharing of consumer information to relevant medical health professionals involved in the management of consumer care. In addition, a shared care of consumer policy available outlines how staff are to deliver collaborative, co-ordinated care where consumers are receiving planned care from another healthcare practitioner.

A sample of consumers in receipt of personal or clinical care services and their representatives interviewed confirmed allied health and other specialists are contacted when consumer personal care or clinical needs change. Clinicians described documenting handover escalation notes after completion of assessments indicating when referrals are required. Management outlined processes to explain the need for a referral with consumers and their representatives in addition to obtaining consent to share information. Documentation reviewed confirm timely and appropriate referrals are made to other external services, such as dieticians, diabetes educators, occupational therapists and podiatrists.

Consumers and their representatives spoken with in each service expressed satisfaction with measures (such as appropriate hand hygiene) staff take to protect consumers from infection. Clinicians interviewed reported performing hand hygiene, having access to and wearing personal protective equipment as required, participating in infection control training, obtaining required vaccinations and not going to work when ill. Clinicians confirmed consumer wound swabs are taken at sign of infection to guide prescribers of antimicrobial sensitivities. Clinicians advised this in turn assists in reducing the risk of a systemic infection and antimicrobial resistance. Management described the practice of clinicians regularly cleaning and sanitising their car boots to maintain a hygienic environment for specialised nursing supplies. Management stated the organisation’s infection prevention control lead has educated staff on breaking the chain of infection and reducing transmission of acute respiratory illness. Training records show all staff participate in mandatory infection prevention and control training. In addition, the organisation maintains a register of staff COVID-19 vaccinations and influenza vaccinations each year.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all applicable Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 applicable requirements are compliant for HCP services. This Quality Standard was deemed not applicable for CHSP as the service is only funded to provide CHSP nursing services.

Requirement 4(3)(f) was not applicable as HCP funds only pay for the preparation and delivery of meals.

Consumers in receipt of HCP daily living services and their representatives stated consumers received safe and effective services, such as social support, gardening and domestic assistance, that optimised their independence and quality of life. Staff interviewed demonstrated an in-depth understanding of what was important to individual consumers and described tailoring daily living services and supports to meet individualised consumer needs and preferences. Management advised that services and supports for daily living are continuously evaluated to ensure consumer needs and expectations are being met. The organisation’s promoting independence through care planning and service delivery policy outlines the principles of wellness and reablement. This includes the promotion of consumer independence and encouragement to participate while actively working towards identified goals.

Consumers, in addition to their representatives interviewed, expressed satisfaction with services and supports for daily living that have supported consumer emotional, spiritual and psychological well-being. This included expressing confidence in staff’s ability to promptly recognise low mood and provide support by listening to concerns. Staff interviewed effectively described how they recognise when a consumer is feeling emotionally low and the escalation process for mental health concerns. This included referral to social workers and the adult safeguarding unit. Management described how care planning and assessment is performed with a holistic approach that encompass consumers spiritual and psychological needs. The organisation’s promoting independence through care planning and service delivery policy provides staff guidelines for considering the consumer’s emotional, spiritual and psychological needs.

HCP consumers and their representatives interviewed stated that the organisation has actively explored ways for consumers to participate in the community, build and maintain social relationships, and partake in activities of interest to them. This was demonstrated by staff providing examples of facilitating consumers to take part in meaningful activities or connecting them with social or community groups. Management advised opportunities to connect consumers with meaningful activities are identified during holistic assessment, reviews, and ongoing conversation with consumers. Consumer care planning documentation reviewed outline how consumer social and community access goals are captured and used to deliver tailored daily living support services.

Consumers interviewed receiving HCP daily living supports, and their representatives, stated the organisation effectively communicates information about consumer conditions, needs and preferences to all internal and external staff involved in delivering consumer daily living care. Staff interviewed described how consumer information relevant to service delivery are outlined in their care notes and consumer care plans available on their mobile phone device. Staff confirmed critical information about consumers appears as alerts on consumer electronic files. Management advised, and staff confirmed, all staff including subcontracted workers are expected to input handover notes that outline information about consumer conditions, needs and preferences. A sample of consumer documentation reviewed confirm handover notes are consistently submitted after service delivery. Services that do not have an attached handover note in the electronic client management system are flagged for management follow-up.

HCP consumers and their representatives interviewed stated referrals to individuals, and other providers of daily living care and services are promptly actioned based on individual consumer needs, goals and preferences. Staff interviewed demonstrated they are aware of the avenues for referring consumers onto additional services and supports and provided examples of this occurring in practice. Management advised a network of external providers are used to refer consumers when the organisation is unable to provide a suitable service or support internally. Consumer care planning documentation reviewed confirm referrals to external social and community groups, mental health organisations, and subcontracted carers occur in a timely and appropriate manner.

HCP consumers and their representatives interviewed expressed satisfaction with purchased equipment that is assessed for suitability prior to purchase and kept safe, clean and well maintained. Staff stated they monitor equipment purchased from consumer HCP funds for safety or maintenance issues and described escalation processes used to report concerns. Management advised, and documentation reviewed confirm, maintenance requests are organised with equipment manufacturers on behalf of consumers. Management confirmed a continuous improvement action in progress to implement a formalised process to periodically check for equipment maintenance issues.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Standard 5, Organisation’s service environment is not applicable, as the organisation does not provide a physical service environment.

# Standard 6

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

Findings

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and their representatives interviewed throughout the organisation advised they knew how to provide feedback or make a complaint and felt comfortable doing so when required. Staff and management interviewed recounted how they encourage consumers and their representatives to provide feedback regularly through various avenues. This included verbally or via feedback forms and surveys. In addition, documentation reviewed confirm consumer newsletters include resources on how to provide feedback or make a complaint, information on consumer focus groups and direct links to a feedback form.

Consumers and their representatives interviewed across each service confirmed information regarding advocacy and language services are included in welcome packs. Staff interviewed across all service locations demonstrated an awareness of how to support consumers who may require an advocate. In addition, review of the consumer welcome pack confirms the inclusion of information relating to the charter of aged care rights, accessing advocacy services, ways to provide feedback both internal and external to the organisation, language services and other methods of raising a complaint.

Most consumers and their representatives in each service expressed satisfaction with actions taken in response to their concerns. Staff and management interviewed across the organisation described and provided examples of the principles of open disclosure used to resolve complaints. Review of the complaints register demonstrated complaints are formally recorded, appropriately actioned, and closed in a timely manner. An open disclosure policy in place includes assigned accountabilities, roles, and responsibilities of staff. In addition, documentation reviewed confirm a shared learning report on open disclosure includes a flow chart outlining responses and examples of when open disclosure has been practised.

A sample of consumers and their representatives interviewed across the organisation confirmed actions taken to resolve their concerns had resulted in improvements to consumer services. Management outlined how consumer complaints are regularly discussed, and reported in the bimonthly clinical governance report, weekly team meetings, or as the need arises. Management advised, and documentation reviewed confirm, analysed consumer complaint and feedback trends result in continuous improvement actions, such as additional training provided to staff on medication management.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers interviewed receiving services throughout the organisation and their representatives reported overall they are satisfied with the number and mix of staff available. Staff interviewed confirmed sufficient time is allocated to complete consumer services. Management advised staff schedules are completed 6 weeks in advance and scheduling staff have access to a casual pool of workers if required. In addition, information, and evidence, in Requirement (3)(d) of this Standard include management reporting 20 percent of services are currently delivered by brokered staff. Management advised regular feedback is sought from consumers, representatives and staff regarding staffing numbers.

Consumers interviewed across all service locations and their representatives’ described interactions with staff as kind, caring and respectful. Staff interviewed spoke about consumers in an empathetic and compassionate way. Management advised, and documentation reviewed, confirm training and orientation undertaken by the workforce support values-based positive interactions with consumers. In addition, documentation reviewed confirm organisational processes are in place to manage consumer complaints regarding internal and subcontracted staff conduct.

A sample of consumers and their representatives interviewed across the organisation expressed confidence in staff’s ability to competently perform their roles. Staff interviewed understood the importance of their own accountability to ensure their credentials are up to date and advised they are supported to maintain their continuing professional development. Management advised, and documentation reviewed confirm, staff registrations and qualifications are recorded. In addition, information, and evidence, in Requirement (3)(d) of this Standard include management advising a weekly report is generated to demonstrate credential tags in skills. Management advised the organisation satisfies itself that subcontracted staff have the necessary competencies by maintaining subcontract requirements.

Staff interviewed expressed satisfaction with an onboarding process that includes a full day face-to-face organisational orientation, completion of online mandatory modules, followed by buddy shifts. Management described organisational practices for staff to undergo 3-monthly refresher training in meal safety, falls risk management, ongoing assessments and identification of changes with consumers. Documentation reviewed confirmed the organisation has a live training matrix in place.

Consumers interviewed across the organisation and their representatives advised their feedback regarding the performance of staff is sought through quarterly surveys. Staff and management interviewed advised, and documentation reviewed confirm the completion of formal annual staff reviews.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

A sample of consumers and their representatives interviewed across the organisation expressed satisfaction with opportunities to have their say about service development, delivery and evaluation. This included meetings with aged care and clinical management. Management described how the organisation engages with consumers and their representatives through a partner with carers and consumers committee. An annual letter to consumers is sent inviting them to express interest in joining the committee. Management confirmed board and clinical quality and risk committee meeting findings are shared with the partner with carers and consumers committee. Documentation reviewed demonstrate feedback and suggestions received by the partner with carers consumers committee have resulted in continuous improvement actions. This includes improvements to wording contained in consumer facing brochures for advanced care planning, wound care, pressure injuries and cyber safety. In addition, an early-stage pilot to improve telephone waiting music and waiting times is currently in progress.

The organisation is governed by a board comprising of members with aged care, health, business and clinical expertise. The board meet quarterly and are provided a 6 monthly aged care report which is developed from various subcommittee reports. These reports include aged care clinical risk, trends, incidents, feedback, and quality improvement initiatives. In addition, information, and evidence in Requirement (3)(d) of this Standard show the board also receives a quarterly trend analysis which include abuse and neglect as an identified key category. Management advised the board, chief executive officer and chief operations officer are accountable for reviewing data gathered from various committees to maintain oversight of service delivery. Management described how the board monitors the oversight of the quality of subcontracted service with information from the provider governance committee and contracts management team.

Effective organisation wide governance systems are in place including:

Information management

* The organisation has information management systems in place that include an electronic client management system and document management system.
* Information management systems are maintained securely by a team of system architects.
* Staff interviewed confirmed access to adequate and detailed consumer information accessed via a password protected application on their mobile device.

Continuous improvement

* A review of the organisation’s continuous improvement plan clearly identifies areas for improvement, actions required, persons responsible, expected completion dates, and status against the Quality Standards.
* Continuous improvement actions were observed to be driven by consumer initiatives.

Financial governance

* Management advised budgets with profit and loss statements are monitored monthly and any variances reported to the board, finance and executive committees and managers.
* The board and executives described how they have an external auditor and a group finance team who have oversight and provide assurance on financials.
* The organisation has a home care financial governance policy which outlines processes to regularly monitor high unspent HCP funds.

Workforce governance

* Documentation reviewed confirm management and staff are provided and have access to position descriptions that outline their roles, responsibilities and key performance indicators.
* Management demonstrated how staff skills and geographical mapping are constantly being reviewed to ensure an appropriate workforce is in place.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.
* The organisation has a compliance tracking register in place and regularly review and update policies and procedures.

Feedback and complaints

* Systems and processes are in place to ensure consumer complaints and feedback are effectively recorded, escalated, actioned and investigated. Interviews with consumers, their representatives, staff and management confirm open disclosure practices are used to resolve complaints and used to identify continuous improvement opportunities.

Effective risk management practices and systems were demonstrated, for example:

* The organisation maintains a client activity risk assessment process with guidance for risk identification, rating and mitigation strategy development information. The organisation also maintains a risk management policy which aims to ensure effective assessment of risk and mitigation strategy development to support consumers to live their best life balanced with effective corporate governance.
* Management and staff interviewed were able to describe the process of identifying and responding to elder abuse. Staff interviewed across the organisation reported receiving training to ensure they have the capacity to recognise and report elder abuse.
* The organisation has an incident management system which is used to analyse and determine risk trends. This in turn was shown to inform continuous improvement actions and improved risk mitigation strategies. In addition, the incident management policy reviewed was observed to be linked to the risk management and dignity of choice policy.
* Management advised, and documentation reviewed confirm, the organisation provides training to all staff to ensure effective incident management and reporting.

The organisation has a clinical governance framework in place that includes but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure:

* Documentation reviewed confirm the organisation has a clinical governance plan in place.
* Management and staff interviewed across the organisation discussed the importance of encouraging regular engagement with consumers general practitioners to ensure current medication status for recording, monitoring, review and reporting incidents to the medication task force.
* A new infection control prevention lead within the organisation’s home care division is responsible for reviewing infection control policies and procedures, improving orientation processes, and education on the signs of infection and clinical escalation.
* Management advised, and documentation reviewed confirm, the organisation strives to minimise the need for any restrictive practice with stop-gap strategies implemented.
* The restrictive practices policy reviewed includes definitions of restraint and support for alternatives to restrictive practice. Staff interviewed across the organisation were able to describe the organisation’s policies regarding the use of restrictive practices.
* Management described, and documentation reviewed confirm, open disclosure policy practices are applied by all staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 8, Organisational governance.

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)