**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Anglican Care Home Care - Central Coast |
| Service address: | 171 Mataram Road WOONGARRAH NSW 2259 |
| Commission ID: | 200225 |
| Home Service Provider: | Anglican Care |
| Activity type: | Quality Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 3 April 2023 |

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

**This performance report**

This performance report for Anglican Care Home Care - Central Coast (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Anglican Care Home Care Wyong, 17274, 171 Mataram Road, WOONGARRAH NSW 2259

**CHSP:**

* Community and Home Support, 24115, 171 Mataram Road, WOONGARRAH NSW 2259
* Care Relationships and Carer Support, 25044, 171 Mataram Road, WOONGARRAH NSW 2259

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 April 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023
* Home Care Package Program operational manual a guide for home care providers Version 1.3 – January 2023

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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 1(3)(e) HCP and CHSP
* Requirement 5(3)(c) HCP and CHSP
* Requirement 6(3)(d) HCP and CHSP
* Requirement 8(3)(e) HCP and CHSP

# Standard 1

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

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers are treated with dignity, respect and valued as an individual as staff consistently listened, sought answers, were very respectful and followed consumer instructions to deliver care and services. Consumers are receiving care and services that are culturally safe, in particular putting in communication safeguards for CALD consumers. Consumers are assisted to exercise choice, make decisions and maintain independence with staff interviews echoing that consumers are in charge whilst being supported to take risks to live their best life through risk assessments and discussing risk mitigation strategies with consumers. The Provider is ensuring consumer privacy is respected and confidentiality maintained through field staff conduct during service provision, with signed consents for information disclosure to 3rd parties. However, the Assessment Team reports that the Approved Provider is not supplying information that is clear and easy to understand, such as budgets and monthly statements which are not itemised.

Requirement 1(3)(e)

Consumers confirmed that they were receiving their monthly statement by post, however two consumers specifically stated that the statements needed to be easier to understand. For example, one HCP 4 consumer said ‘the monthly statements have improved but are not itemised, such as outside services which could be lawn or massage in his case, so now I am directed to the person in QLD who does the report to ask any questions’. Another HCP 1 consumer said ‘the monthly statements are hard to understand because they state that the cleaner came all day, but was only there for 2 hrs. I followed up with the Case Manager who explained that the service was putting in a new system in a couple of months.’

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for an Approved Provider to comply with the Aged Care Quality Standards. The Guidance and Resources for Providers to support the Aged Care Quality Standards (the Guidance) for requirement 1(3)(e) states, in part, ‘timely and easily understood information is vital for consumers to be able to make informed choices. It’s expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations’

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards, I have reasonable grounds to form the view that the Provider has not complied the requirement 1(3)(e)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non- compliant as one of the six specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the six specific requirements have been assessed as non- compliant.

# Standard 2

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

Findings

The Assessment Team reports that the Approved Provider is undertaking assessment and planning in collaboration with consumers and their representatives, using multiple systems to assist in the development of individualised care plans. Through the assessment process the Provider is identifying risks which could impact a consumer’s health or wellbeing and including a variety of health professionals in assessment and planning of consumers’ care. The Provider is including consumers/representatives in the review of consumer’s care and ensuring care plans are reviewed three-monthly. Care plans are offered to consumers/representatives and are available to staff/allied health. Reviews are completed more frequently when a consumer’s circumstances change

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

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

# Standard 3

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

Findings

The Assessment Team reports that the Approved Provider is providing safe personal and clinical care that reflects the needs of the consumer including for those consumers with complex care needs who require maintenance of skin integrity, wound management, catheter care, or experience pain. The Service is identifying and responding to high impact and high prevalence risks for individual consumers. There is clear communication about consumer’s care both within and external to the organisation, referrals are made to other health professionals when the need for this is identified. The Provider has documented processes to monitor and manage infection prevention and control (IPC) are implemented, IPC and OH&S leads are appointed, and relevant training has been completed by all staff.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community whilst promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce. The consumers condition and preferences is communicated within the organisation. The Service is preparing meals in conjunction with the consumers/representatives’ preferences and allied health’s professionals directives tailored to consumers’ preferences.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is providing a safe service centre. This was confirmed by consumers who stated that they were able to find their way and move around the centre easily and independently. Consumers confirmed that the centre is kept clean and well maintained. The Assessment Team opined that from their observations the centre was suitable for the consumer group attending with flat access into and around the centre. However, the Assessment Team reports that the table and chairs in the centre were not easily moved or fit for purpose.

Requirement 5(3)(c)

The Assessment Team reports that furniture and fittings were assessed as clean, and in good condition, although the large round tables are very heavy to move and are not ideal for social interaction and activities. Some consumers have reported the chairs are too heavy to move around. Staff also stated that the tables are not conducive to running social activities for consumers, they are very heavy to manoeuvre, and smaller tables would be beneficial. Current seating only allows for 16 consumers, more would be keen to attend if seating permitted.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, and the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the three specific requirements have been assessed as non- compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the three specific requirements have been assessed as non-compliant.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Non-compliant | Non-compliant |

Findings

The Assessment Team reports that the Approved Provider is providing various avenues for consumers to easily and confidently provide feedback and make complaints about their service. It is raising consumer awareness of advocacy and language services to assist in raising and resolving complaints. A translation service is not required at this time due to the Central Coast HCP consumer cohort not requiring this service. The Provider is also taking appropriate action when feedback and complaints are made on a case-by-case basis and practising open disclosure. However, the Provider is not demonstrating that it has a robust ‘Feedback & Complaints’ framework for review and analysis, to guide service improvements that get monitored through its Continuous Improvement Plan.

Requirement 6(3)(d)

The Assessment Team reports that the Approved Provider is not reviewing feedback and complaints to improve the quality of care and services. Consumers who were interviewed stated that they had never raised a complaint in relation to the care and services that they were receiving. When staff were interviewed they explained that complaints were dealt with on a case-by-case basis and escalated to the Case Manager to address. It was noted that in a cohort of 85 consumers that the Complaints Register had only 3 entries in the last 6 months.

When interviewed management stated that the key complaints trends were the monthly statements, and consumers understanding of allowable uses of HCP funding. Management advised that there are a lot of discussion around ‘HCP funding’ for this Central Coast cohort, but said they are not necessarily ‘formal complaints’. The Assessment Team noted that consumer ‘feedback’, was not being collated across the service, however it was being addressed on a one-on-one basis with consumers and a monthly statement ‘how to’ guide had been distributed.

The Continuous Improvement Plan made no reference to either of the Complaints trends as an identified issue, so there were no planned actions. In addition, all entries on the Continuous Improvement Plan were missing planned actions, and in relation to Requirement 6(3)(d) The Providers SIRS management system for reporting was reviewed and it was noted that there were no complaints.

The General Manager’s report to the Board made no mention of complaints and feedback. The service was unable to demonstrate that it has a robust ‘Feedback & Complaints’ framework for review and analysis, to guide service improvements that get monitored through its Continuous Improvement Plan

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. Section 56-4(1) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to establish a complaints resolutions mechanism. Although the Provider as established a complaints and feedback mechanism it is not being utilised to its full potential. It is of interest to note that the Provider has indicated that the complaints or issues that consumers raise are not necessary ‘formal complaints’. Upon reviewing the relevant Acts of Parliament and the Aged Care Quality Standards the term ‘formal complaint’ is not referenced. It is clear that the Provider must actively record all complaints and ensure that they are handled in accordance with Aged Care Act and the Aged Care Quality Standards.

The Guidance states that the intention of requirement 6(3)(d) is that ‘The organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services. As well as encouraging complaints and asking for feedback, the organisation should provide timely feedback to the organisation’s governing body, its workforce and consumers on complaints and the actions the organisation took. It’s expected that the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints.’

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have reasonable grounds to form the view that the Provider has not complied with requirement 6(3)(d)

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the four specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the four specific requirements have been assessed as non-compliant.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

The Assessment Team reports that the Approved Provider is planning its’ workforce to deliver safe and quality care and service, including not signing up new HCP consumers unless they can guarantee services. The Service is actively employing staff who are kind, caring and respectful who go above and beyond to help consumers in their local community. The Assessment Team opined that the workforce is competent, qualified and knowledgeable to enable them to perform their roles effectively for consumers. Staff are being trained, equipped and supported to deliver quality outcomes. Regular performance assessment, monitoring and review of each member of the workforce through informal and formal annual reviews are being conducted.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

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

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

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The Assessment Team reports that the Approved Provider is engaging consumers in the development, delivery and evaluation of their care and services through both day to day and the formal mechanism of the MOA Benchmarking platform.

A culture of safe, inclusive and quality services in being promoted by the Executive Team as directed by the Board accountable for its delivery. The Provider has an effective risk management systems and practices regarding managing high-impact and high-prevalence risks, including person centred emergency planning to support consumers during bushfires in the region. There is an effective clinical governance framework in place for the provision and oversight of clinical care outcomes, through two RN’s and an OT on staff. However, the Provider is not demonstrating effective organisation wide governance systems for information management, continuous improvement, or feedback and complaints.

Requirement 8(3)(c)

Information Management

Consumers said that phone communication is sometimes difficult with the service, as they end up speaking with Newcastle head office not the Central Coast staff. A support worker also stated that 9 times out of 10 she gets the answering machine when she phones the office which bothers her. Management advised at the Entry Meeting that the 2016 Assessment Team had difficulties accessing information, and this assessment was no different with staff at all levels frustrated with the multiple systems in use post merge with Samaritans to become Newcastle Anglican. Systems included: TCM (client notes/statements), WORD (client budgets), Preceda (HR/payroll), Recruitment Plus (recruitment), Litmos (training), Archi (policies & procedures), R3 (risk management) and another system for return to work. All staff are looking forward to the new CMS that will be launched in September 2023.

Support workers advised they have a mobile app to log on/off from their shift and record kms, but no client information is available. The Assessment Team requested 10 Care Plans to be collected from consumer homes for our review, as there was no copies available in the office. OT assessments were not available in the hard copy Care Plan but were located as a client note on the TCM system. Management explained the need for hard copy HR staff files because the centralised system is not well managed or easily accessed, and the Assessment Team found the information was either incomplete or not current.

Continuous Improvement

Management explained their current Continuous Improvement Plan had been generated from the ACQSC Self-Assessment Tool, however this will move to the digital Plan for Continuous Improvement generated from the MOA platform that commenced in February 2023. The continuous Improvement Plan had 32 entries over the last 6 months, but whilst responsibilities and completion dates were assigned, there were no actions or tasks identified. In addition, there was no evidence that the Incidents, or the complaints and feedback data had fed through to the CIP.

Financial Governance

The service has financial governance systems/processes to manage the finances and resources required to deliver safe and quality services through the Newcastle Anglican head office finance division. Approximately 80 consumers have unspent HCP funding.

Workforce Governance

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

Regulatory Governance

Management reported there had been no adverse findings by another regulatory agency or oversight body in the last 12 months. Newcastle Anglican head office Audit and Risk team are responsible for tracking regulatory requirements. Management implementation of regulatory changes/updates go firstly to the Leadership Meeting to determine how information will be disseminated to staff such as group emails, newsletter, training etc. For example, SIRS was already in residential, so we made that ‘fit for purpose’ for Home Care which was monitored through an implementation tracking plan. The Provider is working on the new HCP Package Guidelines effective 1 January 2023.

Feedback and Complaints

The Assessment Team was unable to evidence that the service has a robust ‘Feedback & Complaints’ framework for review and analysis, to guide service improvements that get monitored through its Continuous Improvement Plan.

Section 54-1(d) of the Aged Care Act 1997 creates a legal obligation for the Approved Provider to comply with the Aged Care Quality Standards. The Guidance states that Purpose and Scope of the Standard is, in part. ‘is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards. The governing body sets the strategic priorities for the organisation. It’s expected to promote a culture of safety and quality, and to include this in the organisation’s governance systems. The governing body is expected to drive and monitor improvements to make sure the organisation is committed to quality care and services and the best interests of consumers. Including, a clear understanding of the risks at the service’.

Further to this, the Guidance states that the intent of requirement 8(3)(c) is ‘Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

Having regard to the Assessment Team’s report, the Approved Provider’s comments to the Assessment Team at the time of the audit, the Approved Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality Standards. I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

The Quality Standard for the Home Care Packages service is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant.

1. The preparation of the performance report is in accordance with section s57 – quality audit,of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)