**Performance**

**Report**

**1800 951 822**

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| Name of service: | Anglican Care Home Care - Hunter |
| Service address: | 87 Toronto Road BOORAGUL NSW 2284 |
| Commission ID: | 200077 |
| Home Service Provider: | Anglican Care |
| Activity type: | Quality Audit |
| Activity date: | 2 February 2023 to 6 February 2023 |
| Performance report date: | 20 March 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 - Hunter (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Anglican Care Home Care Lake Macquarie, 17273, 87 Toronto Road, BOORAGUL NSW 2284

**CHSP:**

* Care Relationships and Carer Support, 25044, 87 Toronto Road, BOORAGUL NSW 2284
* Community and Home Support, 24115, 87 Toronto Road, BOORAGUL NSW 2284

# 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.

# 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 | **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

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

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

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

The service demonstrated that consumers’ identity and culture is captured, respected, and valued. All consumers sampled indicated that they are treated with dignity and respect by staff. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. Staff described the practical ways they aim to treat consumers with dignity and respect. A review of consumer’s care plans and files demonstrated that all eight reviewed included personal information such as country of birth, relationship information, preferred language spoken, preferred pronouns and life history, and staff such as case coordinators and support workers are aware of these details for consumers. The service could demonstrate that all service delivery staff have completed training on diversity and inclusion and cultural competency satisfactorily.

The service ensures that care provided to consumers is culturally safe. The service has robust processes and procedures to support the delivery of culturally safe services to consumers. Staff are aware that services provided are required to be culturally safe and could demonstrate specific examples of where this had occurred. All consumers sampled said that services provided to them are respectful and that they feel staff know about their culture and identity.

The service showed that consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships. Consumers described how they can exercise choice and independence, make their own decisions regarding the way their services are delivered, and who they would like to be involved in their care. Staff were able to adequately describe the methods they employ to encourage, promote, and educate on consumer decision making. A review of client care plans and files indicated that all eight sampled included information about the consumer’s personal relationships, both with family, friends and other consumers who attend either respite day centre.

Consumers are supported to take risks to enable them to live their life the best they can. Consumers expressed satisfaction in how the service supports them to live the best life they can. The service offers personal care, domestic services and social support and staff demonstrated they understand what it means to support consumers to take risks within the context of each service provided. A dignity of risk form is explained and signed by the consumer if they choose to. The dietician said they have not been aware of a consumer choosing not to sign the dignity of risk form. All staff members interviewed by the Assessment team confirmed the dignity of risk process as similar within the context of different care types provided. A review of documentation showed that dignity of risk is included in the Choice and Decision-Making Policy, which requires staff to respect consumer decisions regarding their care and services and support them to take risks to live the best life they can.

Information provided is current, accurate and timely, and is communicated in a way that consumers understand. The service has robust processes and procedures to ensure information is provided to consumers in a way that is clear and easy to understand, and staff were able to accurately describe these processes and how they are utilised in practice. All eight consumer client files that were reviewed included progress notes which showed that information has been provided to consumers, and documents such as budget information, home care agreements, the Charter of Aged Care Rights and care plans have been signed by the consumer and uploaded to the database. Consumers described how service staff consult with them about their needs, preferences and services and confirmed they did so in a way which was easy to understand. For example:

The privacy of consumers is respected and personal information is kept confidential.

# Standard 2

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

Findings

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

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

The service is ensuring that assessment and planning includes the consideration of risk and informs the delivery of safe and effective care and services. Documentation and records observed on-site demonstrated that consumers all had significant initial care plan input when they first joined the service. Observation of five care plan documents showed consideration of risk and service needs tailored to address risks in the delivery of services. Further investigation of the historical, on-going and recent entries in 7 consumer files demonstrated that information was sought regularly to update needs and was used to inform care plans which were regularly updated, and information added to the document as necessary. Policies and procedures observed while on site, including the service providers ‘Assessment and Planning Guide’ and ‘The assessment and planning Process’ also confirmed the service organisation had robust processes in place to ensure all staff had the necessary training and skills to ensure service delivery took account of potential risks to the consumer of requested care. ‘Dignity of risk’ forms and procedures were also observed, and interviews with staff and management confirmed the regular use of these procedures to inform care plans. Interviews with care staff, the lead case co-ordinator and a case Coordinator confirmed that staff used care plan documents to inform service delivery. Staff confirmed that initial contacts with consumers informed the subsequent service delivery plans and that all risk associated with service delivery were also discussed. Staff also confirmed that ongoing feedback, incident reports and regular observation from care staff trained to assess change ensured care and service delivered were safe and effective. Interviews with Consumers confirmed that all consumers spoken to felt that service delivery met their needs and that care planning was well informed and well planned.

The service ensures that assessment and planning identifies consumer’s current needs, goals and preferences and includes advanced care planning. Observation of 5 Care plans and associated consumer documents confirmed that Advanced are planning is addressed with each consumer during their initial contacts and is noted on care plans where possible. Interviews with staff confirmed that the service views advanced care planning as an on-going process and is reviewed as part of the annual review processes, and if necessary as part of regular 3- and 6-months informal reviews. Care staff noted that some consumers were not comfortable discussing this aspect of care at initial meetings however procedures were in place to ensure that this subject was returned to later if this was the case. Two of 5 care plans observed did not record discussions on advance care planning. However, documentation logged on the consumer file in TCM, the service providers IT system, did note advance care planning had been raised and was an ongoing consideration. Consumers interviewed confirmed that Advanced care planning was discussed.

The service showed that assessment and planning in based on on-going partnerships with consumers and consumers representatives and includes other organisations and individuals involved in the consumer’s care. Consumers confirmed that service provision was based on regular contact with Care providers and that reviews of care plans did result in changes to service provision if requested. Policies and procedures noted during on-site observations confirmed that care staff were required to involve consumers and/or their representatives in all aspects of care planning and that consumer wishes for service delivery were the main focus of the provider’s care planning. Interviews with care staff confirmed that staff worked to form ongoing partnership bonds with consumers to ensure consumer’s needs and wishes for service delivery were constantly updated and confirmed. Electronic Consumer files located on the service providers IT system TCM demonstrated multiple input sources from a wide range of varied service provider including OT’s, GP’s, Falls clinics and another specialist. Discussions with care staff confirmed that the service provider sort information from multiple sources to inform care plans. This included family and close contacts, OT specialists, GP’s and other service providers.

It ensures that the outcomes of assessment and planning is affectively communicated to the consumer and documented in a care plan available to the consumer and where care and services are provided. Discussions with care staff confirmed that information contained on care plans was used to inform service delivery and that updated care plan information did feed into changes to service delivery. Care staff confirmed that all aspects of Care planning and service deliver was communicated directly to the consumer and in a manner that ensured the consumer both understood the services that were provided but also that they agreed with these services and communicated that these were the services that the consumer agreed met their needs. Staff confirmed that all consumers were given a copy of their care plan after services were agreed and after any reviews or amendments. All consumers interviewed confirmed that had a current and active care plan. Policies and procedures observed during the assessment teams visit to the site also confirmed that staff were required to ensure consumers were fully informed of all assessment outcomes and were agreed to the service delivery that resulted. Training logs also seen on site confirmed Staff received training to support this approach and discussions with Lenore part of the senior managements team confirmed management carried out spot checks on staff and service delivery to confirm this practice was adhered to.

The service showed that care and services are reviewed regularly for effectiveness and when circumstances change or incidents impact on consumer needs goals or preferences. The service provider’s policies and procedures required care plans to be fully reviewed every 12 months in addition to reviews following incidents or changes to circumstances. Discussions with care staff and management confirmed that this was carried out for all consumers. Care staff also told the assessment team that phone reviews were also carried out at 6 months and that care staff also carried out informal reviews every 3 months if necessary. Staff confirmed that reviews did lead directly to changes in care plans and service delivery if necessary. Consumer information held on the service data base system also confirmed that regular reviews were carried out and that identified changes in circumstances did lead to changes in service provisions. Consumers confirmed that care plans were regularly reviewed.

# Standard 3

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

Findings

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

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

Regarding personal and clinical care, the Assessment team observed training logs for all care staff showed extensive and targeted training to ensure all staff were kept up to date with best practice for the delivery of personal and clinical care. Observation of policies and procedures including the Service providers ‘Clinical Governance Policy’ and the service provider’s ‘Personal Care and Clinical care Guide’ demonstrated the service had both a commitment to the delivery of services that meets current best practice, is tailored to the consumers’ needs and optimises their health and wellbeing. Procedures confirmed by care staff allowed for consumers to agree clinical and personal care that may involve risk. These procedures were supported by fully documented ‘Dignity of risk’ policies and procedures. The Service provider’s procedures require registered nurses to assesses clinical needs and develop clinical support plans where necessary. Management interviews conducted by the assessment team confirmed that these procedures are followed and form part of management review processes. Care staff and nurses interviewed also confirmed that clinical and personal care aspects of care plans were developed this way and that all policies and procedures were followed. Interviews with consumers whose care plans included clinical care and/or personal care elements all confirmed services were developed in full consultation and met their personal needs and wishes, as well has helping to optimise their health and well-being.

Policies and procedures included the ‘Clinical Governance Policy’, ‘Minimising Potential Harm: Care Polices’ and ‘Risk Assessment: Minimising Harm’ observed during the Assessment teams visit demonstrated the service provider had robust procedures in place to ensure the effective management of high impact and high prevalence risks associated with consumer care. Training logs observed by the assessment team demonstrated care staff had significant on-going training in relevant care practices and in the application of the guidance contained in these polices. Care staff also received training on the provision of care to dementia patients in addition to training on a wide range of issues relating to the observation and management of High impact or high prevalence risk. Interviews with management confirmed that staff performance reviews and assessments confirmed these practices were followed and Care staff interviewed also demonstrated a good understanding of the policies and procedures governing the effective management of high impact or high prevalence risk. Consumer care plans and information contained in consumers files demonstrated that risks were identified and where possible service were structured to manage high impact risk associated with the consumers care. Interviews with Consumers confirmed that high impact risks were effectively managed.

Although not all care plans observed showed discussions with consumers about advanced care planning, discussions with staff demonstrated that advanced care planning was discussed with all consumers at an appropriate time. Gaps in documentation were explained during interviews with management and care staff. Observation of documentations in electronic files for consumers stored on the services IT system, TCM demonstrated that advanced care planning was addressed as part of an ongoing process. Policies and procedures governing the discussions of advance care with Consumers ‘Advanced care Planning” along with guidance to staff, demonstrated the service providers commitment to the support of consumers during end of life transition. Training logs observed by the assessment team on site also demonstrated training and support given to care staff to help support Consumers, provide comfort and ensure their personal dignity is preserved. Interviews with care staff confirmed that staff were fully aware of the needs and requirements of sensitive advanced care planning. All consumers spoken to confirmed that advanced care planning was discussed, and consumers felt that their needs goals and preferences for this time of their lives would be recognised and addressed and their comfort maximised.

Interviews with Care staff demonstrated that staff were trained to assess for change during service provision. Training logs observed by the assessment team confirmed on-going training for all care staff in observing and assessing change in consumers during the delivery or service provisions. Interviews with management confirmed that additional training is provided to care staff targeted at dementia support and in identifying and addressing issues related to the onset and devolvement of dementia. For example, during interviews with the representative of one consumer, who lives with dementia, the representative described the support and services provided for their family member, and how staff were very good and able to identify and note changes in behaviour, and make changes as a result.

Consumer documentation is easily accessible through the service providers IT system TCM. Observations of consumer files on TCM showed the system to be easily accessible to staff providing services. Information regarding changes to care and to care plans is also easily accessible to staff. The service demonstrated that additional information provided by consumers, other professionals and other service providers can easily be added to the TCM system and is easily accessible to staff. Management and staff all noted issues with the TCM system and noted that seamless transition of data was not as available as desirable but described and demonstrated how this is managed. Evidence demonstrated that the service had a new system in place and that this system was being tested across the organisation prior to going live later this year. All consumers interviewed confirmed their care plans were up to date and that care staff were both well informed about their care and knowable on the individual service delivery plans agreed.

Observation of consumers file’s noted significant referrals to other organisations for many consumers. Policies and procedures observed by the assessment team showed a committed policy and procedure for the sharing of information with other providers. the policy emphasis the need for consumer choice, needs and consent to drive any referral process. Incident log reports demonstrated that the service had robust procedures in place to ensure issues identified following consumer incidents. Examples of this were identified and described by the Assessment team.

Observation of policies and procedures relating to infection related risks’ ‘infection prevention and control (IPC) and ‘infection prevention and control (IPC) – Minimising Infection Related-Risk’ Showed a detailed procedure and an in-depth understand of the processes required to minimise infection related risk. Training logs for all staff showed an on-going training programme to ensure staff were fully up to date and compliant with all requirements of effective infection control. Covid-19 procedures were constant with current guidelines. The assessment team witnessed all staff adhering to these requirements at both sites visited throughout both days. All consumer’s interviewed confirmed Covid-19 procedures were followed during every visit.

# Standard 4

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

Findings

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

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

The service is ensuring each consumer gets safe and effective services that meet their needs, goals, and preferences. Consumers said that they are satisfied that the services they receive optimise their independence, wellbeing, and quality of life. Staff were able to articulate the ways that they can support consumers to meet their needs, goals and preferences, and the tools they can use to do so. A review of eight consumer files included a Consumer Goals Assessment form which identified individualised and specific goals of each consumer and the strategies being implemented for them to achieve these goals. All these care plans were clear to have been completed in partnership with the consumers and/or their representatives.

The service showed that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers expressed a high level of satisfaction with the support provided by staff. The service could demonstrate that the emotional and psychological needs of consumers are identified and supported where appropriate. Supports offered to consumers include social support and companionship, and activities at either respite day centre. A review of eight consumer files showed that six of these attended either respite day centre. All six files included ongoing progress notes that indicated their mood on each day of attendance and what activities they participated in. A review of the Lifestyle and Wellbeing Policy suggested methods for encouraging consumers to provide life story information such as relationships, work history, family history, activities enjoyed and childhood history and how this information can be used to support consumers to achieve their goals.

It supports consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers advised that staff support and the services they receive enable them to do the things that are of interest to them, participate in their community and maintain relationships. The service’s staff were able to describe the methods they use to support consumers in doing this. The Diversional Therapist at ELMDS said that there are a large range of activities offered at the centre, both group and individual, and consumers can choose which, and how many, they want to participate in. The Assessment team observed activities occurring at both centres which included group exercise, lawn bowls, puzzles and games, a knitting group, consumers listening to music with headphones (move and groove) and many others. All consumers present were observed to be participating in at least one activity within groups or individually. All consumers sampled were satisfied with the supports they receive to maintain their relationships and do things of interest to them. A review of client files showed that all consumers are encouraged to complete a ‘Sunflower’ file which includes sections on their relationships, places they like and activities they enjoy. These are kept in hard copy for day centre staff to encourage consumers to do things of interest to them.

The service communicates information about the consumer’s condition, needs and preferences within the organisation and with others where required. Service staff demonstrated that information about consumers’ needs, and preferences is known and shared with others within the organisation and with others where appropriate. A case coordinator also said that consumer information is shared regularly with services with brokerage agreements in place, such as social support groups. This is done so through phone calls and email contact regularly. Consumers confirmed that staff are aware of their needs and preferences and would feel comfortable communicating any change in their needs or preferences with staff. A review of meeting minutes from the Monthly Managers HCP Report for December 2022 shows how information regarding new consumers and ceased consumers, consumers with high or low levels of unspent funds, and recent feedback, complaints or incidents is effectively shared with staff monthly.

Timely and appropriate referrals are made to individuals and other organisations. The service’s staff could articulate the referral process for consumers to individuals and other organisations and/or providers, and the process they follow to ensure referrals are made in a timely manner. The HCP Manager described the process of completing the referral form and contacting the appropriate organisation or individual. The Assessment team sighted the referral tracking spreadsheet, which showed that there were no referrals that were outstanding with no explanation. All ongoing referrals related to clinical matters, such as wound management and were being managed by clinical staff members. All other referrals were being actively monitored

Meals that are provided are varied, and of suitable quality and quantity. Staff were able to demonstrate that meals provided to consumers are varied and of suitable quality and quantity. Consumers expressed satisfaction in the quality of meals served and are offered choice and preference in meal options. The Hospitality Services Manager said that the production unit receives information regularly from the day centre staff and coordinators regarding consumer’s diet requirements and preferences, and a menu is developed from there. Consumers can then choose options which are delivered to their homes, or to day centres multiple times a week. A review of the staff training records showed that all kitchen staff have completed training on safe food handling.

Equipment that is provided is safe, suitable, clean, and well maintained. Staff demonstrated that equipment provided to consumers is safe, clean, and well-maintained. Staff were able to consistently describe the process to follow when a consumer’s item of equipment was identified to require cleaning or maintenance. Consumers sampled who used equipment were observed to be using equipment that is safe, clean, and well-maintained. The Assessment team reviewed the Service Environment Policy which indicated the maintenance request procedure for consumer’s equipment.

# 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 | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

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

The organisation does not provide a service environment through its HCP therefore this Standard does not apply to HCP and was not assessed.

The Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed support worker about the suitability and safety of equipment. Overall consumers indicated they feel safe and comfortable in the service environment. Consumers interviewed said they felt safe at the centre and they were able to find their way and move around the centre easily and independently. Consumers interviewed also said the centre is always kept clean and well maintained. Some representatives interviewed also said this about the centres.

Environmental safety checks are carried out on a regular basis and any hazards identified are followed up through the hazard/incident reporting system and the organises by senior care advisor relevant maintenance when needed. The Alkira and East Lake Macquarie dementia service centre, visited by the assessment team, is used for social support, centre-based respite and day therapy. It was observed to have easy and safe access for consumers.

# Standard 6

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

Findings

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

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

Consumers and representatives interviewed said they know ways to provide feedback or complain including external avenues and some consumers said they would be confident to do so if the need arose while others said they raise concerns or give feedback as and when they saw a need. Consumers and representatives also stated they receive information on external supports like advocacy services to assist with complaints resolution. Feedback from consumers and representatives indicated that, generally, staff and the service provider responded to their concerns by providing an immediate resolution.

The service provider has a centralised complaints management system for recording feedback and complaints, established escalation and response structures, open disclosure, analysis of complaint data for trends and the links to broader business learning and continuous improvement. Staff receive training in complaint response as appropriate to their roles.

Management described how they use the information from surveys, feedback and complaints to gain an insight into the quality of their service. The client services manage the complaints register and review and report on any themes or trends monthly via the Quality and Compliance Manager to the Senior Leadership Team. The assessment team viewed the monthly report tabled to the Senior Leadership Team.

Policies regarding feedback and continuous improvement guide staff practice. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted some correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

# 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

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

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

The service demonstrated that the number of mix of members of the workforce delivering personal and nursing care are sufficient to deliver safe and quality services to consumers requiring personal and nursing care and services. Management advised due to the impact of the workforce shortages and Covid-19 it has prioritised its essential services such as clinical and personal care and these consumers have had their care and service needs met. Management said that there have been several factors effecting non-essential services in the past due to high level of unexpected staff leave and this has impacted on the services ability to deliver non-essential care and services to meet consumer preferences however, all consumers are offered either a replacement staff member or rescheduling of services. A review of documentation, including consumer support plans and dated notes, demonstrate communication to consumers/representatives regarding replacement staff and services are scheduled in a timely manner. Most consumers interviewed provided positive feedback regarding staff and said they receive care and services from two or three of the same support workers and they are very happy with the staff.

The service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Management advised, and consumers confirmed the service is employing staff from culturally and linguistically diverse backgrounds matching its HCP and CHSP consumers. Consumers and representatives confirmed staff treat them with respect and are responsive to their needs. The Assessment Team observed staff at the social support groups interacting with consumers in a kind, caring and respectful manner. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process. The Assessment team sighted staff training completion rates for elder abuse is 100%.

It showed that the workforce is competent and the members of the workforce have the skills, qualifications and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Management described how they ensure staff have appropriate qualifications, including registrations as part of their monitoring process. Consumers and representatives confirmed they felt staff were competent. Consumers interviewed stated that staff know what they are doing. Management discussed that all roles have a detailed position description. Nursing services are sourced through an internal clinical team and there is a process in place regarding monitoring of nurse registrations and training.

Overall the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction processes. The service has a continuous improvement approach to staff development. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. Management advised all staff complete training upon induction and they are also provided with ongoing training. Staff described completing relevant training and being supported in their role. Consumers reported that the staff who provide services have the skills to do their roles. The Assessment team sampled staff training records. Management identifies staff training needs directly from staff through staff meetings, informal chats with staff and through incidents/complaints.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal system in place for all staff. The organisation has a performance and development process in place where yearly appraisals should complete for staff. However, management acknowledge some gaps in formal performance appraisals since Covid. In addition, some gaps in performance appraisals due to the new performance appraisals system just been introduced. Staff confirmed they were supported in their performance review process during meeting or post incidents and found it a useful process. One said it made them feel supported in their role. Staff reported they receive feedback from management and have appraisals as required. Management provided examples of how staff are supported and said processes are also in place regarding performance management when needed. Recent performance assessment example was provided post complaints/ incident. Consumers said that they are happy with staff performance. The Assessment team sighted annual performance appraisals tracking for a support worker, case coordinator, care advisor and branch manager. All appraisals included input from both staff and management had opportunities for further training and development.

# Standard 8

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

Findings

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

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

Consumers and representatives described how they are engaged to provide feedback, with many confirming they were invited to participate in surveys and have access to the service as an app on their phones. Some indicated they would give feedback verbally to staff if they wanted to provide it. Staff interviewed thought the service is well run and they demonstrated an understanding of policies and procedures overseeing the delivery of safe, quality services.

The organisation has a risk management system in place that identifies and responds to vulnerable consumers. The executive is informed of any emerging risks and trends of incidents, complaints and of continuous improvement activities.

Regular planning mechanisms are in place and management advised they have ready access to all information to ensure transparency and informed decision making. The service focuses on achieving positive lifestyle outcomes for consumers.

Management outlined their Incident Escalation Policy and Incident Management Register overseen by the General Manager with inclusion of the clinical team and the Executive Manager. The policy outlines the recording, escalation to senior management and tracking of action. Example of an incident was provided, and actions undertaken to address the issue discussed. Staff are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Online training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Learning case studies are tabled for discussion at regular staff meetings by the care advisor and case coordinators.

Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports (through care plan). Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting the home support worker who understand them and know of their needs.

The clinical governance framework was updated to include infection control risks related to Covid-19 pandemic and is reviewed when state and government directions change. Management said that clinical services are internal, and the governance group oversee these services and have a documented clinical governance framework, policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they received training on the policies and were able to provide examples of application in their duties. For example, staff described strategies to minimise infection risks including adherence to hand hygiene practices, appropriate donning and doffing of personal protective equipment and prompt identification of infection related symptoms. Clinical incidents are reported and trended monthly.

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)