**Performance**

**Report**

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| Name of service: | Anglicare SA - ELIZABETH EAST |
| Service address: | Blamey Road ELIZABETH EAST SA 5112 |
| Commission ID: | 600051 |
| Home Service Provider: | Anglicare SA Ltd |
| Activity type: | Quality Audit |
| Activity date: | 15 March 2023 to 20 March 2023 |
| Performance report date: | 10 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 Anglicare SA - ELIZABETH EAST (**the service**) has been prepared by A. Grant, 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:**

* Anglicare SA Home Care Gawler, 23322, Blamey Road, ELIZABETH EAST SA 5112
* Northern Care at Home, 18557, Blamey Road, ELIZABETH EAST SA 5112
* Anglicare SA Central & Eastern Care At Home CACP, 18462, Blamey Road, ELIZABETH EAST SA 5112

**CHSP:**

* Community and Home Support, 23656, Blamey Road, ELIZABETH EAST SA 5112

# 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 5 April 2023.

# 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 | **Compliant** |
| **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity and culture valued. During interviews consumers described staff and volunteers as kind, caring and respectful. During interviews staff and management described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect. This was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Most consumers interviewed said staff understand their needs and preferences and deliver culturally appropriate services. During interviews management demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. This was substantiated by the Assessment Team’s observations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. During interviews consumers and representatives confirmed that the service involves them in making decisions about the care and services they receive. During interviews staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation analysed by the Assessment Team reflected consumers choices about who should be involved when decisions are made about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. While no consumers and/or representative stated that they require support from the service for the consumer to take risks, staff and management were able to describe how they support consumers to take risk and provided documentation to confirm the process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Overall consumers interviewed were satisfied with communication from the provider, however, some consumers and/or representatives interviewed described how communication is not professional when providing information about scheduled, cancelled, or changed shifts, and raised concerns around the accuracy of the invoices they received. During interviews management acknowledged opportunities for improvement with rostering and scheduling and have implemented strategies to improve this process. This was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information. Staff when interviewed confirmed they have access to consumer information, that is limited and relevant to their role, and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. This was substantiated through documents provided to the Assessment Team.

# 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Most consumers and/or representatives interviewed confirmed in various ways that care and services were well planned to meet the consumer’s health and wellbeing needs. During interviews coordinators described how they include health professionals into assessment and planning processes, such as nursing and allied health staff, and general practitioners (GP’s), to inform safe and effective care. Care planning documents generally evidenced that assessment and planning included consideration of risks to inform safe care and services delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviews confirmed they are involved in making decisions about consumers’ care and services. During interviews with the Assessment Team coordinators described how consumers, their family and/or carers are involved in assessment and planning of care and services. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers and/or representatives when interviewed could recall being provided a care plan. During interviews coordinators described how outcomes from assessment and planning are documented in the service’s electronic systems, which is accessible by staff on a mobile at point of care, and an individual care plan provided to consumers. Care planning documentation analysed for sampled consumers confirmed that, when assessments and planning, and/or reviews had been undertaken, information about consumers’ needs, goals, preferences and risks were generally documented in the service’s electronic systems to inform safe and effective care and services.

Overturned Recommendation

In respect to Requirement 2(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed Community Aged Care Action Plan provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed care planning documentation viewed for five HCP consumers showed the service had not considered and/or completed assessments to identify and address consumer’s current needs, including when consumers’ circumstances changed or following incidents. During interviews coordinators and management advised the service completes full clinical assessments for HCP Level 3 and Level 4 consumers as part of the intake and/or annual review process. Furthermore, they advised clinical assessments would be considered when the service becomes aware of clinical needs and/or the consumer is discussed at clinical ‘huddles’ following hospital admissions, incidents or staff reporting changes.

The Services response shows through the implementation of a Clinical Service Development project in 2022-2023 (provided as evidence within the Continuous Improvement Plan) The Service has delivered a number of initiatives/outcomes to optimise its response to changes in care needs. This has included:

* Introduction and recruitment of a Senior Manager for Clinical Care and Services as well as AHPRA registered Senior Care Coordinators.
* Expansion of the nursing team and decreased use of agency for clinical tasks.
* The development of a daily clinical huddle with clinicians and coordination staff to be responsive to identified care escalations.
* The development of a clinically led multidisciplinary weekly case management meeting, which responds to consumers with persistent and/or complex escalated care needs.
* Increased referrals to the AnglicareSA Health and Wellness (Allied Health) team.
* Increase in the number of nursing assessments.
* Development of care coordination and clinical assessment (initial and specific) tools.
* Introduction and uptake of AWACCS – a validated tool to support unregulated workers identify and report a change in care needs

The Services response shows it is anticipated that this will be addressed with further support for team members through the full implementation of the Clinical Service Development project and the provision of additional guiding documents, learnings from internal auditing, and increased reporting, as per the attached action plan. The Services response shows as evidenced in the action plan, the coordination and nursing teams will undergo further care management training in April 2023. This training will be provided by Lorraine Poulos and Associates, experts in care management within the home care environment, and will be supported by defensible documentation training.

The Decision Maker determines Requirement 2(3)(b) to be compliant.

In respect to Requirement 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed Community Aged Care Action Plan provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that 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. Some consumers and/or representatives interviewed could recall a review of the consumer’s care and services had been undertaken, this was confirmed through care planning documentation viewed by the Assessment Team. However, for four of five HCP consumers sampled, the service could not demonstrate that a review of care and services had been considered or undertaken following the consumer’s changes in circumstances or incidents.

The Services response shows that the Assessment Team report indicated that seven of 412 HCP and 22 of 301 CHSP reviews were out of date and that management were unable to provide reasons or evidence for this. The Services response shows this issue has now been investigated and the reasons include:

* For the seven HCP reviews:
  + Four reviews were completed but the date field was not correct in ComCare, data entry issue;
  + One customer declined but the review has now been rebooked; and
  + Two customers have been booked in for April.
* For the 22 CHSP reviews:
  + Ten were reviewed however the date field was not correct in ComCare, data entry issue;
  + One customer was discharged before the review due date;
  + Five customer services are currently on hold with a change in care review to be completed before service recommencing. Four of these customers have reviews booked in April 2023;
  + Five customers were Assistance with Care & Housing now Care Finder services which no longer require a review annually. Clients in this data set are currently being moved from CHSP reports; and
  + One customer’s service never commenced as we did not receive paperwork from customer.

The Services response shows all outstanding reviews (where the consumer is actively receiving services) will be completed by the end of April. The Services response shows as part of our internal follow-up to the Assessment Team report we have reviewed each of the consumers where concerns were raised regarding review/assessment. The Services response shows this review indicates that for each consumer there was clinical involvement in their escalation of care. The Services response shows they acknowledge that there is an opportunity for continued improvement with respect to the initiation of the services clinical nursing assessment in circumstances where changes in the customers' clinical needs have been identified through internal mechanisms as well as other health professional clinical assessments. The Services response shows this will be supported by the update of care management and clinical service guidelines.

The Decision Maker determines Requirement 2(3)(e) to be compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers, representatives and staff interviewed confirmed that consumers get care and services tailored to their needs such as personal and nursing care, and allied health services. This was substantiated through care planning documentation analysed by the Assessment Team for sampled consumers which provided guidance for staff to support consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives when interviewed confirmed in various ways that the consumers are able to remain safely at home with the support of their care and services. Coordinators and staff described strategies to manage the consumers’ risks for example, in relation to mobility and falls. Care planning documentation analysed by the Assessment Team for sampled consumers confirmed that individualised risk management strategies are implemented to ensure that consumers’ risks are managed such as risk mitigation strategies, incidents reporting, and ongoing monitoring of consumers identified at risk or vulnerable.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. During interviews coordinators described, and provided documentation confirming, how they supported one consumer nearing end of life and palliative care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Some consumers and/or representatives when interviewed described how the service responded to the consumer’s health change. During interviews staff and coordinators described processes to report and respond to changes related to consumers’ health and wellbeing. Care planning documentation analysed by the Assessment Team for sampled consumers showed evidence of identification and actions taken when consumers’ health changed or deteriorated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives when interviewed confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. During interviews staff advised relevant information about consumers’ care and services are documented and communicated through care documentation available at the consumers’ home, and electronically through a mobile application. Care planning documentation analysed by the Assessment Team confirmed care plans, including individualised care and services instructions, and progress notes completed by coordinators and nursing staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Some consumers and/or representatives when interviewed provided examples of referrals. During interviews coordinators described processes to refer consumers internally for clinical assessment and review, and externally, for example, to health professionals or My Aged Care. This was generally substantiated through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed advised that staff keep them safe through the use of masks and health checks. During interviews staff and management described the service’s processes for minimising risks of infection including policies, procedures and education.

# 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** | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives when interviewed were generally satisfied that the services provided at home and in the community help support the consumer’s independence, wellbeing and quality of life. During interviews coordinators and staff described how they support consumers in their daily life and how they adapt services according to consumer’s needs and preferences. This was substantiated through care planning documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Most consumers and/or representatives when interviewed advised that emotional and psychological wellbeing support is provided by family and friends. During interviews coordinators and staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Some consumers and/or representatives when interviewed confirmed that services enable consumers to participate in their community and maintain relationships. During interviews coordinators and staff described how the services actively support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives when interviewed confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. During interviews staff advised relevant information about consumers’ care and services are documented and communicated through care documentation available at the consumers’ home, and electronically through a mobile application. Care planning documentation analysed by the Assessment Team confirmed care plans, including individualised care and services instructions, and progress notes completed by coordinators.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Some consumers and/or representatives when interviewed provided examples of referrals. During interviews coordinators described processes to refer consumers internally and externally.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement described how they are supported with meals delivery or preparation. During interviews coordinators described how meals are provided to consumers through meal delivery suppliers and consumers are supported with meals preparation at home as required. This was substantiated through care planning documentation viewed for consumers sampled.

Evidence analysed by the Assessment Team showed the service was able to demonstrate when equipment is provided, it is safe, suitable, clean, and well maintained. Some consumers and/or representatives when interviewed described how they are supported with provision and maintenance of mobility equipment. During interviews coordinators described the process related to equipment when it is provided, and this was substantiated through care planning documentation analysed by the Assessment Team.

# 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. | **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. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the vehicles making up the service environment were welcoming and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers when interviewed confirmed the vehicles are generally suitable for the consumer’s transport needs. Management interviews, and documentation viewed, confirmed the service has processes in place to ensure that vehicles are safe and maintained. The Assessment Team noted they were not able to observe the service environment as this relates to vehicles used for transport services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely. Most consumers and/or representatives interviewed in relation to transport services felt the vehicles are safe, clean and suitable. During interviews management described, and documentation viewed confirmed, the service has processes to ensure the vehicles are safe, clean, maintained and suitable for the safe delivery of transport services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. During interviews management described processes to ensure vehicles, and their fittings and equipment, are safe, clean, well maintained and suitable 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives when interviewed knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raises issues or concerns. During interviews management advised there are policies and procedures in place and staff, and/or subcontracted service providers can raise concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed advised whilst they have not required the service of an advocate/interpreter, they were aware this was available, and staff were also able to explain the provider’s process to access advocacy and interpreters. During interviews management discussed processes to ensure consumers have access to advocates and language services if required, the Assessment Team confirmed this through observations and documentation provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed stated that the service would act on feedback provided, however, raised concerns about the timeliness of the resolution. Evidence analysed by the Assessment Team showed the service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. During interviews management provided documentation to substantiate the resolution of two complaints documented in the Feedback and Complaints register. This was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. During interviews staff and management described how feedback and complaints are analysed, trended and the information used to make service improvements, and the Assessment Team viewed documentation that evidenced feedback provided has impacted service delivery.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 services. Consumers when interviewed advised they get quality care and services. During interviews staff and management described how they plan and manage the workforce. This was substantiated through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Most consumers and/or representatives when interviewed confirmed in various ways that staff, are generally kind, caring, and respectful. During interviews staff and management spoke about consumers in a kind and respectful way to the Assessment Team. This was substantiated through observations and documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed service was able to demonstrate the workforce is competent and has the knowledge to effectively perform their roles. During interviews management described robust processes to ensure staff have the adequate skills and qualifications, and how management monitor their competency through supervision, regular meetings, and six-monthly performance reviews, with identified training gaps actioned on an as-needs basis.

Evidence analysed by the Assessment Team showed service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Consumers and/or representatives interviewed advised in various ways that staff generally know their job. During interviews the workforce described completing relevant training and being supported in their role by the service. During interviews management described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. This was substantiated through documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed service was able to demonstrate regular monitoring and review of the performance of workforce members. Workforce and management described, and documentation viewed confirmed, the service’s process to monitor staff performance. During interviews staff and management described staff performance review processes including twelve monthly Performance Development Plans (PDP), and this was substantiated through documentation provided to the Assessment Team. During interviews management advised they monitor staff training needs through an internal system that contained all PDP’s and described the process to complete each PDP annually throughout the year. During interviews management advised they receive reminders at regular intervals throughout the year to assist staff to achieve their goals and performance is monitored.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. During interviews management advised that consumers are involved in the services through feedback and consumer engagement processes including a consumer focus group. The Assessment team analysed the Focus Group Workshop fliers where the provider invited consumers to attend, have input in their preferred way to connect with the provider and what improvements consumers want, and to discuss Aged Care reforms, and observed transport to and from the group was complimentary.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. During interviews management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. The Assessment Team analysed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and consistent with the Charter of Aged Care Rights.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

*(I) Information management:*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective information management systems and processes in relation to information management. Evidence analysed by the Assessment Team showed the workforce had access to up-to-date policies and procedures to effectively guide them in relation to the Quality Standards.

(ii) Continuous Improvement:

Evidence analysed by the Assessment Team showed the organisation has a continuous improvement policy which outlines board, management, and workforce responsibilities, and identifies sources for improvements including feedback and complaints, surveys, incidents, and risk register. Evidence analysed by the Assessment Team showed improvement opportunities are documented within a continuous improvement plan, and the Assessment Team noted continuous improvement plans are reported to and discussed by the board on an ad hoc basis and are not listed as an ongoing agenda item.

(iii) Financial Governance:

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines board and management responsibilities. The Assessment Team analysed and noted the board’s meetings include review of financial reports and the board reports for 6 October 2022 and December 2022 included monitoring of budget, income/expenditure, and the Finance Committee meetings.

(iv) Workforce Governance:

Evidence analysed by the Assessment Team showed the organisation has established processes related to workforce planning, recruitment, induction, and performance management. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the workforce is effectively trained, equipped, and supported to deliver the outcomes required by the Aged Care Quality Standards.

(v) Regulatory Compliance:

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective systems and processes to monitor legislative and regulatory requirements are updated, and demonstrated when regulatory changes occurred, this prompted effective organisational review to ensure compliance. However, the Assessment Team noted, and the Decision Maker agrees organisation was not able to demonstrate their understanding and application of their regulatory obligations in relation to the Aged Care Quality and Safety Commission’s regulatory officials (Assessment Team) search powers.

(vi) In relation to feedback and complaints:

Evidence analysed by the Assessment Team showed the organisation has established systems and processes to ensure that consumers are supported to provide feedback and complaints, and to document and follow up feedback and complaints. Evidence analysed by the Assessment Team showed the organisation has a comprehensive open disclosure policy, and complaints information provided showed that the service had practiced open disclosure processes as per their policy. Evidence analysed by the Assessment Team showed the organisation was able to demonstrate they undertake trending and analysis of complaints, and systematically report complaints to the board. – *End of Feedback and Complaints heading.*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. Evidence analysed by the Assessment Team showed the organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks and incident management. Evidence analysed by the Assessment Team showed the organisation demonstrated effective processes to ensure all consumer incidents are reported and followed up appropriately to prevent further risks or incidents and demonstrated how they manage and monitor high-impact or high-prevalence risks to consumers.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. During interviews management described, and provided documentation confirming, how the governing body maintains oversight of clinical care, antimicrobial stewardship, and Restrictive Practice, provided to consumers, and the service maintains oversight of consumers. During interviews management described, and documentation confirmed, the organisation has appropriate framework to manage and monitor staff responding to abuse and neglect and Restrictive Practice, adding there have been notifications to the Adult Safeguarding unit and to the Aged Care Quality and Safety Commission under the SIRS reforms when concerns have been raised regarding consumer safety.

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