**Performance**

**Report**

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| Name of service: | AusCare Home & Community Care |
| Service address: | Suite 202, 39 Queen Street AUBURN NSW 2144 |
| Commission ID: | 201384 |
| Home Service Provider: | Care Services Australia Pty Ltd |
| Activity type: | Quality Audit |
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| Performance report date: | 27 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 AusCare Home & Community Care (**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:**

* AusCare Home and Community Care, 27341, Suite 202, 39 Queen Street, AUBURN NSW 2144

**CHSP:**

* Community and Home Support, 28064, Suite 202, 39 Queen Street, AUBURN NSW 2144

# 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 | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard for the Commonwealth Home Support Programme service 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 is:

* Demonstrating that consumers’ identity and culture is captured, respected, and valued. All consumers sampled said that service staff treat them with dignity and respect when communicating with them and delivering services. Consumers said they felt respected and valued by staff members and were aware of the Charter of Aged Care Rights, which consumers received on commencement with the service in their welcome pack. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. A review of five consumer care plans comprehensively documented each consumer’s culture, diversity, life history, relationship information and care preferences in a respectful manner. Staff interviewed said that they were confident in the process of what they would do if they witnessed a consumer being treated disrespectfully and confirmed that this had not happened in their experiences. All staff interviewed were able to speak about the consumers with knowledge and respect to their individual circumstances. The Consumer Dignity and Choice Policy included a requirement for all staff to ensure that services provided are delivered in line with consideration to each consumer’s background, personal circumstances, and cultural diversity.
* Ensuring that care provided to consumers is culturally safe. All consumers sampled said that staff understand their preferences and culturally sensitive aspects of their services which makes them feel respected, valued and culturally safe. The service has robust processes and procedures to support the delivery of culturally safe services to consumers. Staff were able to describe how they deliver culturally safe care and how they could tailor services for consumers. A review of mandatory training for all employees demonstrated that cultural awareness training must be completed annually, which all permanent staff have completed within the last 12 months. The care services manager said that when a new consumer is onboarded that has specific cultural preferences, care staff consult the Cultural Atlas, which is an educational resource that includes information about cross-cultural attitudes, practices, behaviours, and communications to ensure staff are aware of these distinctions. The Consumer Dignity and Choice Policy indicated a requirement for ensuring cultural safety processes are included in all consumer care plans.
* Demonstrating 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. Staff were able to adequately describe the methods they employ to encourage, promote, and educate on consumer decision making. The care services manager said that they ensure the procedure for allocating services is explained to consumers at the onboarding stage and they give the consumer time to make a decision on how they would like the service to be delivered. The care services manager also said that after onboarding, consumers are allocated two different support workers for a meet and greet, and they are given a profile of support workers that includes information such as interests and cultural information where it specifically relates to the consumer. The consumer is then able to choose a support worker based on the outcome of the meet and greet and can request additional meet and greets if they choose. 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. A review of five consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details. There were also instructions on who to contact for next of kin or emergencies. The Consumer Dignity and Choice Policy confirmed a process for identifying preferences for service delivery and documentation of communication preferences, such as involvement of family members or support persons in care and decisions
* Supporting consumers to take risks to enable them to live their life the best they can. The care and services that consumers receive demonstrate how they are supported to remain living at home and how they are encouraged to do things independently. 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. The care services manager said that consumers can choose to refuse services such as personal care, and if this occurs, staff ensure education is provided to consumers about duty of care and potential risk and consequences. The care services manager also said they ensure different options for services are provided to consumers if a service is refused to ensure they can make informed decisions. The Duty of Care and Dignity of Risk Policy identifies how staff can balance their responsibilities to uphold their duty of care to consumers with allowing consumers to make informed choices about their care, and their right to choose to take risks. The Policy also guides staff on strategies to test potential choices for risk, such as if a consumer chooses not to follow guidance on diet requirements from dieticians. It guides staff on discussing factors such as environment with consumers to assist them to engage in an activity of risk where chosen.
* Respecting the privacy of consumers and ensuring personal information is kept confidential. The service staff confirmed that all consumer information is kept digitally and no hard copy files with personal information are stored in the office for long periods of time or at any other location. The care manager said that after onboarding information and care plans are sighted and signed by the consumer, they are scanned into the information management system, Visual Care, and the hard copy documents are shredded. Staff members were able to describe the methods they employ to ensure consumer information is kept secure. Support workers have an app on their phone that is password protected where they have access to personal consumer information.
* Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand. All five consumer client files that were reviewed showed that information has been provided to consumers, such as home care agreements, the Charter of Aged Care Rights and care plans and that they have been signed by the consumer and uploaded to the database. However, consumers sampled said that their monthly statements are often issued late, not issued until they follow up with staff, and/or are issued with incorrect charges on them. Consumers advised of inaccuracies in their monthly statements, which the service acknowledged and was in the process of auditing all its consumers transactions to rectify any errors. Management demonstrated that it was aware of these matters and has taken, and continues to take, significant measures to rectify this. The CEO and the Operations Manager said that they have been aware of the ongoing issue and have commenced an internal financial audit of all consumer’s charges, budgets, and monthly statements to identify any errors and amend mistakes where they are identified. The Operations Manager said they have completed more than half of the reviews and regularly provide updates to care managers to pass on communications to consumers or representatives for verifications.
* Although there is a current concern regarding the accuracy of information provided to consumers in their monthly statements, the service is aware of the problem and is taking active steps to rectify it. The Assessment Team noted the financial audit of consumers budget and transactions are well advanced. On balance I consider this requirement to be Compliant.

# 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 service 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:

* Effectively communicating the outcomes of assessment and planning to consumers/representatives. Consumers and representatives interviewed confirmed they participated in initial assessments, with those receiving services for more than a year or having complex health care needs confirming they had also been involved in the review process. They felt they were well informed by care managers of the services they could access. They were able to provide details of what services they receive, including frequency and relevant support workers, which were noted to match with care plans sighted in their files. All consumers and representatives said the services they receive meet their needs and preferences and all confirmed they were provided with a copy of their care plan. The initial assessment is conducted, and care plans/schedules of support developed by care managers, in consultation with consumers and representatives, based on their needs and preferences. All consumers are provided with a copy of their care plan and Charter of Aged Care Rights which are signed by the consumers or their representatives. Care plans/schedules of support were sighted in all sampled consumer files in the providers electronic file management system “Visual Care”. Reviewed care plans were also sighted in consumer files, where they had been receiving services for longer than twelve months or when there were significant changes in their needs. In addition to care plan/schedules of support reviews, the review of emergency and disaster plans, and risk forms were also evidenced on all consumer files sighted.
* Demonstrating that assessment and planning, including consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services. All consumers/representatives provided positive feedback on assessment and care planning processes. They confirmed they received an in-home assessment that included discussion of their needs, goals and preferences prior to the commencement of services and an in-home environmental safety assessment was also conducted. They were able to describe the services they received as per noted on their care plan. Discussions with care managers and management confirmed all consumers receive an initial in-home assessment, conducted by the care manager and the registered nurse for those consumers on HCP package levels 3 and 4. The assessment discussion is documented on the Initial Assessment form and addresses a range of risks such as health conditions, sensory impairments, mobility, clinical care and other relevant risks. A WHS home environment risk and safety assessment, emergency and disaster plan and client risk assessment forms are also completed. All consumer files sighted by the Assessment Team contained these documents. Policies and procedures are in place to guide staff practice and these are readily available to staff. Information in relation to consumer risks was evidenced on individual consumer files. Support workers interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They access this information through their phone application, which guides them regarding consumer needs and risks, including home environment and mobility risks of consumers.
* Partnering with consumers and representatives to ensure that assessment and planning is effective in assessing individual consumers’ needs, goals and preferences. Consumers and representatives felt the services takes their preferences into account when providing care, including any goals. They confirmed services are currently meeting their care needs. Support workers said they are provided with information on the care needs of consumers, including consumer preferences. Care planning documentation sighted by the Assessment Team captures information which includes needs, goals and preferences. Consumers are helped with advance care planning when needed, however care managers said discussion in relation to end of life planning is not always appropriate, especially for those with lower needs or from certain cultural background, but when care needs of a consumer increase, discussions on this is re-visited.
* Undertaking regular assessment and planning as consumer needs or preferences change. All consumers and representatives confirmed reviews of care and services are conducted on a regular basis. Care managers review the individual care plans/schedules of support with each consumer generally every 3 – 6 months for HCP levels 3 and 4 and 6 – 12 months for HCP levels 1 and 2 or sooner when needs change. This was confirmed through the review of consumer files. Support workers said they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental wellbeing, and relay this to the care managers, who follow-up and keep them informed of any changes. Operational manual and policies and procedures sighted by the Assessment Team guide staff in relation to review and reassessment. Any deterioration in health or hospitalisation trigger care plan reviews. Detailed care manager progress notes were sighted in the database that reflected changes in needs based on reviews, referrals and upgrades to a higher-level package and discussions with support workers. CHSP consumers are ‘one-off’ referral for minor home modification projects who get referred through MAC portal directly or through other HCP providers. Their care plans are not 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 service 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 that each consumer receives safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers/representatives receiving personal care and/or clinical care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the support workers providing them. They said the service takes time to assess and understand their care needs and support workers consider individual preferences when providing direct care. No support worker, care manager or manager raised any particular issues regarding consumer personal or clinical care. Support workers were able to provide examples where consumers were deteriorating, and they felt the processes in place and oversight by the care manager and escalated to the care services manager and to the RN managed the consumers’ risks well and helped them safely provide services to consumers. The manager advised she ran weekly clinical governance meeting to discuss complex case matters with the care managers and RN. All interviewed support workers have completed Certificate III, which includes training in personal care and they are directed to follow any consumer preferences, as per care plan. They said they encourage consumers’ independence with personal care. They said time allocated is usually enough to provide a care for the consumer and they can ask for more time if it is not enough. Management advised their RN either directly employed or contracted as in Victoria are required to participate in professional development to ensure the clinical care they provide is best practice and reviewed for effectiveness. They said they are supported by the organisation to access any training needed and clinical assessment documentation is available for their use. The service also monitors the registrations of their registered nurses through AHPRA. The service engages with a range of peak bodies and other organisations to support best practice, such as Dementia Australia and receives alerts from the government bodies and accesses the commission’s website. A comprehensive assessment is conducted for all consumers and clinical needs are assessed by a clinical team and any identified needs are included in the care plan and reviewed regularly. Sampled consumer files included individual preferences for consumers receiving personal care services, including their preferred level of independence and directions for support workers when providing care.
* Demonstrating effective management of high-impact or high-prevalent risks associated with the care of each consumer. Positive feedback was received from consumers and representatives with regards to individual risks identified regarding consumers. Support workers interviewed advised the service is good at following up on any incidents or hazards they report. They also have a process in place to manage the risks of a consumer not responding to a scheduled visit and support workers were consistent in their responses regarding this. Support workers were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. Support workers advised they have trained in dementia care as part of their role. Clinical staff provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The registered nurse completes assessments to check eligibility for the dementia supplement where required. Referrals can be made for medication reviews and behaviour support plans can be developed as needed. The provider has risk management system which includes high-impact or high prevalence and vulnerable consumer register to monitor, identify and manage risks relating to the care of consumers. The incident management system informs consumer risk profiles and relevant information is communicated to support workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. Policies and procedures were sighted relating to risk management and consumer file review demonstrated consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented.
* Recognising and responding to any deterioration of consumers’ mental or physical condition. Consumers/representatives said support workers knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. They said they had contact numbers to ensure after hours coverage also. They indicated referrals have been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs. Support workers confirmed they inform care managers regularly about the consumer’s overall health and wellbeing and note any changes to their health in their progress notes. They said care managers follow up quickly when things are reported. Following care reviews, they are then notified of any changes in care plan through a phone call, text message or alerts on their consumer app. They said they are updated by the care manager when changes are made to needs or services following care reviews. Discussions with management and care managers confirmed care is formally reviewed regularly and annual reviews were noted on the system. Progress notes submitted by support workers are reviewed frequently by care managers and communications and/or reviews are organised as needed. This information was consistent with what support workers advised and what was sighted in the consumers’ care documentation. The Operation Manual outlines monitoring processes in the service including reviews, completion of progress notes, observations and feedback from staff and gathering feedback from consumers/representatives. Risk Management policy also includes identification and management of consumer risks such as illnesses, when they fall and other incidents, which may indicate a deterioration in condition of the consumer. All consumer files contained regular progress notes from care managers and support workers. Care manager notes were very detailed and reflected a number of discussions with support workers regarding consumers.
* Ensuring that information about the consumer’s condition and needs is documented and communicated. Consumers/representatives confirmed their needs and preferences are effectively communicated to, as they did not usually have to repeat the same information to new support worker. They also confirmed support workers usually know if anything has changed regarding their care. Consumers/representatives provided positive feedback on the support worker who provided their care. Support workers confirmed they are given enough information on a new consumer to provide suitable care and access their care plan through their phone app beforehand. This includes information on individual needs, preferences and alerts. They said they don’t have any issues contacting the care managers to discuss any issues or concerns about the consumers. Support workers also said they complete progress notes through their phone app after each shift. They also receive regular phone contact or text message from the care manager regarding new consumers and any changes to care or services as the result of care reviews or consumer/representative requests. Care managers described how changes in a consumer’s care and services are communicated within and outside the service with those sharing care of the consumer. They advised support workers usually complete dated progress notes and call them if they have any concerns. They also call regarding any consumer non-response to a scheduled visit as per the emergency protocol and no response plan in the care plan. For all consumers sampled, documents including assessments, care plans and dated notes provided detailed information to support effective and safe sharing of the consumer’s care. Although some consumers’ files did not have a large number of support worker dated notes, care managers notes were frequent, detailed and reflected discussions with support workers, consumers and representatives and allied health services.
* Completing timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. They said this usually happens in a prompt manner. Support workers were not responsible for consumer referrals to other health professionals, however generally knew when referrals had been made by care manager as care plans had been amended to reflect the changes which they could view on their mobile app. Care managers said they assist consumers with referrals back to My Aged Care for a higher-level package when this was needed due to a change in care needs. The service also has arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry and speech therapy, who are available to deliver services according to individual consumer’s needs and care plans. The care manager liaises closely with allied health professionals on an as needs basis and monitor the outcomes for consumers. Review of sampled consumer files showed referrals to allied health services such as occupational therapists, for equipment and home modification services. Referrals were also noted to physiotherapists and podiatrists. In cases where referrals were made the consumer’s file evidenced uploading of allied health reports. Referrals were often made in a short timeframe following discussion with the consumers /representatives.
* Minimising infection related risks. Consumers interviewed confirmed support worker take steps to protect them from infections including washing and sanitising their hands during services. They said they had also been provided with information from the provider regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices kept them safe. Support workers advised they had received training on COVID and use of PPE. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required or requested by the consumer. They conduct self-checks on their health and check the health of consumers when attending to provide care. Any issues are reported to their care manager. Rat Test kits and PPE requirements are assessed including supply and training for staff. There are enough supplies of PPE. It is a condition of employment for all staff to have two COVID-19 vaccinations. Evidence of staff double vaccinations were recorded in staff database.

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

Findings

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

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

The organisation does not provide meals or equipment under either program and therefore those requirements are Not Applicable and were not assessed.

The service is:

* Enabling consumers to partake in the community and do things that are of interest to them. Consumers/representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them and the support workers will take them wherever they wish during their social support. Support workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. They felt their rostered time gave them enough time to meet the needs of their consumers and build a good relationship to meet their emotional needs.
* Able to demonstrate that consumer’s emotional and psychological wellbeing is recognised and supported. Consumers and representatives advised they enjoy services and feel comfortable, happy and safe with their support workers while receiving care. They said support workers check how they are on each visit and if they have any concerns will report this to the care managers. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. Support workers said if they have any concerns they discuss this with the care managers, who can make appropriate referrals if needed. Support workers demonstrated a good knowledge of individual consumers’ needs, personalities and interests, as did the care managers interviewed. Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required. Some examples were sighted of changes to needs for emotional support and monitoring of this.
* Sharing information on consumer needs, preferences, and changes within the organisation, and with others who are assisting with their care. Consumers and representatives were satisfied the service had good communication systems in place to ensure support workers knew their needs and when changes occurred with their care. They confirmed they have regular contact with their care manager. Support workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change. Care managers advised they communicate with family and other representatives as required and provide information or make referrals as needed for additional services, often to improve mobility and hence community access. Management advised they have weekly clinical meetings with the care managers and RN and information is shared and discussed. Any action discussed is updated in Visual Care. Management advised they are updating their first page view which the support workers see with a summary of alerts or guide. This will draw attention to the most up to date information on the
* Reviewing all consumer care planning documentation to ensure supports and services are meeting the current needs and preferences. Consumers and representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through My Aged Care, such as Occupational Therapists, when needed, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding support workers helping them do the things they want to do through the in-home social support service. All consumers felt they have a better quality of life due to the services they currently receive.
* Support workers gave examples of individual consumer needs and preferences and how they assist consumers in daily living. Care plans sighted on consumers’ files in ‘visual care and visual roster’ were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.
* Providing timely referrals to others where care and supports are shared. Consumers/representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment or to physiotherapists for regular exercise services. Support workers advised they have frequent contact with care managers regarding consumers and their increasing needs and report back after each service. Progress notes on consumer files included information, referrals and assistance to access other services such as allied health services. This was evidenced in progress notes sighted in Visual Care.

# Standard 5

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| Organisation’s service environment |  |  |

Findings

The organisation does not provide a service environment under either program and therefore this Standard is Not Applicable and was not assessed.

# 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 service 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.

The service is:

* Encouraging and supporting consumers, their representatives, and others to provide feedback and make complaints. All consumers sampled said that they were aware of how they can make a complaint and/or provide feedback and felt comfortable doing so. Staff described how consumers, and/or their representatives may provide feedback. These methods include completing a feedback form which is included in their welcome pack; an annual survey provided to all consumers; and verbal feedback provided to the support workers or calling the office staff to provide feedback. The care services manager and the CEO advised that at time of commencement of services, consumers are provided with a welcome and information pack that includes a fact sheet on feedback and complaints. This indicates the methods a consumer can use to make a complaint, including the external aged care complaints service. It was confirmed that this information has been provided to all consumers. The Assessment Team reviewed the welcome pack and feedback, and complaints information was provided, including an overview of the complaints process. The CHSP service manager said that after a home modification job is completed for a consumer, staff contact them by phone and ask for verbal feedback on the home modifications completed which is recorded. The Feedback and Complaints Policy identifies the complaints process and provides support to staff on educating consumers on the benefits of providing feedback, and outlines substitute methods for making complaints where appropriate, such as those with hearing impairment.
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service. Consumers and/or their representatives have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service. The service could show documentation that supports consumers to access these services. The welcome pack provided to consumers on commencement of services includes information on advocates, how to access them and contact details for key services, such as OPAN. The welcome pack also included an information booklet on the Commission, and the complaints mechanism, with contact details. Consumers sampled said that they have utilised the Commission for raising feedback and complaints. The Feedback and Complaints Policy provides staff a definition of an advocate and outlines the process for providing information about advocates to consumers, and how to link consumers in with language services where they are required or have been requested.
* Taking appropriate action in response to complaints and utilising the process of open disclosure. All staff interviewed could demonstrate an understanding of the concept of open disclosure and could show examples of when they have used it. All staff confirmed they will always apologise to consumers when something has gone wrong and seek to rectify the issue. The NSW care manager said that whenever they receive any negative feedback, they will always apologise to the consumer within 48 hours and escalate the problem to management where further action is required. The care services manager said that sometimes complaints can take time to investigate but the service always keeps consumers up to date on the status of their complaint and seek further information from them if required. Consumers interviewed said that they thought appropriate action had been taken by staff when they had raised feedback or a complaint in the past. The Feedback and Complaints Policy provides a definition of open disclosure and guidance for staff on how to use its principles when responding to consumer feedback and complaints. It also identifies the process for escalating consumer concerns dependent on risk or severity level. Staff are required to respond appropriately if approached with a complaint and offer feedback to management if an improvement is evident.
* Regularly reviewing or using feedback and complaints to improve the quality of care and services. Consumers and representatives said that the service seeks their feedback regularly about the services they receive. They are invited to provide suggestions through annual client surveys, which the CEO said they are aiming to change to be offered every six months in the future. The care services manager said that they aim to talk to most consumers every fortnight to discuss their services for the period and if there is any feedback or suggestions, particularly on service delivery and support workers. The care services manager said they also seek feedback from support workers in this process. The care services manager also said that management have a weekly meeting where they discuss any feedback received and report on any trends and complaints data to the CEO. The Clinical Governance Officer attends these meetings to advise on any concerns relating to personal or clinical care. Any trends identified are added to the Continuous Improvement Register and tracked by the Operations Manager and CEO regularly. The Assessment team reviewed meeting minutes from the recent management meetings where feedback regarding monthly statement discrepancies was raised and discussion of the ongoing financial audit took place. This was evident on the continuous improvement register.

# 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 service 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 the workforce is planned to enable the delivery and management of safe and quality care and services. The service demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly for support workers. The CEO and the Recruitment Officer both said that the service is working on a strategy to recruit support workers from multiple countries overseas and have established an agreement with the Department of Immigration to offer staff members a full-time, two-year contract. The service has established a 6-week induction program for these workers on their arrival in Australia. The CEO said the first group support workers are due to arrive in the country in a few weeks. The care services manager said that when recruiting support workers, they ensure a mix of language proficiencies and availabilities for shifts to ensure consumer services are suitably delivered. They also said that the rostering team do their best to ensure personal care shifts are spread across the day or week, in line with consumer preference, for support workers to ensure minimal work fatigue where possible. The Human Resources Policy identifies robust recruitment strategies, such as the abovementioned support worker recruitment and well-established induction and education programs for staff to participate in professional development.
* Ensuring 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 consumer cultural preferences. Consumers and representatives confirmed staff treat them with respect and are responsive to their needs. All staff interviewed were aware of the process of identifying and reporting elder abuse and have completed training in this area. The Assessment team sighted the training register which indicated all staff have completed the training.
* Ensuring the workforce is competent and they have the 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. For example, support workers have a certificate three or four in ageing, care managers have a minimum of a diploma in community services, and clinical staff must have appropriate qualifications and be registered with APHRA. The CEO said that they maintain oversight of sub-contracting services, and all sub-contractors must have relevant qualifications and knowledge to perform their roles. For example, allied health staff must be able to prove that they are currently registered with APHRA. The Assessment Team sighted the onboarding checklist which included requirements for police checks, registrations, first aid certificates and any other relevant qualifications. The CEO confirmed that all this information must be received before services are assigned to the new staff. Consumers interviewed all said that they feel that staff know what they are doing when they interact with them and can ask questions about their services.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes. Management confirmed that all staff must complete mandatory training and an induction program when commencing employment, and on-going training and support is offered to staff. The mandatory training program includes modules on open disclosure, SIRS mandatory reporting, fire safety, CPR and first aid, PPE, and infection control, identifying and responding to elder abuse and neglect, cultural sensitivity, and the quality standards. The Assessment team sighted the training register which confirmed all staff have completed these modules within the last 12 months. The induction program manual includes training and development in areas such as identifying changes and deterioration in consumers, professional development course opportunities, clear definition of each role’s accountabilities and responsibilities and the service’s organisational structure and overview. The recruitment manager said that when a new support worker commences employment, they are provided orientation by the respective state care manager and buddy shifts from a support worker in a similar area for ongoing shifts. The CEO explained the skills review survey that is sent to all staff yearly and asks for feedback from staff about regular performed tasks, job requirements aligning to descriptions, areas for development and training needs and career goals and aspirations. The CEO uses this information for development of upcoming training and professional development for all staff. All staff interviewed said that they have regular informal and formal meetings with their managers and team where they can discuss any concerns or additional training requirements.
* Completing regular assessment, monitoring and review of performance of staff members. The CEO said that the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The assessment team reviewed three performance appraisals for the operations manager, the care manager, and the care services manager all which had been completed within the last 12 months, included sections completed by the employee and the CEO. The performance appraisal included sections for professional development, career aspirations, and feedback for both the employee and employer. Staff interviewed said that they are supported in the performance appraisal and review process and have weekly one on one meetings with their manager, and fortnightly meetings as a team for support. staff also said that they receive feedback from management and have appraisals as required. The Human Resources Policy outlines the process for performance monitoring, appraisal and review and confirms that a performance management plan must be implemented within three months of employment commencing, and annually thereafter.

# 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 service 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 consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers sampled provided examples of times that they have provided feedback to the service and have done so in both formal and informal ways. For example, providing feedback to staff when in contact with them, such as to the CHSP services manager after a one-off job has been completed, or completing annual feedback surveys. Management confirmed that data and trends from these feedback mechanisms is collected and discussed at weekly management meetings. The information discussed feeds into the Continuous Improvement Register. The CEO attends the weekly meetings to ensure oversight of any ongoing consumer feedback or identified trends. The Assessment Team noted the common theme of consumer feedback was regarding accuracy and timeliness of monthly statements. Management have discussed this concern and implemented strategies to improve service delivery in this area. For further information refer to Standard 1, requirement 1(3)(e). Staff interviewed said that management are respective to consumer feedback in areas such as preferred support workers, or day/time for service schedules and always seek to ensure consumer preferences are met based on circumstances.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body remains accountable for the delivery of safe, inclusive, and quality care and is accountable for its delivery by being continuously informed through ongoing reporting pathways from operational to management level. All staff said that they are aware of best practice support for consumers regarding service delivery and that the service supports them to deliver these outcomes, through ongoing training and professional development. Management advised that the service has organisation wide governance systems and processes that support the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive, and quality care and services across the organisation. The Assessment Team reviewed clinical and management meeting minutes, continuous improvement plans, clinical risk register and strategic business plans that all demonstrate the service strives to provide best practice care for its consumers. The CEO demonstrated they are aware of any ongoing issues within the service and have oversight on operations across the service. The CEO attends weekly meetings, participates in staff discussions and performance management, and seeks feedback from consumers on service delivery.
* Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, as follows:
* Information Management
* The service has a centralised information management system, Visual Care, that encompasses all consumer and operational staff information. Staff interviewed said that Visual Care is easy to navigate and includes all relevant information they require to access to perform their day-to-day duties. The Visual Care system feeds into an ‘app’ that support workers have on their mobile phones and has a requirement for support workers to enter a progress note after completing each shift. The care workers are then able to check progress notes for consumers to monitor services. Support workers interviewed said that the information in Visual Care is sufficient for them to be informed of consumer condition and preferences when completing services.
* Continuous Improvement
* The service was able to demonstrate they show initiative in identifying opportunities for continuous improvement through internal audits, consumer feedback and reported incidents. The Assessment Team sighted the continuous improvement register, which is monitored by the CEO, operations manager, and care services manager. The register has items organised by relevant quality standard requirement, and all have issues identified, planned actions, actions taken, planned completion date and potential outcomes. The service also regularly seeks feedback from staff to inform their continuous improvement activities and partakes in surveys such as the annual staff skills survey to identify further continuous improvement actions.
* Financial Governance
* Robust systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. The Assessment Team reviewed the service’s financial report for year 2021-2022 which identified the service’s profit and loss and key business activities. Management confirmed they have oversight of consumers’ unspent funds and have awareness of those with high amounts of unspent funds and the reasons why. Management advised that consumer budgets are reviewed annually or sooner if their circumstances change significantly, and costs adjusted where necessary. The service is also currently undertaking the internal financial audit on consumer monthly statements and finances to ensure accuracy.
* Workforce Governance
* All staff members, both operational and management, are provided with a job description that include clear explanations of roles and responsibilities. The Assessment Team reviewed job descriptions for all staff members interviewed. All staff are aware of their roles, accountability, and responsibilities. All staff are provided with adequate training, both mandatory and ongoing, to support them in their role. Staff are supported by their managers and have regular meetings with their team and the wider organisation to ensure the service runs smoothly.
* Regulatory Compliance
* The service monitors staff compliance with regulations such as police checks, car registration and insurance, first aid and CPR and visas where required, for operational staff. The Assessment team sighted operational staff records where all required checks were uploaded and in date. The operations manager said that an alert is sent to management through Visual Care when checks are coming up to expiry dates to ensure timely renewal. Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies on regulatory information such as Department of Health which is fed down to relevant managers and staff through meetings and emails.
* Feedback and Complaints
* The service has robust systems and processes in place to ensure consumer and staff feedback and complaints are captured, and the information is used to inform and improve services. Consumers complete an annual satisfaction survey and regularly provide verbal feedback. This information is regularly discussed at various managers meetings and feeds into the continuous improvement register.
* Using effective risk management systems and practices, including managing high impact rinks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. The service was able to demonstrate the process followed when an incident or near miss occurs or is identified. All staff are familiar with the process and the relevant policies and procedures in place. The Organisational Governance policy identifies each category of incident and how it should be reported by all staff. Support workers said that they are supported to report incidents when they occur through contact with care managers and completing an incident form. The Assessment Team reviewed the incident management register which includes separate sections for clinical, support worker, infection control and COVID-19. Consumers who present as high impact or high prevalence risk are identified through the risk assessment completed during onboarding, or during re-assessment by the registered nurse or visits by care managers. Support workers are aware of the process to follow in reporting deterioration, changes in consumer condition and incidents to management. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Consumers sampled said that their regular support workers have built rapport with them and know what is important to them. Consumers said staff allow them to guide them in developing services to their needs and preferences. Management advised that all incidents reported are recorded in the incident management register. It includes sections for what occurred, the investigation, actions taken and outcome. The care services manager said that all incidents reported are discussed at weekly management meetings for the previous period and preventative actions are discussed and communicated to support workers. All staff interviewed said they have completed mandatory training on identifying and responding to abuse and neglect of consumers and were able to describe the process. The Assessment Team sighted the training register which confirmed all service staff have completed the training.
* Implementing an effective clinical governance framework. The clinical governance framework document was reviewed by the Assessment Team and included reference to actions on the continuous improvement register and confirmed that goal achievement is rigorously monitored. It also provides the structure, systems, and processes to ensure safe and quality clinical care and good clinical outcomes for clients. It includes a requirement for ensuring an open disclosure process is followed when responding to clinical incidents, including near misses. The clinical governance framework supports the workforce by ensuring clinical staff have appropriate qualifications, training, and experience to supervise and support management and operational staff in clinical care and managing incidents and risks. The service has recently recruited a Clinical Governance Officer, who is a qualified registered nurse who is currently undertaking a review of all HCP consumer care plans to ensure clinical care is best practice. They are aiming to do re-assessments and home visits of all HCP consumers. The service aims to educate staff on how to escalate and report clinical risks or concerns to consumers to complete referrals to other organisations. The clinical governance officer attends weekly clinical meetings with staff to discuss any incidents, complaints or identified consumer deterioration and changes and provide advice and strategies to manage these. The Assessment Team reviewed meeting minutes that demonstrated a range of topics were being discussed.
* Staff confirmed they received training on areas of clinical governance 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.

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)