**Performance**

**Report**

**1800 951 822**

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| Name of service: | Australian Croatian Community Services |
| Service address: | Shop 1 / 51 Hopkins Street, FOOTSCRAY VIC 3011 |
| Commission ID: | 300268 |
| Home Service Provider: | Australian Croatian Community Services Inc |
| Activity type: | Quality Audit |
| Activity date: | 13 February 2023 to 15 February 2023 |
| Performance report date: | 21 March 2023 |

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

**This performance report**

This performance report for Australian Croatian Community Services (**the service**) has been prepared by M Abjorensen, 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:**

* Australian Croatian Community Services, 18638, Shop 1 / 51 Hopkins Street,, FOOTSCRAY VIC 3011
* Australian Croatian Community Services (Eastern Region), 18639, Shop 1 / 51 Hopkins Street,, FOOTSCRAY VIC 3011
* Australian Croatian Community Services (Southern Region), 18640, Shop 1 / 51 Hopkins Street,, FOOTSCRAY VIC 3011

**CHSP:**

* Community and Home Support, 25584, Shop 1 / 51 Hopkins Street,, FOOTSCRAY VIC 3011

# 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 6 March 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 | **Not Applicable** |
| **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

Consumers interviewed described, in various ways, how they are treated with dignity and respect, according to their identity and culture. Consumer documentation records what is important to each consumer in relation to their identity and background. Staff interviewed gave examples of ways they implement dignity and respect in practice, including being professional, acknowledging people for who they are and what they want, taking the time listen to consumers, understand their culture and how they would like to receive services.

Consumers interviewed described how they value having staff that can speak the same language as them and understand their cultural preferences and background. Consumers interviewed at social support groups described enjoying Croatian ball games and how interacting with others brings them joy. Through interviews, staff showed they are familiar with the cultural and linguistic needs of individual consumers, with many speaking the same language. Management reported 98% of their staff are bilingual and able to communicate with consumers, however, interpreting services are available when required. Sampled consumer files identified consumers’ backgrounds and preferred language.

Consumers and representatives described their involvement during planning and assessment, which occurs through discussions when the care manager visits the home. Consumer care documentation identifies consumer choices and decisions about care and services, including substitute decision makers.

Consumers described how their services supports them to live their best life and support them to live independently. Management advised risk assessments are conducted prior to the social support group attending a new venue. However, venue risk assessments were not viewed by the Assessment Team. Consumer care documentation showed where risks are identified, management strategies are implemented.

Consumers reported monthly statements are itemised and they have been provided an information pack by the service. The Assessment Team found information provided to consumers is available in English and Croatian, including information packs and seasonal newsletters. Monthly statements reviewed by the Assessment Team were itemised, however word limits prevent all relevant information from appearing on in the statement. Management advised the imminent implementation of a new consumer electronic management system will improve the monthly statement received.

Consumers interviewed were satisfied consumer privacy and confidentiality are respected. File review showed consumer information is maintained confidentially and password protected. Staff gave examples of ways they protect consumer privacy and confidentiality by not disclosing any consumer or service information. The provider has a privacy policy and consumers are provided with privacy information as part of the information pack.

# 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

All consumers interviewed described being satisfied that staff took time to listen and understand how to support consumer health and wellbeing needs including any risks. Intake officers provide initial information to consumers, whereas care managers conduct assessments and care planning. Registered nurses are engaged for assessment and planning with consumers receiving package level 3 or 4. Initial assessments utilise information from the consumer, transfer documents, medical summaries and information from My Aged Care (MAC). The service conducts safety and home safety assessments, where required. Risks are discussed with consumers and assessed, using validated assessment tools and documented management strategies.

The Decision Maker notes the service proactively responded to the Assessment Team report to provide further evidence of recent improvements.. For example:

* The Assessment Team identified inconsistencies in how bed pole risk assessments are documented
* The service evidenced corrective actions, including, conducting risk assessments and discussions with relevant consumers in relation to bed poles and review of assessment templates.

Consumers interviewed reported care has been planned around what is important to them. Relevant staff demonstrated that an information sheet, brochure and form about advance care is always provided on entry to the service. Care documentation showed consumers’ identified needs and preferences, goals and interventions. Care documentation showed examples where advanced care planning discussions had occurred with consumers and representatives.

Consumers advised the service involves them in assessment and planning. Staff interviewed described how they work in partnership with consumers, representatives and other individuals and organisations according to their roles. Care documentation demonstrated assessment and planning involves the consumer, and others, as appropriate.

* In response to the Assessment Team report, the service evidenced improvements to record where representatives, or other family members, decline or do not respond, to care planning meetings.

The service provides each consumer with a copy of their goal directed care plan which is readily available to the consumer and staff at the point of care. Consumers reported they have had their care and services explained to them and received a copy of their care plan. All direct care workers interviewed described how they access the consumer care plan via an application on their mobile telephone, and there is a copy in a folder in each consumer’s home. Care documentation showed all consumers had care plans that informed care and services.

Consumers reported the service has regular communication in relation to their care and services, including when consumer needs and conditions change. Staff interviewed, with responsibilities for assessment and planning, described how care is formally reviewed at specified intervals, as circumstances change and when incidents occur. Care documentation evidenced scheduled reviews occur for consumers, and in response to a change in condition or circumstances.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

Consumers interviewed described their satisfaction with the personal and clinical care provided and said, in different ways, that it was safe, effective care. Service nursing and team leader staff interviewed said they provide best practice care because they respond to individual needs; policies and procedures link to best practice; they participate in regular meetings; clinical team handovers with care managers occur and; ongoing training ensures a best practice approach. Registered nurses interviewed described how they monitor the delivery of safe and effective personal care and clinical care to consumers. All direct care workers interviewed described how they provide care that is safe, and tailored to consumer needs, through care directives, communication with supportive care managers and participating in ongoing training. Care documentation reviewed for sampled consumers contained case notes, allied health reports and wound assessment documentation relevant to the care of each consumer.

While the Assessment Team identified some inconsistencies relating to documentation and timely liaisons with other providers of care, the service response evidenced corrective actions implemented. For example, revised care directives to improve how skin integrity is monitored for a specific consumer; and care continuity process improvements through communication protocols and recruitment to support the case manager workload.

Management and staff said high impact, high prevalence risks included falls risk, and risks associated diabetes management. Care documentation showed appropriate interventions to manage the risks for each consumer inform care delivery, supported through recommendations by clinical practitioners. An incident register and serious incident reporting log that includes regular incident analysis and internal benchmarking, demonstrates that management monitors and responds to high impact or high prevalent risks. Direct care workers described individual consumers’ risks, explained the strategies implemented to manage these risks and said in various ways they had enough information to confidently manage risk. For example:

The service has taken the following actions to manage the risks of a consumer with swallowing issues and an increase in falls:

* Speech pathologist recommendations for a soft, moist diet and thickened fluids incorporated into care planning. The support worker confirmed dietary interventions are adhered to and recorded in care directives.
* Following each fall the consumer is reviewed by a registered nurse, the consumer was referred to a physiotherapist for an assessment, mobility equipment has been supplied and their neurologist has reviewed the consumer in relation to medications. The direct care worker reported the consumer uses their mobility aids and has thickened They said they have had training and know how to report any incidents via the application on their mobile telephone.
* The consumer and their representative reported being satisfied with care and services provided.

Care documentation evidenced the needs, goals and preferences of consumers nearing the end of life are known by the service and documented. Care is provided to address individual care and comfort needs. Four of four direct care staff interviewed said they were confident to provide care for consumers nearing the end of life.

* The Assessment Team reviewed a consumer receiving palliative care through the service, prior to entering a hospice facility. Care documentation showed assessments involved relevant health professionals and family members to identify needs, goals, preferences and translated to detailed care directives.

Consumers interviewed expressed, with confidence, that staff would identify and respond to consumer deterioration or change. Direct care workers interviewed demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to the care manager and/or senior management if urgent and completing an incident report as appropriate. Registered nurses and a team leader interviewed described how care managers read case notes each morning to identify and action any consumer deterioration or change recorded on the consumer electronic management system. Discussion then occurs at handover meetings. Care documentation reflected that changes in a consumer’s health or condition are reported, documented, and actioned. The service has a documented process to be followed for clinical deterioration or change. The Assessment Team reported actions taken by the service in response to weight loss reported by the care worker. Actions included involvement of the registered nurse and weekly weight records. Care documentation shows the consumer’s weight has stabilised. The care staff described their interventions during mealtime to encourage meal consumption through social engagement.

Consumers interviewed expressed satisfaction in how information relating to their condition, needs and preferences is communicated within the organisation and with others where care is shared. All direct care workers interviewed described how they accessed the consumer’s care plan and case notes via a mobile telephone application and hard copy information is maintained at the point of care. Staff advised they are in constant communication with care managers, and others, as appropriate, to ensure they are informed about each consumer. The service has electronic systems for the transfer of consumer information within the service and to support staff. Care documentation shows that the service actively communicates with others, internally and externally, to ensure the provision of personal and clinical care. Consumer consent enables information to be shared internally and externally where responsibility for care is shared.

Consumers interviewed reported they are satisfied that the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. Staff demonstrated an understanding of referral networks and described internal and external referral processes. Care documentation sampled evidenced referrals were made in response to an identified need, including to medical practitioners, nursing services, podiatry, occupational therapy and massage therapy.

* The Assessment Team reviewed consumers referred to physiotherapy for muscle stiffness and pain, podiatry for foot care, and external nursing services for wound treatment, which resulted in improved outcomes for the consumers.

The service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers interviewed were satisfied with the measures staff take to protect them from infection. Staff interviewed confirmed they wear personal protective equipment, ask health screening questions, participate in infection control training and have required vaccinations. The service has infection control policy and processes, a COVID safe plan and infection control brochure. While the service does not prescribe medications, staff take precautions to minimise consumer and staff illness and reduce any need for antibiotics. Training records evidence staff have completed mandatory infection control training.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Consumers expressed satisfaction with services and supports for daily living. Care managers and direct care workers described the ways they provide effective services and supports for daily living, including checking with the consumer that they like the way care is being provided. Care documentation noted consumer goals and provided corresponding strategies to achieve goals, independence and quality of life. Strategies included domestic assistance in specific geographical areas, social support groups and individual social support, home maintenance and gardening services, shopping, transport services and home modifications, to optimise consumer safety and independence. For example:

Consumers described the way services contribute to their wellbeing, for example: group outings and activities make them feel great; domestic assistance supports their independence while they recover from surgery.

Consumers described the ways the services and supports for daily living have helped them through stressful periods including traumatic events, grief and instances of low moods. Staff and direct care workers described how they recognise and support consumers when they feel low, including talk gently with them, ask about their needs, provide emotional support and refer to support services as appropriate. Social support group staff described how they consult with consumers to plan cultural and other activities to promote consumer well-being. For example, on Valentine’s day consumers attending social support group received chocolates, music and dancing was organised for their enjoyment.

Consumers shared, through interviews, that they are assisted to do the things they like to do, have social and personal relationships and participate in the community. Examples included participating in various activities offered through the social support program and outings with care workers. Staff, direct care workers and volunteers interviewed showed they talk to consumers, are familiar with their interests, and provided examples of ways they supported consumers to do things of interest to them. Care documentation noted consumers’ interests, individual support needs, preferences and interests. Documentation including case notes reflected consumer participation in social support groups as appropriate to meet their needs, goals and preferences. The activity schedule for the social support group shows a range of activities of interest to the participants, including excursions organised in consultation with consumers, art and craft classes, bowling, picnics, cultural celebrations, singing and dancing.

Consumers interviewed reported the services and supports are coordinate and communicated with others. Staff and direct care workers sampled described how current information about each consumer is shared through the mobile application, telephone calls, emails and text messages. Care documentation overall showed that with consumer consent the service communicates with others, internally and externally, to ensure services are coordinated.

Consumers reported the service would assist them should they require other care and services. The service has current projects with a few libraries where consumers can have a choice of cultural and linguistically diverse books and are also provided with antigambling information services. Staff described some services and supports for daily living that they refer consumers to, including My Aged Care, relevant government agencies, leisure and swimming centres, transport services and occupational therapy for recommendations for home modifications. Care documentation showed examples of referrals being actioned as required such as allied health services, carer support network referrals and personal safety alarms.

Consumers interviewed who either had a meal at social support group or were provided with delivered meals expressed satisfaction with the quality, quantity and variety of meals. Dietary needs and preferences, including cultural meals, are accommodated at social support groups and through a choice of meal delivery services. Social support groups operate every week, with the professional chef preparing fresh meals every second week, and on alternative weeks take away food is ordered. Staff assisting with meal preparation services have had mandatory food safety training and monitoring of the food premises occurs. Consumer file documentation showed dietary needs including allergies and preferences. Surveys were sent twice a year to the consumers who had meal deliveries.

Staff interviews and care documentation showed the provision of necessary equipment occurs only after assessment, recommendation and trial by an allied health professional. Direct care workers generally took responsibility for cleaning equipment and notifying the service if maintenance was required. Equipment provided to consumers includes shower rails, wheeled mobility frames, mobility aids and pressure relieving aids.

# 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

Consumers spoke positively about service environment and interactions with others, which was described as clean and easy to move around, indoors and outdoors.

Staff who worked in social support groups described the ways they ensure the environment is welcoming. Staff interviewed were satisfied equipment is suitable to meet the individual needs of the consumers. Staff describe processes to ensure furniture meets consumers’ needs, including liaising with the venue about maintenance and cleaning schedules, evidenced through cleaning and maintenance charts reviewed.

Observations made by the Assessment Team showed:

* the venue was clean, well maintained and wheelchair accessible with easy ingress and egress, clear signage, wide corridors and with suitable furniture for comfort.
* Tables and chairs were arranged to create accessibility and ease of movement. The room was spacious, bright and open, with plenty of space for activities and dancing.
* Consumers were observed to be talking together, smiling and taking photographs in groups and individually. Photograph consents are in place.
* The photographs sighted on a social media community page, in the yearly calendar, magazines and newsletters displayed a range of venues and consumers participating in crafts, birthday celebrations, games, visiting outdoor attractions and activities.
* A defibrillator was observed in an easy to reach location in the centre.

# 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

Consumers reported they are encouraged to provide feedback and make complaints; they know how to provide feedback and they feel safe to do so. While consumers interviewed said they are aware how to provide feedback, they advised they have not had a need to make a complaint or provide feedback.

Consumers receive an information pack during the intake process which contains information relating to feedback, complaints, advocacy and interpreter services. Management advised when consumers commence with the service, the intake officer explains the process for advocacy and complaints in the consumer’s language. If the intake officer does not speak the consumer’s language an interpreter is offered.

Management provided evidence of how open disclosure principles are applied during complaints resolution processes, including offering an apology and an investigation into what had gone wrong.

The Assessment Team reported, the service has a complaints handling procedure that includes reference to open disclosure and related guide and response flowchart. Complaints are documented and reviewed for trends on a monthly basis which is included in the quality report to senior management and the board.

The Assessment Team observed improvement forms, a suggestion box and feedback signage were located within service environments.

A review of the spring newsletter for 2022 by the Assessment Team identified information regarding comments and complaints, including trend analysis and related contact details.

A review of the spring edition of the consumer newsletter 2022 identified comments and complaints were reported on, including trend analysis. The trends in the last quarter of 2022 were related to purchases that were excluded through the home care package funding under the Quality Aged Care Principles 2014. In response, the service has provided information relating to the home care package operational manual, consumer agreement and the reference in the agreement.

# 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

Consumers reported staff are punctual, not rushed and there are sufficient staff to deliver and manage their care and services. Management advised that they have placed intake of new consumers on hold due to workforce shortages. Management and staff said currently there are enough staff to deliver quality care and services to consumers and the consumer electronic management system for rostering and rosters were sighted in consumers electronic files.

The service provided further evidence to demonstrate how staff qualifications are monitored to inform consumers receive services from appropriately qualified staff.

The provider is a culturally and linguistic diverse (CALD) provider providing services to consumers from a CALD background. Management and staff understand the consumers’ backgrounds, culture and identity as they are from same or similar backgrounds and can communicate with consumers in their own language.

Through interviews, consumers reported staff are competent in the roles they perform. Management stated they use information from observation, regular supervision both internally and externally, staff performance appraisals and feedback to identify workforce competency.

New staff participate in an induction/orientation program, including the completion of an induction checklist and buddy shifts. Staff compliance checks, including police checks and their drivers licence, are provided to the service as part of onboarding.

The Assessment Team found all staff have a position description that documents the qualifications required for the role on a register, monitored by the human resource officer.

Staff interviewed advised that they have access to ongoing training that included elder abuse, manual handling and infection control. Management advised the staff training matrix and register monitors staff training. Relevant training delivered includes infection control, manual handling, food safety and first aid.

Management discussed staff performance appraisals, where staff and management complete their performance appraisal and discussions occur to discuss variances and feedback. The service records relevant consumer feedback relating to staff and takes action to address concerns raised by consumers, including removing them from the consumer’s roster and performance management procedures.

# 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 | Not applicable |

Findings

The service engages consumers through surveys and a recently established consumer advisory body, which includes engagement between the chief executive officer and consumers. Consumers on the board were selected based on their interest to be involved. The advisory body commenced in December 2022, with a scheduled meeting in February 2023, evidenced through agenda items shared with consumers and reviewed by the Assessment Team. Terms of reference have been developed and the Chief Executive Officer (CEO) provided a presentation in both English and Croatian during the initial meeting.

The governing body satisfy itself that the Aged Care Quality Standards are being met through use of management reports that include financial reporting, quality report inclusive of data analysis on incidents and complaints. Management advised that the board meets bimonthly, where the chief executive officer provides a detailed report, emailed to board members a week prior to the meetings. Board members seek relevant knowledge and training to inform their understanding of safe, inclusive and quality care deliver.

* The Assessment Team reported board members have received training related to the Quality Standards, governance and attend relevant industry conferences.

The service has effective organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance workforce governance, regulatory compliance, feedback and complaints.

The Assessment Team found the provider has information management systems in place that include a consumer electronic management system, mobile applications, website, meetings, newsletters, text messages and an online training portal. Consumer information is stored securely on an electronic management system, accessible to direct care workers via their mobile telephones, information privacy policies apply accordingly.

Opportunities for continuous improvement are identified through internal and external audits, survey evaluations, complaints, feedback and incidents. Discussions with management, staff, consumers show improvements are ongoing. The Assessment Team provided the example of the incoming consumer management system to improve how information is recorded, including the information shown on monthly statements.

Financial governance is overseen by the organisation’s treasurer and finance team that meets bimonthly. The treasurer and finance team reports to the board in relation to the organisation’s financial position. Home care package care managers discuss unspent funds with consumers as appropriate and consumers receive an itemised monthly statement. Finance team monitor consumer unspent and overspent funds and notify the care managers to prompt discussions with consumers.

Workforce governance is overseen by the organisation’s management team and human resource officer, and issues and actions are reported to the Board. Human resource processes include workforce recruitment, position descriptions and staff education.

The provider maintains up to date information on regulatory requirements through peak body membership and through government notifications. Regulatory compliance requirements and changes are discussed at management meetings and communicated to staff. Staff information relating to vaccinations and compliance checks are documented in a register.

* The service evidence of actions taken to strengthen governance over subcontracted services. Improvements include an allocated position to oversee contracts, a contract register, induction procedures and annual evaluation procedures.

The provider has a feedback and complaints system that supports the pursuit of improved outcomes for consumers.

In relation to managing high impact or high prevalence risks associated with the care of consumers, management said these risks are identified through assessment and care planning processes and through the incident reporting system. Relevant risk assessments are conducted when potential risk is identified and managed through interventions of the service, informed through recommendations from relevant clinicians or providers of care, as required.

In relation to identifying and responding to abuse and neglect of consumers, management and staff interviews and documentation review showed assessment and review processes are used to monitor consumer wellbeing and safety. Staff inform care managers of any changes in the consumer’s condition or environment. Through interviews, staff advised they are equipped to identify and respond to the abuse or neglect of consumers through training received and relevant professional qualifications.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice and sense of self. Through interviews, staff described the ways they support consumers to live their best life, including asking their preferences for care and services and providing services that meet their goals.

In relation to managing and preventing incidents, an incident management system operates effectively, evidenced through the complaints and incident register which records actions taken, follow up, outcomes and whether it is a reportable incident. The Assessment Team reported, incident data is collated, analysed for trends and reported to the senior management and the board. Staff guided by an incident management system procedure.

In relation to a clinical governance framework, management has a documented clinical framework approach that defines key roles and responsibilities, governance and leadership, culture, safety and quality and the importance of partnering with consumers and representatives. Clinical care for consumers is provided by internal and external nursing or allied health services and medical practitioners. Reporting of clinical incidents to the board is undertaken through the quality reporting process

In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications. However, all staff are trained in infection control and vaccinated to minimise infection related risks.

In relation to minimising the use of restraint, management advised their restraint policy is currently under review. Management and staff advised they do not have any consumers who are subject to the use of restraint. Direct care workers stated they can access information on restraint through resources available on the care planning application and that they are not allowed to use any form of restraint.

Management discussed open disclosure and advised staff are guided by an open disclosure guide and response flowchart. The organisation’s complaint handling procedure is inclusive of open disclosure. Staff have received complaints handling training, inclusive of open disclosure. An example of open disclosure was discussed and provided by management.

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)