**Performance**

**Report**

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| Name: | Australian Nursing Home Foundation Limited |
| Commission ID: | 200282 |
| Address: | 413-425 Beamish Street, CAMPSIE, New South Wales, 2194 |
| Activity type: | Quality Audit |
| Activity date: | 28 November 2023 to 29 November 2023 |
| Performance report date: | 22 January 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1101 Australian Nursing Home Foundation Limited  
Service: 17280 ANHF CACPs - South East Sydney  
Service: 17281 ANHF CACPs - South West Sydney  
Service: 17282 ANHF Flexicare - Western Sydney - EACH  
Service: 17283 ANHF Flexicare - Western Sydney - EACHD  
Service: 19350 ANHF Home Care Packages SES  
Service: 17311 Australian Nursing Home Foundation - CACP Inner West  
Service: 17312 Australian Nursing Home Foundation - CACP Northern Sydney  
Service: 17313 Australian Nursing Home Foundation - CACPs Western Sydney  
Service: 17314 Australian Nursing Home Foundation EACH South West Sydney  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7953 Australian Nursing Home Foundation Limited  
Service: 24453 Australian Nursing Home Foundation Limited - Care Relationships and Carer Support  
Service: 24452 Australian Nursing Home Foundation Limited - Community and Home Support

**This performance report**

This performance report for Australian Nursing Home Foundation Limited (**the service**) has been prepared by N Wapling, 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.

# Material relied on

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

* the assessment team’s report for 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives were satisfied staff treat consumers with dignity and respect and know about consumers’ identity, culture, background and the things that are important to them when delivering care. Management explained the organisational strategic plan reflects the values of respect and inclusion. Consumers receive information packs in the language they prefer, and staff have received training for the Code of Conduct. Staff described individual consumer services and how they maintain relationships. Many staff and volunteers are from the same cultural backgrounds as are consumers. Through regular contact with consumers they speak about their background, culture and identity to ensure these characteristics are respected and valued. Consumer care documentation demonstrated consumer culture, diversity, life history, relationship information and care preferences. The Assessment Team observed staff and volunteers training records for the Code of Conduct.

Consumers and representatives confirmed care and services delivered are culturally safe. Staff understand their preferences and culturally sensitive aspects of services as the majority speak the consumers’ languages with documentation provided in both English and preferred language. Staff described how they deliver culturally safe care and services, are able to match staff with consumers for home services based on gender preference and staff know how to use translation services when required. Care documentation included languages the consumer speaks, examples of when interpreting services were used and the activities they enjoy.

Consumers and representatives were satisfied consumers are able to exercise choice, independence and who they would like to be involved in decisions in the way care and services are delivered. Consumers who attend the service activities confirmed they make connections with other consumers. Staff described how they promote, encourage and educate consumers and representatives they choose of informed decision making related to their care and services. Management explained how they promote consumer relationships and suggest groups to consumers who indicate particular interests. Consumer documentation demonstrated information relating to consumer relationships, contact details of their preferred representatives and any specific instructions.

Consumers were satisfied the service supports them to remain at home and stay connected with their communities. While consumers did not identify any particular risks they require to have supported, consumers and representatives were confident the service would support consumers if they identified any assistance required. Management and staff described the information they have provided to inform consumers about relevant risks if there are any individual consumer goals identified. An example was provided of how staff supported a consumer to take risks during service delivery. The service has policies and procedures to guide staff provide a duty of care with the dignity of risk.

Consumers and representatives confirmed they were provided with information on admission to the service and ongoing such as a range of service they can accesses, the charter of rights, complaints information and newsletters. Management described the process to induct consumers and their representatives of relevant information on admission to the service. The Assessment Team observed information provided to consumers including signed aged care charter documents.

Consumers and representatives felt staff respect their privacy and were confident their personal information was kept confidential. Management explained the systems and process to manage privacy and confidential information. Staff described how they manage the security of consumer information, and respect personal privacy when delivering care or support consumers out in the community. Policies and procedures guide staff in privacy and confidentiality practices and training records confirmed this.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 1 Consumer Dignity and Choice.

# 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

Consumers were satisfied the consideration of risks associated with their health and well-being were effective following the assessment and planning of their care and services. Consumer care planning documentation demonstrated risks and care needs were considered and mitigation strategies were included which informed the delivery of effective care and services. Policies and procedures were specific with guiding staff in assessment and planning of services and care of consumer needs, risks and personal interests.

Consumers and representatives confirmed the assessment and planning identified and informed current consumer needs, goals and preferences. Staff described information that was current such as medical issues and correspondence from health professionals assisted them to identify and inform current consumer needs. Assessment and care planning documentation included health professional assessments and correspondence to inform planning of care and services. Advance care planning (ACP) was raised by staff with consumers and representatives during assessments and consumers choose whether they wished to discuss or consider ACP. Policies and procedures guide staff in assessment and planning to identify and address consumer needs, goals and preferences, and ACP and end of life planning.

Consumers and representatives confirmed assessment and care planning is done with consumers and others they wish or require to be involved. Assessment and care planning documentation demonstrated care and services were planned with partnership involvement including consumers, representatives and families, and other providers and organisations such as general practitioners, and allied health providers. Policies and procedures guide staff to engage and work in partnerships with consumers, representatives and other organisations as the consumer requires or requests.

Consumers confirmed they had received a copy of their care plan, discussed with staff their care plan and understood the information within care plans. Staff explained consumers always receive a copy of their care plan following assessments and care reviews, and ensure consumers and representatives understand and agree with all information within care plans. Policies and procedures guide staff communication with consumers and representatives during and following each consumer assessment or care review including providing a care plan copy to consumers.

Consumers and representatives confirmed reviews of care occur regularly and when circumstances change such as following an incident or returning from hospital. Staff explained care reviews occur regularly for effectiveness and when circumstances change or incidents impact needs, goals or preferences. Care plan documentation confirmed care plans were reviewed at least 12 monthly and when incidents or circumstances impacted consumer needs and preferences. Policies and procedures guide staff to review care planning either annually, when consumer circumstances change, or an incident or deterioration impact consumer care needs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 2 Ongoing Assessment and Planning with Consumers.

# 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

Consumers were satisfied the clinical and personal care delivered enable consumers to maximise their independence. Staff described the initial consumer assessments requiring clinical or personal care involved a clinical assessment by a Registered Nurse (RN). A RN explained clinical services were often brokered to nursing services. The Assessment Team observed the brokerage arrangements and confirmed best practice strategies were in place such as training that was current and membership of relevant bodies. Consumer care documentation demonstrated personal and clinical care delivery was individualised and informed through assessments’ and reports by a RN or brokered clinical staff. Policies and procedures guide staff to ensure personal and clinical care delivery is informed by best practice.

Consumers and representatives confirmed staff are aware of consumer care needs and risks that are high-impact or high-prevalence. Management and a RN explained a high-risk register is used to monitor consumers with identified high risks. Community of practice and case meetings occur regularly, inform and monitor consumers with high risks. Care staff receive training to assess for high-risk issues and escalate to management and clinical staff. Staff provided examples of consumer risks identified and reassessed by a RN. Consumer care documentation confirmed alerts to risks, mitigating strategies in response to high-impact or high-prevalence risks, and risks identified by staff and escalated with consumers reassessed by a RN. Policies and procedures guide staff in the consideration and assessment for risk and to support consumers with higher needs, and high-impact or high-prevalence risks.

Management explained the service promotes a culture of care and compassion in the support and services delivered to consumers identified nearing the end of life. A RN explained the training was specific to enable staff deliver emotional support to consumers and their carers. Staff explained they receive training annually to deliver support to consumers nearing the end of life. The Assessment Team observed staff training modules to support consumers nearing the end of life. Policies and procedures guide staff provide treatment and care to consumers nearing the end of life within their scope.

Consumers and representatives confirmed staff identified and responded to consumer deterioration. Management and staff described the process they follow when staff identify and report deterioration or changes in consumer mental or physical health. Care documentation demonstrated deterioration identified was recorded and responded to accordingly. Policies and procedures guide staff to identify and respond to changes in consumers’ mental and physical function, capacity and condition.

Consumers were satisfied staff know them well and were able to access consumer information while delivering services and care. Clinical staff explained staff have access to consumer care plan information in hard copies at the point of delivering care and services, and access to more detailed information through the online consumer information system away from delivering care and services. The online consumer files demonstrated comprehensive consumer information including correspondence from other services and organisations and note entries of care delivered.

Consumers confirmed the service had made referrals to other individuals and organisations, and consumers have received care and services external to the service that have improved their physical well-being. Management and clinical staff explained one staff provided feedback to coordinators and clinical staff in relation to consumer issues and changes identified. Referrals to other individual and organisations are made as required and coordinated. Care documentation demonstrated referrals made to other organisations, individuals and providers of care.

Consumers were confident staff adhered to infection prevention and control practices such as wearing Personal Protective Equipment (PPE) and practicing hand hygiene using hand sanitiser. Management and clinical staff described staff who deliver care and services to be vigilant with their hygiene and practices to reduce infection-based risks. Clinical staff confirmed staff’s adherence to appropriate antibiotic administration. The Assessment Team observed brokerage agreements with nursing services required adherence to best practice to minimise transmission-based infections and appropriate antimicrobial use. Training records confirmed staff received training with the use of PPE and to reduce the transmission-based infections. Policies and procedures guide staff in infection, prevention and control practices. The Assessment Team observed staff adhering to the current PPE requirements in two centres operated by the provider.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 3 Personal Care and Clinical Care.

# Standard 4

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

Findings

Consumers and representatives were satisfied they receive safe and effective services that meet their needs, goals and preferences and confirmed they were encouraged to maintain their physical independence. Staff described individual consumer needs and preferences and how these support consumers to maximise their well-being, health and quality of life. Coordination staff described how services are consumer focused to goals and preferences. Care plan documentation was individualised and consumer focused and changes to individual needs, preferences and supports were recorded.

Consumers and representatives were satisfied consumers felt comfortable, happy and safe with staff delivering services and care. Staff know their needs and being socially connected help consumers meet their emotional and psychological needs. Staff described how they monitor consumers’ moods and overall well-being, will provide emotional support as required and discuss any concerns with their relevant coordinating staff who will provide support and advice. Coordinating staff and management were knowledgeable of consumer needs, personalities, interests and provided examples of emotional support. Consumer care files demonstrated assessment of emotional, spiritual and psychological needs and strategies in care planning.

Consumers and representatives confirmed the service supports consumers to build and maintain relationships, do things that are meaningful to them and participate in their community. Staff described consumer relationships that are important to them and the social activities they enjoy. Coordination staff described the information they gather such as consumer life stories and social needs on service entry to ensure the continuity of consumer relationships, needs and interests are facilitated. Consumer documentation demonstrated information relating to interest, preferences and relationships, and subcontracted services to meet consumer needs and preferences.

Consumers and representative were satisfied with the services’ communication and staff know consumer needs and when changes in their care occurred. Staff described the information they receive helps them identify additional consumer needs required and coordinating staff respond quickly when consumer changes are reported. Coordinating staff explained they communicate with each other regarding individual consumers who receive a number of services and communicate with consumers and representatives as required to provide information or refer to additional services as needed. Care documentation demonstrated communication with other coordinators and service providers, consumers and their representatives.

Consumers and representatives were confident referrals made to individuals, other organisations and providers if consumers require additional assistance. Referrals are timely, appropriate and confirmed consumers receive services delivered by other providers. Coordinating staff explained the referral process, the importance of referrals being timely and the different services they refer to. Care documentation included information related to referrals and assistance provided to consumers to access other services and the community.

Consumers were satisfied meals provided at the services’ centres were based on their preferences and what they liked. Centre based services may either prepare meals on site or source meals from the community including on outings. Management explained where meals are prepared on site, individual requirements and preferences are considered and planned and referrals to are made to support consumers who require meal assistance. The centre-based services have food safety processes to guide staff practices, and staff have completed food safety training. The Assessment Team observed consumers at the centres to be enjoying meals provided and staff practising food handling safety strategies.

While consumers have not received equipment through their home care package, they confirmed they are aware the service is able to refer consumers’ package for equipment if required. Coordination staff explained the process to access consumer equipment. Equipment access is individual needs based, selection made through professional recommendations by referrals and provided thorough package funds. Care staff described equipment required is documented in consumer care plans with instructions for safe use. Care planning documentation confirmed the process for equipment access and use.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4 Services and Support for Daily Living.

# 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 were satisfied with the services’ centres they attended as welcoming, conformable and easy to get around independently. Staff described the environments as open planned, easy for consumers to access and get around, and mobility hazards minimised. Staff assist consumers as required. The Assessment Team observed two of the centres in operation with groups utilising the space available and found both services to be welcoming, spacious and multifunctional.

Consumers felt safe and welcomed while attending one of the service’s two centres. Consumers described the sites as clean, consumers were orientated by staff on their first time, suitable for many activities and were able to move freely both inside and outdoors. Staff described the assessment they conduct of a venue and report consumer safety hazards identified through the incident reporting system. Actions are taken to address the issues. Venue assessments are also conducted for community venues used for outings and checks conducted for the buses. The Assessment Team observed consumers attending the centres engaged in group activities and move freely about. Buses were well maintained, clean and fitted with safety equipment such as first aid kits and fire extinguishers.

Consumers were satisfied the rooms and furniture at the two centres, and buses are clean, well maintained and suitable. Staff described the equipment is checked regularly and cleaned. The Assessment Team observed equipment such as disinfectant wipes, hand sanitisers, evacuation plans and fire extinguishers. Furniture was observed to be clean and well maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 5 Organisation’s Service Environment.

# 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 and representatives confirmed consumers were informed by the service and are aware of how to provide feedback and make complaints. Staff described the various ways the service encourages consumers and representatives to provide feedback or make complaints such as telephone calls and emails, through the service website, Quick Response (QR) codes and forms and other information in the consumer ‘welcome pack’. If a consumer spoke to staff, they will inform their manager and acknowledge the complaint. Management described the internal complaints handling system including consumers being able to contact the Chief Executive Officer (CEO) directly or external complaints organisations. The Assessment Team observed feedback and complaints information available to consumers. The policy for feedback and complaints guide staff to follow a standard process including being timely, efficient and fair with their support and management.

Consumers and representatives confirmed consumers were provided with information on how to access translation and advocacy services, and external complaints organisations and understand how to make complaints internally and external to the service. Staff demonstrated an awareness of external services available to provide support to consumers living with sensory impairments such as cognition, visual or hearing raise concerns or complaints with the service. Management explained all information provided to consumers is translated. The Assessment Team observed information of external organisations available in consumer ‘welcome packs’ and within the services’ sites for example; telephone interpreting services, signed Charter of Rights, QR codes and complaints posters.

Consumers and representatives were satisfied the service responds to consumer complaints and feedback and takes appropriate action address. The complaints registers for CHSP and HCP demonstrated the service responds and takes action that is appropriate, and practices open disclosure. All complaints were closed with detailed documentation describing the actions taken. Staff and management confirmed they receive training in complaints handling and open disclosure on induction and every two years following. The Assessment Team observed training records, the complaints management system and notes recorded in consumer files and the open disclosure policy.

The service demonstrated complaints and feedback are used to inform improvements to the quality of care and services with specific examples provided. Management explained feedback and complaints are reviewed in quality meetings and discussed in staff meetings.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6 Feedback and Complaints.

# 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 and representatives were satisfied staff deliver safe and quality services and care to consumers. They were confident they have not experienced the service cancel consumer services and staffing is consistent. Staff felt they have enough time to deliver services and care to consumers and feel supported by management. Staff who managed the rostering of staff ensure consumer services and preferences are appropriately delivered. Management explained they meet weekly to discuss staffing needs, unplanned leave is managed effectively, and there is a pool of volunteers who assist with delivery of services. The services’ workforce strategy includes ongoing recruitment driven by service demand and regular reporting of staffing to senior management. The Assessment Team observed rosters to have all shifts filled. Policies and procedures guide staff to follow Human Resources (HR) process in relation to staffing management.

Consumers and representatives were satisfied staff treat consumers with kindness, respect and dignity when receiving services. Staff and volunteers described the Code of Conduct training they completed and how they build a rapport with consumers. Management explained HR processes includes checking banning orders as part of the recruitment process and were knowledgeable of consumers’ backgrounds and identity. The Assessment Team observed staff engaged with consumers during centre-based group activities in a kind, caring and respectful way. The services’ complements register demonstrated a number of acknowledgements of staff and volunteers for their service delivery.

Consumers and representatives were confident staff know what they are doing when delivering services and care to consumers. Staff confirmed they have appropriate qualifications, completed a formal recruitment and onboarding process and explained the ‘spot checks’ performed by management to ensure the workforce is competent. Management explained staff are supported with extra training to ensure they are competent to deliver safe and effective care as the need occurs. All relevant staff qualifications are recorded and monitored by the HR team. Subcontracting services are managed by the services procurement team. The Assessment Team observed the staff manual, induction program, training calendars and policies and procedure to guide staff through processes of contractor and supplies, recruitment and diversity and cultural inclusion.

Staff felt confident to request training and provided examples of training they have requested and completed. They described the modes of training they are able to access and how the service supports staff to enable access with the devices provided. The service has a local trainer who provides staff education and competency assessments. Management explained discussions of staff training occur regularly at quality and clinical governance meetings and provided examples of staff training previously completed. The Assessment Team observed training calendars and staff induction program checklists.

Consumers and representatives provided positive feedback about staff and management. Staff felt they were supported by having regular performance reviews with their manager and management have an ‘open door’ policy. Management confirmed the annual performance reviews and ongoing monitoring process for each staff member. The Assessment Team observed performance reviews recently completed with staff requests for specific training documented and had been delivered.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 7 Human Resources.

# 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

Consumers and representatives were satisfied the service engages and supports feedback to inform services and care delivery to consumers. They described feedback occurs informally and formally through the feedback and complaints systems and regular surveys sent to consumers. Staff felt the service supports feedback about staff and the delivery of services and care. Management explained the services’ person-centred approach and the opportunities for consumers to contribute to service and care improvements. The organisation has a consumer advisory committee with consumers representing residential care, HCP or CHSP and discuss their services and experiences.

Management provides reports to the governing Board relating to service data such as service and care delivery, incidents, feedback trends, financial budgets and forecasts, clinical data and National Aged Care mandatory quality indicators. The Board meet monthly and have a clinical governance committee and a medication advisory committee. The Assessment Team observed the Board meeting minutes, the quality indicators, and CEO’s and other departmental reports.

The service demonstrated effective organisational governance systems to ensure the management of information systems, continuous improvement, finance, workforce, regulatory compliance and feedback and complaints.

* The organisation has a central management system for consumer information and records. Implemented information security measures and controls ensure privacy, confidentiality and integrity are protected, information availability is ensured, monitored and managed at a department level. The Assessment Team observed governing policies and procedures, complaints and feedback data, the incident management system (IMS), Plan for Continuous Improvement (PCI), financial reports, national aged care quality indicators, education calendar, meeting minutes and the monthly Board reports.
* Management explained risks identified, complaints and feedback, incidents including Serious Incident Response Scheme (SIRS) data and regulatory compliance updates contribute to informing the continuous improvement of services. The Assessment Team observed the PCI that demonstrated current examples of continuous improvement such as creating new procedures and improved monitoring of processes. The PCI activities are monitored by management.
* Finance governance is managed thorough a corporate services and finance team who report to the Chief Financial Officer (CFO). Finances are reviewed regularly, discussed at meetings and reported to the Board quarterly. An expenditure level approval delegation authority is in place and the Home Care Package manual guides staff with purchasing of approved items. Management of Home Care are provided with statements which details budget balances and forecasted expenditure. The Assessment Team observed financial statements and budgets for consumers.
* Staff explained they are aware of what is required of them when performing their roles, receive regular reviews of their performance and their position descriptions with their managers. Staff are provided with training both mandatory and ongoing to support them perform their roles. The Assessment Team observed the organisational structure demonstrated the reporting framework for accountability and responsibilities, and position descriptions for all staff and management.
* The quality risk and compliance team monitor regulatory compliance including risks such as National Aged Care Quality Indicators, SIRS and complaints. Clinical governance meetings occur regularly to review policies and procedures with key staff who are managers or lead trainers, infection prevention and control or quality monitoring. The service subscribes to regulatory and aged care advocacy organisations to be informed of industry and regulatory updates. Management explained all relevant changes relating to regulatory compliance and legislation are communicated to staff and the Board.
* Information collected from feedback and complaints is trended, communicated to the Board and informs continuous improvement initiatives. Management explained consumers feel comfortable to provide feedback and do so regularly.

Management oversee incidents through the IMS with management. The quality risk and compliance team monitor the risk management systems and practices and initiate investigations and root cause analysis as required. Systemic issues are identified through data trending of incident reporting and high-impact or high-prevalence risks are identified in the initial assessments of consumers, or when changes or incidents occur. A risk rating is used to determine consumer level of risk, added to a risk register, monitored and risks addressed. Management explained staff have completed SIRS training and are educated to provide safe and effective care. Staff described recognising abuse and neglect to consumers were included in incident management training. The Assessment Team observed the IMS and consumer risk register. Incidents were addressed, monitored and reported in various meetings and to the Board.

The clinical governance committee oversee the clinical governance framework. The service demonstrated an understanding of antimicrobial stewardship. Management explained while the service did not identify any restrictive practices the organisation has a policy to guide staff minimise the use of restrictive practices and staff training. Staff, management and consumer documentation demonstrated open disclosure is practiced. The Assessment Team observed training completed in medication management, staff vaccination records, and policies to guide staff in antimicrobial stewardship, infection, prevention and control, and complaints resolution and handling.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8 Organisational Governance.

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)