**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Australian Red Cross NSW - Central Region |
| Service address: | Henry Wheeler Place GOSFORD NSW 2250 |
| Commission ID: | 200044 |
| Home Service Provider: | Australian Red Cross Society |
| Activity type: | Quality Audit |
| Activity date: | 16 September 2022 to 20 September 2022 |
| Performance report date: | 14 October 2022 |

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 Red Cross NSW - Central Region (**the service**) has been prepared by J Taylor, 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

**CHSP:**

* CHSP - Social Support - Individual, 4-24XIOT4, Henry Wheeler Place, GOSFORD NSW 2250
* CHSP - Social Support - Individual, 4-24XIOT4, Westpoint Tower, Patrick Street, BLACKTOWN NSW 2148
* CHSP - Social Support - Individual, 4-24XIOT4, 166 Kiera Street, WOLLONGONG NSW 2500

# 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 Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives interviewed provided positive feedback about the service, care staff and volunteers. They said they are treated with respect and supported to make informed choices about the services provided. Consumers and representatives interviewed advised consumers are informed of their right to be treated with respect and their identity, cultural and diversity is valued and recorded in service agreements and they received the Charter of Aged Care Rights. Consumers and representatives provided examples of how staff assist them to live the life they choose and to remain living in the community. For example, the service supports a number of consumers to maintain friendships and provide equipment and training to enable consumers to use technology to maintain relationships.

Both care staff and office-based staff demonstrated their knowledge of individual consumers preferences and noted they tailor services to the consumer and support them to exercise choice in relation to the services delivered. Coordination staff interviewed demonstrated their understanding, approach to, and review of consumers’ dignity of risk including their awareness of consumers’ right to take risks. Where risks were identified, they are documented, and strategies put in place to mitigate the risk.

Review of documentation included the consumer information pack, service agreement, charter or rights and care plans which demonstrated service staff are guided by the organisation to ensure each consumers identity is valued, services are tailored to diverse backgrounds and consumer privacy and confidentiality is respected.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

All consumers and representatives interviewed provided positive feedback on assessment and care planning processes which included discussion of individual needs, goals and services to be provided.

Documentation reviewed evidenced individual risk was recorded on consumer files and included specific dietary needs, falls risk, mobility aids used, cognitive and behavioural concerns, and home environment assessments. Relevant policies were also sighted by the Assessment Team detailing the assessment and planning processes. Care planning documentation sighted by the Assessment Team included needs, goals and preferences. A summary of this information is provided to in-home care workers to ensure they are familiar with the consumer’s needs and how they should assist.

Policies and processes were demonstrated to be in place that describe how assessment and care planning development is undertaken in consultation with consumers and their representatives. The Assessment Team interviewed consumers, asking the consumer about how they are involved in assessment and care planning, reviewed their care planning documents, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis.

Consumers and representatives interviewed stated they felt they were well informed by coordinators of the services available, were able to provide details of what services they received, including frequency and relevant care staff, and this information was noted to match the information in care plans reviewed.

Policies and procedures reviewed guide staff in relation to review and reassessment. Coordinators said they review individual care plans with each consumer every year or more often if required. Care workers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the care team leaders who follow-up.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 3

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

Findings

The service does not provide personal or clinical care therefore this Standard is deemed to be Not Applicable.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives interviewed stated in various way how consumers are encouraged to stay active to maintain their physical independence. They provided positive feedback regarding care staff helping them do the things they want to do through the in-home social support service.

Positive feedback was provided from consumers and representatives specifically about how the service ensured consumers remained “connected” during COVID shutdown periods. For example, a consumer expressed their appreciation for the provision of technology and training to enable online chats. This consumer said, “these sessions contributed to their emotional wellbeing during a difficult time by helping them stay connected.”

Office staff interviewed advised gathering information on consumers’ life stories and social needs on entry to the service was important to ensure they could facilitate the continuity of any relationships and aid in communication. Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Coordinators interviewed evidenced communication with family occurs and information regarding potential referrals to allied health services is recorded. This was evidenced in progress notes sighted by the Assessment Team on electronic consumer files. For example, progress notes on a consumer file sampled contained referral information and assistance provided to access other services.

The service received funding for a program which supplied iPads to consumers and included training and associated support for a 12-month period. Consumers involved in the program expressed their satisfaction with the equipment and ongoing support.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.One requirement was deemed Not Applicable.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

No services are provided in a service environment therefore this Standard is deemed to be Not Applicable.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers receiving wellbeing checks through telephony support-Telecross, Telechat and in-home support services were interviewed and provided positive feedback of how they are supported and encouraged to provide feedback and make complaints. Feedback from consumers sampled indicated that the volunteers and staff generally responded to concerns by providing an immediate resolution or provided them with alternate options to remedy their concerns.

Consumers interviewed were aware they can provide feedback to the service and make a formal complaint without fear of reprisal. They said they provide feedback, when needed, directly to volunteers and service staff and confirmed they are provided with information and assisted if required to access an advocacy service and/or access external complaint avenues.

Staff interviewed described how they support consumers to provide feedback at every opportunity and refer consumers to their information pack, which includes a complaint/feedback form and the charter of aged care rights. Where a consumer indicates dissatisfaction with any aspect of their care and services, staff confirmed this is reported to management for action.

The service has an effective complaint, concerns and feedback framework supported with a centralised complaints management system for recording feedback and complaints, established escalation and response structures, open disclosure and analysis of complaint data trends feeding into continuous improvement and broader learning and development. The service evidenced annual surveys are sent to consumers for feedback and suggestions on service improvements with the survey results contributing to the services continuous improvement plan.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. The service demonstrated there are effective human resource management systems to support sufficient numbers of skilled and qualified staff for all aspects of care and service. Human resource policies and procedures reviewed are in place to ensure recruitment processes are consistent, positions descriptions are available for all levels of staff in the organisation and all staff receive mandatory and ongoing training.

Consumers interviewed confirmed staff are professional and caring and they receive a highly quality service in a timely manner. Consumers confirmed staff are not rushed and are highly professional and they are very experienced and knowledgeable. For example, three consumers receiving telephony support stated the service provided was wonderful and commended the service for the important job in ensuring their wellbeing.

Staff are supported with an onboarding program, with roles and responsibilities of each role clearly defined. Staff performance is reviewed, and action is taken promptly if consumers raise any issues regarding their staff. Staff training records reviewed evidenced training and development completed against competencies via the services electronic system.

Service management evidenced records of qualifications and training completed by all staff and demonstrated this is monitored by the respective program managers annually. The service maintains and keeps records of staff credentials including, national criminal history checks, working with children checks, vaccination status, and other skills on their online systems.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | 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 |
| 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 |
| 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 |
| 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 |
| 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. | Not applicable |

Findings

Consumers interviewed provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. Consumers spoke about receiving information via the ad hoc digital literacy policy and quarterly newsletters. They expressed satisfaction with the quality of services and said they can input as to how the service are delivered.

Management interviewed discussed the monitoring of actions taken as a result of analysis of incidents, reviews reports and monitors the organisation’s progress on safety and quality performance. Staff interviewed said management are always careful about the safety of consumers and do regular checks in the consumers’ homes to ensure safety for all. Staff were aware of the incident and hazard reporting processes at the service and the need to record all incidents on the services electronic system.

**Information Management**

The Assessment Team noted all consumers paper-based files are appropriately stored in regional office lockable cabinets and electronic systems are also in place for access by relevant staff. The service has an intranet site where policies and procedures are available to view, and has a wide variety of communication systems available to staff. All information related to consumers is stored with confidentially maintained and backup systems in place.

**Continuous improvement**

The service demonstrated effective processes in place to capture, monitor and implement feedback contributing to continuous improvement activity. The Assessment Team noted a number of activities on the current Continuous Improvement Plan contained expected outcomes and dates for completion.

**Financial governance**

The Assessment Team noted financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Senior management demonstrated oversight of the service’s income and expenditure which is reviewed regularly and discussed by the governing body.

**Workforce governance**

Processes were noted to be in place for workforce governance as presented for Quality Standard 7.

**Regulatory compliance**

Management demonstrated regular updates from government bodies on regulatory information is received and monitored by the State and Territories and Operations Management Team and committee board members. Information is fed down to relevant program managers who disseminate the information to staff through emails and or regular meeting mechanisms as well as online platforms.

**Feedback and complaints**

The service demonstrated processes in place to address feedback and complaints and ensure this information is fed into broader improvement activity as presented for Quality Standard 6.

The Assessment Team noted the Quality and Compliance Governance Committee oversees risk management practices across the service. A risk register is in place which includes compliance, financial and governance strategies to mitigate risk.

Staff interviewed described how they identify and report any abuse, neglect and restrictive practices, and inform management who manage any incidents, and report to authorities.

Based on the evidence sighted by the Assessment Team, this Quality Standard is assessed as Compliant as four of the four specific requirements assessed have been assessed as Compliant. One requirement was deemed to Not Applicable.

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)