**Performance**

**Report**

**1800 951 822**

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| Name of service: | BaptistCare - Northern Sydney |
| Service address: | 157 Balaclava Road MACQUARIE PARK NSW 2113 |
| Commission ID: | 200791 |
| Home Service Provider: | BaptistCare NSW & ACT |
| Activity type: | Quality Audit |
| Activity date: | 15 June 2023 to 19 June 2023 |
| Performance report date: | 28 July 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 BaptistCare - Northern Sydney (**the service**) has been prepared by M Cooper, 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:**

* BaptistCare HCL2 Marsfield, 17332, 157 Balaclava Road, MACQUARIE PARK NSW 2113

**CHSP:**

* Care Relationships and Carer Support, 25223, 157 Balaclava Road, MACQUARIE PARK NSW 2113
* Community and Home Support, 25221, 157 Balaclava Road, MACQUARIE PARK NSW 2113

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the Service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

When interviewed consumers and/or representatives said they are treated with dignity and respect by staff. Consumers also said that they are confident that all staff know about their identity, culture and background, and the things that are important to them.

The Provider also demonstrated treating consumers with dignity and respect, with their identity and culture and diversity is being valued through governing policies, providing support groups tailored to the multicultural and diverse identities. The Provider has not received any complaints or feedback regarding consumers being treated disrespectfully.

Care Service Employees (CSE) received training on the Aged Care Quality Standards that outlines the Provider’s expectation that all consumers are treated with dignity and respect. The CSE’s described how they treat consumers with dignity and respect in practice, and that they know about consumer’s identity, culture, and background through care planning documentation

The CSE’s advised care plans, are located in the Consumer’s home and are very detailed. The plans guide staff to provide culturally safe care that is specific to the consumer. However, this is only if the consumer wants this information to be shared as it may relate to culturally sensitive practices include recording the preferred gender, name, language to be used by staff, preferred practices related to personal or intimate care needs, and details related to relevant cultural understanding or normal standard.

Consumers and/or representatives described how they can exercise choice and independence, make their own decisions regarding the way their services are delivered, and who they would like to be involved in their services. Consumer representatives said that during the initial assessment they spent time with the Care Facilitators (CF) and discussed services, their scheduled days and times. The conversation also included being provided with HCP inclusions and exclusions fact sheet. Staff were able to adequately describe the methods they use to encourage, promote, and educate on consumer decision making. Management advised that they use the’ have your say’ forms so consumers can provide feedback regarding how they would like to exercise their choice and independence in relation to services.

Consumers and/or representatives said that the services they receive demonstrate how they are supported to remain living at home and how they are encouraged to do things independently. The CSE said that supporting consumers to take risks means that they are supported to make informed decisions about their services. Most consumers maintain their independence using assistive technology and equipment, such as, iPads and personal alarms.

Management advised wellbeing and reablement goals and clinical risks are reviewed and discussed in case conferences with a module on the Dignity of Risk is included in staff orientation. Consumers and/or representatives can recall having a discussion regarding their needs, preferences and services with consumers confirming they did so in a way which was easy to understand. All consumers and/or representatives interviewed said that prior to commencing services, they were provided with folders and brochures that describes the services in detail, costs, contact details for the service, feedback and complaints information.

CFs advised each consumer receives a standardised home folders are provided to consumers upon commencement, the at home folders contain information regarding services, consumer rights, my home care plan, service agreement, pricing schedule, senior rights brochure. Additional information will be included in accordance with the consumers specific requirements

The Provider demonstrated each consumers privacy is respected and personal information is kept confidential by utilising an electronic client management system requiring passwords and 2 step authentications. Hard copies of forms, documents, notes or any form of recordings with consumers’ information are disposed of using confidential disposal bins.

Consumers are asked to rate and provide feedback on their confidence in relation to the confidentiality and privacy of their details being held by the Provider though the annual satisfaction survey. All consumers and/or representatives sampled said they felt that staff respect their privacy and keep their personal information confidential.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Consumers and/or representatives confirmed they were involved in the assessment and planning process and, where applicable, this was done in partnership with others when they wished them to be involved. BaptistCare staff could describe each consumer’s associated risks, health, and well-being, and advised the strategies in place to mitigate those risks. Staff confirmed they have access to consumer information and other resources at the point of service delivery which guides them in delivering effective and safe services. The consumers’ care plan included risk assessments associated with consumer care and assessment of their home environment, potential hazards, and remediation strategies were sighted as well as relevant policies and procedures.

Consumers confirmed the outcomes of assessment and planning are effectively communicated to them and they are provided a copy of the documented care and services plan that is readily available to them in their in-home folder. Management advised care plans are developed in consultation with consumers and written using plain English guidelines. All consumers and/or representatives said the support facilitators go through their care plan and service agreement with them before they sign it, and they understand what services and supports they are receiving.

Consumers and/or representatives confirmed reviews of care and services are conducted on a regular basis or when incidents are identified and reported. Staff advised care plans are updated at least yearly and always updated when a change in circumstances occurs. The Provider has a policy on reviews and reassessment and it indicated reviews may be triggered by the request of the consumer and/or representative when something out of the ordinary happens (e.g. hospitalisation, deterioration, etc) or a report of a change of health/wellbeing by a care worker, consumer or representative.

Consumers and or representatives indicated that the Provider liaise with them, their representatives, and other organisations, if needed, to plan their services and regarding changes in their circumstances. The Assessment Team sighted evidence that showed consumer care plans included the involvement of others, with roles and responsibilities of all those involved in the consumer’s care.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and representatives said in various ways staff know what they are doing and consumers felt they receive personal and clinical care and services that are safe and effective. Care plans sampled documented information and strategies to guide staff practice. Staff, clinicians, and allied health professionals demonstrated they know their consumers well and have access to training and resources that guide them in delivering care and services. The Provider demonstrated that consumers receive safe and effective clinical care tailored to their needs which optimises their health and well-being and the care provided is best practice.

Consumers and/or representatives were satisfied that the care was safe and right for them and did not raise any concerns relating to the management of high prevalence or high impact risks associated with their care. The Provider demonstrated an understanding of high impact or high prevalence risks associated with the care of consumers such as falls and restrictive practices, wound management. Alerts were evident in consumers’ information systems, reminding staff of any potential risks or vulnerabilities that may be present in the delivery of care for each consumer. For example, falls risks, diabetics, personal aids and equipment required, emergency contact details, and instructions on a consumer’s risk profile.

The Provider demonstrated that they have appropriate processes are in place to identify and support consumers nearing end of life and consumers are encouraged and supported to apply for package upgrades to meet their need for increased care and services as their health and function decline. Staff advised they have received training for advance care planning and provide consumers with the BaptistCare advance care planning brochure.

Referrals are made to the Palliative Care Team as appropriate. BaptistCare at-home staff work in partnership with palliative care teams to deliver high-quality end-of-life care to our clients.

The Provider has robust processes in place to support staff to identify and notify others of changes in consumers’ condition and have access to internal staff such as, Physiotherapists, Occupational Therapists, Dementia consultants and Mental Health consultants. Where areas are not covered, contract agreements with private providers are in place.

Incident management is recorded in the Continuous Improvement Plan. The Quality Improvement Team and BaptistCare at Home Care and Clinical Governance Committee review the data to determine if there are flags or trends and address these accordingly. HCP consumers are screened using a Client Vulnerability Assessment Tool to identify the risk of deterioration and vulnerability. Consumers deemed to be vulnerable are added to the Vulnerable Clients Register and discussed at subsequent case conferences. The Provider supplied the Assessment Team with a copy of the register which showed the condition is recognised and responded to in a timely manner.

A review of care documentation demonstrated both internal and external referrals are documented and were noted to occur in a timely manner based on the consumer’s individual requirements. Management advised the Provider participated in joint consultations with other providers or organizations to support timely and appropriate referral pathways. All staff confirmed knowledge of the internal referral process and relevant policy and procedures.

The Provider demonstrated that they understand, apply, monitor, and review the requirement to minimise infection-related risks through implementing standard and transmission-based precautions to prevent and control infections. Consumers could describe support worker practices to prevent the spread of infection including staff wearing masks, gloves, and hand washing. The Provider demonstrated preparedness in the event of an infectious outbreak including for COVID-19. The Provider has training documents relating to the minimisation of infection-related risks and the supply of PPE stock is consistently available should this be required to minimise the risk of transmission during an infectious outbreak.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# 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/or representatives overwhelmingly expressed satisfaction with the social supports they receive. They said the staff are approachable and described how the social support activities are tailored to support their individual preferences.

At the day centre the CSE described the ways they support consumers to achieve their goals and ensure that their needs and preferences are met. The activity calendar has a variety of physical, mental, and intellectual activities, international celebration days that acknowledge diverse cultures. The CSE said that care plans are negotiated with the consumer and activities are based on the consumer feedback and level of engagement, staff supported consumes to participate in activities that will assist consumers maintain their independence and add to their health, well-being and quality of life.

All consumer needs, preferences and services are recorded and shared with staff where appropriate. The Provider uses a well living model of care which includes health and wellbeing assessments, choice-decision making, positive risk taking, allied health and complementary therapy services, leisure and lifestyle planning. Consumers and/or representatives said the services improve their wellbeing and the services they receive provide emotional, spiritual, and psychological wellbeing support. The CSE’s interviewed said that emotional and psychological support are essential elements of their role.

The CF said that at the time of intake and assessment they will ensure they record information about what the consumer likes to do, what makes them happy, religion, background, and their informal supports such as family or friends to inform service provision and guide interactions with consumers. Referrals are made to allied health professionals and psycho-geriatricians and consumers are encouraged and supported to celebrate religious, sacred and cultural practices.

Consumers and or representatives advised that the services they receive enable them to do the things that are of interest to them, participate in their community and maintain relationships, all consumers said they are supported to maintain community participation through the services provided.

Management advised staff attend local network meetings where community information is shared amongst the team. The annual leisure and lifestyle survey captures preferred consumer activities and outings. An area of improvement is to implement a checklist to support social clubs to meet internal and external audit requirements.

Consumers and/or representatives said that staff know their preferences and where their care plan is kept, they do not need to repeat themselves even to new staff and they are satisfied with the quality of care being provided. The CSE said that information about consumers’ needs, and preferences can be found in the care plan in the consumers home folder as well as through the app. All staff interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others. The CF said they are in constant communication with subcontractors so they are informed immediately about any essential information regarding the consumer’s condition.

The CF said that care planning assessment documentation identifies the supports required and the referrals to be intimate. The CF said there is a clinical assessment form that is completed during an initial assessment to assist in understanding when to initiate a referral, consumers at risk of nutritional deficiencies are assessed using the mini nutritional assessment and referred to a dietician for assessment. Management advised referral to other agencies will occur when required at assessment or when there is an identified increase in support needs. The Provider works in collaboration with GPs, specialists, nursing and allied health professionals when this is identified to improve consumer care. The Provider has guiding documents to support sites and external providers to fulfil compliance requirements have been developed.

The Provider demonstrated that when meals are provided, they are varied and of suitable quality and quantity. Consumers and/or representatives who receive a meal service have been referred to frozen meal delivery companies who deliver their meals to their door. Consumers who are assisted with meal prep in their home say staff wear gloves and know the right amount to prep. The day centre provides a heat up kitchen and store frozen foods with consumers spoken to during the support groups confirmed the meals to be good, varied and high quality.

The Provider demonstrates that where equipment is provided it is safe, suitable, clean and well maintained. Consumers and/or representatives who have had an assessment by the OT or the physio to obtain equipment said the assessments were a pleasant experience and equipment was purchased through their HCP.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# 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

The Approved Provider is providing a welcoming environment at the day respite centre that optimises each consumer’s sense of belonging, independence, interaction and function. The rooms and equipment are safe, clean, well maintained and suitable for the consumer. The layout of the venue allows consumers to move freely, both indoors and outdoors. Consumers with cognitive impairment were seen to be escorted by staff to their activities or amenities, to ensure their safety. Bathrooms were observed to be easy to locate and consumers were observed accessing them independently.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as three of the three specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# 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/or representatives said they are encouraged to provide feedback on the services they receive, for example one consumer made complaints through her CF as they have built good rapport. Another consumer said they have not needed to make a complaint and they can discuss concerns with the manager anytime. Feedback is encouraged through a variety of mechanisms, for example, Have Your Say forms for consumers and staff, suggestion boxes at the home offices, annual consumer satisfaction surveys, internal support audits and Ask Your CEO.

Consumers and/or representatives could recall information regarding advocacy and language services provided in their home folder. The CSE advised they have not had to utilise language services however the home folder provides information to support consumers and/or representatives regarding language services and advocacy. The CSE said all staff have had training in advocacy and open disclosure. Management advised cultural diversity resources are available through the organisations intranet resources which includes the Aged Care Diversity Framework and the Centre for cultural diversity. Management identified consumers who may require an interpreter however it was the consumer choice to have family member interpret and communicate on their behalf.

Consumers and/or representatives reported they feel safe to make a complaint and are confident the complaint will be resolved in a timely manner. Consumers and/or representatives said all staff and management are highly approachable and they feel they are genuinely listened to. CF and management were able to define open disclosure as they would be involved in the complaints process and resolution. Open disclosure is discussed at orientation and an open disclosure training presentation is available for Managers to deliver to staff. Complaints are recorded in organisations event management system and monitored by all Home Care/CHSP management as well as the Quality Improvement Team. Matters that require escalation are reported to the Operations Group Manager and/or General Manager as appropriate. The organisation policy states complaints are acknowledged within 24 hours by written or verbal communication with the complaintive and open disclosure information sheet outlines key details about the process for staff and consumers.

The assessment team saw evidence of consumers feedback directly influencing the improvement of care and services. Management advised a report detailing the volume and nature of feedback, and the responses is provided to the At Home Care and Clinical Governance Committee and Board Care and Clinical Governance Committee. Feedback is used to promote learning and to minimise the likelihood of a recurrence of the actions that led to the complaint.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Provider demonstrated that the workforce is planned with the number and mix of members of the workforce deployed enabling the delivery and management of safe and quality services. Consumers said they were very happy and appreciative of the service delivered by the staff and the Care Facilitators (CF). They also said they found the CF, staff, and management to be competent in delivering safe and quality service to them. Consumers and representatives confirmed staff are not rushed when delivering services and they receive a phone call or a text message if a carer was running late.

The Provider was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives interviewed confirmed, in various ways, that staff are kind and caring. They said staff treat consumers with respect, they are responsive to their needs and understand their preferences and interests. In addition, they provided the following feedback staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process.

The Provider described having a recruitment and an initial onboarding processes to ensure that the workforce that is hired is competent to perform their role. Recruited staff must have relevant qualifications and have successfully completed all the specific competencies required for their roles and must be a fit to the sector. Where subcontractors are engaged, the Provider ensures the same competencies are met and regular feedback on services is sought from consumers and the brokered agency to maintain continuity of service. All consumers and representatives interviewed provided positive feedback to the Assessment Team that staff members know what they are doing and how they like their services delivered.

Management described how they ensure staff have appropriate qualifications, including registrations and credentials as part of their workforce planning, competency framework and monitoring process. While it is not normal practice for the Provider to engage subcontracting services, due to the workforce shortages currently in the sector, at times they engage subcontractors for non-essential services such as domestic services.

Consumers and representative confirmed they were satisfied with the skills and knowledge of staff. They advised in different ways they felt safe and cared for when receiving services from staff. Management described the processes for identifying staff training needs and how these feed into the training schedule, including through staff performance reviews, consumers changing clinical needs, incidents trends, consumer feedback and employee satisfaction surveys.

Staff members provided feedback that they receive training and have access to training from the Provider on a regular basis on their ‘My Learning’ platform. Staff advised they also receive training during their regular monthly meetings for example in the last meeting staff were provided training on recognising change/deterioration in consumers. Staff advised they felt they were well trained for their roles and felt supported with any changes. The Assessment Team sighted the annual training matrix for the Provider as well as the onboarding “At Home” orientation training modules available on ‘My Learning’ platform and ongoing mandatory training and competencies such as medication management undertaken by staff.

Staff members confirmed they have completed an annual performance appraisal and completed a probationary period review at different intervals when they started. The Provider has annual performance appraisals with existing staff and new staff are required to undertake a probationary period review at two, four and five-months intervals.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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 are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation.

Management provided examples of changes that have been made following consumer feedback. Consumers provided feedback that they wanted to remain at home for as long as possible and even die at home. As a result, Baptist Care - Northern Sydney developed the initiative of having a stronger palliative care focus and implemented an end of life and advance care planning process.

Staff and consumers were satisfied that the service promotes a culture of safe, inclusive and quality care. Consumers outlined interactions with staff and complimented their responsiveness and indicated they were satisfied with the service they received. Staff said that roles and responsibilities are clearly defined for the governing body, management, staff and volunteers. Staff said management are always careful about the safety of consumers and they do regular checks of consumers’ home environment to ensure safety for all. They were aware of the incident and hazard reporting processes at the service and the need to record all incidents on an Incident Management System (IMS).

Information management

Staff confirmed they can readily access the information they need including policies and procedures, staff communications and resources which inform best practice care delivery. All consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems and are reviewed regularly. The service employs a chief information officer, who oversees and managers data protection across all systems.

Continuous improvement

Management discussed their continuous improvement processes that includes staff feedback and suggestions, consumer and representatives’ feedback from the annual surveys, feedback from the day respite centre, suggestions and complaints and incidents trends. All improvements are flagged to the Quality Improvement and Compliance team. The CI is discussed through the General Manager, Quality Improvement and Compliance team and the Clinical Governance Committee and fed to the board subcommittee. CI is discussed as a result from consumer feedback, staff feedback and incidents trends captured on IMS.

Financial governance

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. The Chief Financial Officer (CFO) has oversight of income and expenditure and this is reviewed regularly and discussed by the General Manager and the governing body.

Workforce governance

Processes are in place for workforce governance. No issues were identified regarding workforce governance.

Regulatory compliance

Management advised there have not been any adverse findings by another regulatory agency or oversight body in the last 12 months. Management receives regular updates from government bodies on regulatory information which is monitored by the Quality and Compliance Team and the General Manager. Information is fed down to relevant program managers who disseminate the information to staff through emails and or regular meeting mechanisms as well as other online platforms such as Toolbox talks.

Feedback and complaints

Processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaint mechanisms.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Provider’s obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

The Quality Standard for the Home Care Packages service is assessed as compliant as five of the five specific requirements have been assessed as compliant.

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