**Performance**

**Report**

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| Name of service: | Baptistcare Homes Services South West |
| Service address: | 95 Belgravia Street BELMONT WA 6104 |
| Commission ID: | 500001 |
| Home Service Provider: | Baptistcare WA Limited |
| Activity type: | Quality Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 12 April 2023 |

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

**This performance report**

This performance report for Baptistcare Homes Services South West (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Baptistcare Home Services Level 4 Great Southern, 19086, 95 Belgravia Street, BELMONT WA 6104
* Baptistcare Home Services South West, 19094, 95 Belgravia Street, BELMONT WA 6104

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 29 March 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 7(3)(c)** - The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

Six of the six specific requirements were assessed and I have found all six to be Compliant.

The service is:

* demonstrating that consumers are treated with dignity and respect, and that services are delivered in a culturally safe manner.
* using dignity of risk approach to support consumers to take risk to enable them to live the best life they can.
* providing information to each consumer that is current, accurate and timely and which consumers/representatives find easy to understand and enables them to exercise choice; and
* respecting a consumer’s privacy and has processes to protect the consumers personal information.

Consumers and representatives said most staff visiting their home are kind, respectful, and take time to get to know them to ensure care and services are provided respectfully and in line with their needs and preferences. Care partners interviewed were able to provide numerous examples demonstrating awareness of what was important to consumers and described how they show dignity and respect to consumers by engaging with them when providing care and services. Management advised there has been no complaints regarding disrespectful staff engagement or treatment of consumers, and advised all staff are expected to adhere to the person-centred care policy provided during orientation. All care plans reviewed use language that is inclusive and respectful to consumers and records consumer’s ‘My story’, needs, goals and preferences.

Staff understand what it means to deliver culturally safe care and services and they were able to describe what this means in practice. The service considers and supports consumer’s cultural needs and preferences when providing care and staff are trained to provide culturally safe care. All consumers and representative interviewed said staff know them and know what is important to them. A review of care planning documents described where there are specific cultural needs and what is important to the consumer.

Each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Care partners interviewed discussed promoting choice and independence to consumers and were able to provide examples. Choice and decision making are discussed as part of consumer’s onboarding /review processes and documented. Nine consumers and representative were satisfied with choices and preferences available for care and services. Management provided examples of how they support consumers to make decisions about their care and services. A review of consumers care documentation showed there is emphasis on consumers remaining independent and records who is to be involved in discussions and decisions about the delivery of care and services.

Consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and staff respect the decisions they make. Staff described how they support consumers to take risks and to do things that are important to them. Care partners interviewed demonstrated an awareness of dignity of risk through ensuring consumers had choice and adequate support to complete tasks. Management provided examples of how consumers are supported to take risk to enable them to live the best life they can. The service has processes through its dignity of risk ‘Honouring preferences when the choice involves risk’ policy and procedure. The policy is available to all staff to guide staff practice when supporting consumers to make informed choices when they are choosing to take risks.

The service demonstrated information is provided to each consumer which is current, accurate and timely. Consumers/representatives interviewed said they are provided with timely information. All consumers and representatives said they were happy with the information provided to them and said they felt comfortable to call the service if they need assistance to understand the information provided. Management provided examples of how they communicate with consumers who may have challenges. A review of documentation and three-monthly statements were noted to contain information about the HCP funds available to spend, an itemised list of fees for the previous month, and the balance in credit or owed by the consumer. A sheet is included to the monthly statement that explains each section of the statement to consumers.

Policies and processes are in place to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. Consumers said they felt their information was kept confidential and they felt staff respected their personal privacy when delivering care and services.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* conducting assessments with input from the consumer and others they wish to be involved.
* able to demonstrate outcomes of assessment and care planning are communicated to consumers and documented in their care plans to guide staff to effectively deliver care and services.
* consistently documenting risks identified during the assessment process.
* recording consumer goals to guide care and services delivered. Advanced care planning is discussed and documented where it has been completed.
* documenting care plan and assessment information consistently demonstrating regular and/or episodic review to reflect the changes to the care and services implemented following a change in the consumers circumstances including in response to an incident.

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care and services in partnership with the consumer and/or their representative. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, strategies to reduce the risk to the consumer are identified as alerts and referred to in the care plan. All consumers and representatives interviewed advised that the care and services available to them through the home care package is discussed with them prior to the commencement of the service. Consumers stated staff regularly discuss the care provided to them to ensure it remains in line with their specific preferences. A review of documentation noted that staff are alerted to identified risk factors through notification on the electronic client system available on their mobile phone.

The service has processes to support the identification of consumer-centred specific goals and preferences. The clinical staff advised consumers are provided an opportunity to identify their end of life preferences in an advanced care directive if they have not already done so. Advance care planning guidelines are available to staff with information specific related to the consumer are available to staff as and when appropriate.

A review of the documentation indicates the goals identified are often generic and are not always linked to the provision of care and services. For example, ‘to remain at home if possible and to maintain my independence’’. However, the assistant hub managers advised they are reviewing the goals for consumers and are doing this as they reassess the consumer and their needs through the regular review process.

The service demonstrated it involves the consumer and, as appropriate, the representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information. All consumers and/or representatives reported they have had an opportunity to meet with the assistant hub manager to discuss their specific needs and preferences including how specific services are delivered to them, a time and day suitable to them and provision of additional equipment if the budget allows. A review of consumer files indicates assessments and reassessments are competed and care plans developed in consultation with the consumer and/or their representative and may involve individuals and other care and service providers. The service has a policy in place that guides staff in the process to ensure timely and appropriate information about an individual, with their consent, is available to staff including all staff involved in the provision of care to a consumer.

The service demonstrated outcomes of assessment and planning are effectively communicated. Support staff said the care plan is available at the consumer’s home. Staff said information is also provided through email or by phone if there have been changes made. All consumers and representatives said they are provided a copy of the care plan which is also in the file in their home for staff to access at any time. Care partners stated prior to the commencement of services, the assistant hub manager will discuss with them any specific requirements related to the consumer or the services they are to receive. Staff advised they use communication notes available in the home file, to record information they wish to hand on to the next worker or family member visiting the home. A review of documentation indicates that a care plan that includes the services provided, the day and time of the service and the assistance the care partner needs to provide to the consumer is available for all consumers bar one. The assistant hub manager advised this has not been developed as the worker providing the care to that consumer is an external worker and the representative has stated they provide instruction to the worker at each visit. The Assessment team found that while a comprehensive care plan is not available for that consumer, all other consumers have a care plan in place describing the care and services provided to the consumer. I have considered the information in relation to that consumer under other requirements.

Organisational policies and procedures address consumer assessment and care planning processes and provide guidance for staff regarding incident reporting and consumer and representative communication process.

Processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers interviewed reported the service supports them when their needs change. Documentation reviewed indicates if incidents occur, family members are contacted as appropriate, information is recorded on an incident report and the immediate action taken as appropriate. The service has policy and procedures to guide staff in the timeframes for the regular or ad hoc review of consumer including changes to the consumers goals, preferences, or health needs.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Seven of the seven specific requirements were assessed and I have found all seven to be Compliant.

The service is:

* Able to demonstrate consumers and their representatives are satisfied they are provided timely personal and clinical care which is safe and provided in the manner they have requested.
* Identifying and recording high impact and high risk issues for consumers through assessments using validated best practice tools.
* Ensuring staff understand their care needs and where required there is timely referrals made to support their existing or changed care and service needs.
* Demonstrating timely and appropriate referrals to individuals, other organisations and providers of other care and services are consistently completed.
* Able to demonstrate policies and processes are available to guide staff in the use of standard and transmission-based precautions to reduce the risk of infections and to promote appropriate antibiotic prescribing.

The service demonstrated personal and clinical care is tailored to their needs and preferences based on assessment of the consumer’s needs, goals, and preferences. All consumers interviewed reported satisfaction with the care they receive. The staff refer to nursing and allied heath staff seeking assessments and recommendations for the provision of best practice strategies. Policies and procedures are available to staff who confirmed the optimisation of consumers health and well-being is the focus of the services provided ensuring care is tailored to the needs and preferences of each consumer. Consumers and representatives interviewed said the clinical care provided is tailored to their needs and optimises their well-being and provided the examples of this. I note I have considered information about provision of care to a consumer under other requirements.

Systems and processes are in place to assist care partners manage risk, and to ensure clear instructions are provided to them to minimise the effect and number of risks for consumers. Consumers interviewed said they get the care they need and provided examples of where it is tailored to their specific need or preference and optimises their well-being. Staff interviewed demonstrated an understanding of the needs of consumers who have high prevalence/high impact risks. The clinical lead provided an example of documentation and stated risks such as falls, weight loss, changed behaviours, wounds, and pressure injuries are all recorded in the clinical assessment part 1 and alerts included on the electronic system. If staff identify issues, they will report to the assistant hub manager for follow up. A review of clinical incidents indicates each incident that occurs is recorded and a review is undertaken, initially by the assistant hub manager, to ensure what occurred is understood.

Consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort and with respect to their cultural preferences. The service has policies and procedures regarding end of life and advanced care planning.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers said they have regular contact with the assistant hub manager or the People Leader who encourage them to discuss any changes in their care or service needs with their staff that attend visit their home or by calling the hub office based staff.

The Assessment Team noted an organisational policy in place to guide staff in the reporting of changes to a consumer. It is noted the policy outlines the need for staff to immediately report any identified changes in the consumer including physical or mental deterioration, reported, and witnessed incidents and feedback provided by the consumer or their representative.

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.

The service demonstrated communication systems available to the workforce to assist them to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided. Care plans are updated regularly, and all staff have access to information relevant to their role. Consumers said they feel that their needs and preferences are effectively communicated between staff and staff get to know them well as they usually have the same staff. The care partners advised information regarding consumers’ care and service needs and preferences including when changes occur are communicated to them prior to the scheduled client visit through text message, email, or phone conversations.

Timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes. Documentation reviewed confirms information regarding care and services provided by external service providers are communicated regularly through emails, phone calls and meetings. Assessment:

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. A COVID-19 management plan is available to all staff. The service has in place practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumers medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use for aged care consumers. The service’s infection control policy provides information about standard precautions, the use of personal protective equipment including donning and doffing and is currently being updated to include information about antimicrobial stewardship and the overuse of antibiotics.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

Six of the six applicable requirements were assessed and I have found all six to be Compliant. The service does not provide meals therefore that requirement is not applicable and was not assessed.

The service is:

* Able to demonstrate each consumer is provided with safe and effective supports for daily living that are important for their health and wellbeing and that enables them to do the things they want to do.
* Demonstrating it supports consumers to remain connected to their communities and participate in things that interest them. Examples included liaising with other providers to support the consumer to attend activities of their choosing.
* Ensuring pertinent information is shared with staff and others outside of the organisation to ensure the services provided meet the consumers preferences and needs.
* Ensuring referrals are made, assessments completed, and equipment provided that meets the specific requirements and is fit for purpose for the consumer.

The service demonstrated consumers get 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. Staff and management demonstrated services provided to consumers are tailored to their needs, goals and preferences and optimised their independence, health, well-being, and quality of life. All consumers and representatives interviewed said the services received help them to do the things they want to do. Staff demonstrated an understanding of consumer needs. For example, staff could describe consumers who regularly go out or need to be ready for external appointments and could describe each consumer interests and how they engage with others in and around the community. A review of care plans demonstrates information about the people who are important to the consumer is recorded.

The service has supports in place to promote each consumer’s emotional, spiritual, and psychological wellbeing. Staff demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual, and psychological wellbeing. Consumers and representatives said staff know them and provide them with appropriate support where required or observed. The care partners interviewed demonstrated an understanding of consumer needs and preferences and provided examples of how they encourage and support consumers to keep up their interests, maintain or increase their capacity to do things for themselves and how they reduce consumer’s feelings of isolation. A review of consumer documentation showed the service discusses and records interests with the consumer or representative to understand and support care and services opportunities.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers interviewed confirmed they are satisfied they are able to do things that interest them, maintain social and personal relationships, and participate in activities within and outside of the service. For example: Staff provided examples of how they support consumers to participate in the community and where they may be receiving individual social support services taking consumers to visit places of interest to them. Care documents reviewed showed information on interests, preferences to be involved in the community and how this can be supported is recorded.

The service has processes in place to ensure that information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff are able to access information about consumer’s needs and preferences and ere clear about their responsibilities in relation to privacy and confidentiality of information. A review of progress notes confirmed there are updates from other service providers recorded such as ongoing feedback from an allied health service providers.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described the process to refer to an external provider. Management described how the service assists consumers to connect with external providers for different options of care and services. Three consumers stated they were satisfied they have been provided opportunities to be referred to other providers when issues were identified including for example allied health professionals, and community centre providers.

Review of referrals documentation for consumers showed the service has a range of contracted providers including meal delivery suppliers, allied health professionals, gardening and maintenance providers.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers and representatives advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals. There are processes in place to ensure equipment is discussed, assessments completed, and consumers and representatives are aware to discuss equipment needs with the assistant hub manager.

# Standard 5

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| Organisation’s service environment | HCP |

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

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Four of the four specific requirements were assessed and I have found all four to be Compliant.

The service is:

* Encouraging consumers to provide feedback and make complaints
* Acknowledging, investigating and actioning feedback and complaints using an open disclosure approach
* Making changes and improvements as a result of feedback and complaints.

Consumers said they can provide feedback and make a complaint and have been provided with information on how they can do this. Care partners said they supported and encouraged consumers to provide feedback and make a complaint. Management demonstrated, and documentation review showed there are processes to ensure feedback and complaints are captured.

Management demonstrated how feedback and complaints are captured through its electronic system and there is a register kept of feedback and complaints. The service has feedback and complaints policies and procedures in place to guide staff.

Consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Management said, and provided evidence showing that, information about advocacy services is provided to consumers in the consumer handbook at onboarding. Consumers and representatives interviewed said they feel comfortable raising their concerns with the service. Care partners interviewed said they referred consumers to the advocacy brochure in the consumers' pack. Management said they encourage consumers to contact external agency such as the Aged Care Quality and Safety Commission if they are not satisfied with how the service responds to a complaint.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

The Assessment Team discussed a complaint recorded on the register. Management demonstrated using open disclosure how they have processed and managed the complaint with the following outcome for a particular complaint. The service has open disclosure policies and procedure for staff to follow.

The service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of services. The service uses a monthly auditing tool called Moving on Audits (MOA) to review feedback from consumers. The service demonstrated it is using the feedback and complaints for the MOA to identify improvements which will increase consumer satisfaction. However, one (1) consumer interviewed complained the service doesn’t respond to emails about feedback or complaints in a timely manner. Management said there is a trend showing consumers are not satisfied with the response times from the service and are developing a QR code that will be available to consumers in their home, so they can raise any feedback or concerns using the code. Management acknowledged there is issue with communication. They ran a training session about a month ago training all staff on the use of Microsoft Tasks which now generates a reminder to staff for any tasks that are overdue. Management said they also regularly check in with staff to see how they are tracking with their workloads. The Assessment Team viewed the MOA report and the information that the board receives.

The Assessment team found that while one consumer was not satisfied with the how the service communicated with them, all other consumers and representatives interviewed were satisfied with how the service reviewed their complaints or feedback. I consider that while the service should continue to focus on timely communication, it has taken steps to address the issue identified.

# Standard 7

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| Human resources | | HCP |
| 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. | Non-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

Five of the five specific requirements were assessed and I have found four of those requirements to be Compliant and one (1) to be Non-Compliant. A finding of Non-Compliant in 1 or more requirements results in a finding of Non–Compliance for the Standard.

Regarding Compliant requirements

The service is:

* Planning the workforce to ensure that consumers receive care and services according to their assessed needs and preferences.
* Ensuring that the workforce is competent, qualified, trained and supported to deliver the outcomes required by the Quality Standards.
* Providing induction, training and ongoing support to its workforce at commencement and ongoing.

The service demonstrated 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. Consumers said services are delivered as planned and they receive continuity of services by workers who know them. Management described how the service manages challenging care partner availability to ensure that services are provided. All consumers and representatives interviewed said they are satisfied with the care and services the care partners provide them. Care partners interviewed said they get to know the consumers they provide care and services to. They said if they are allocated a new consumer the service provides them with information about their care needs and identified preferences prior to visiting the consumer.

The service has demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers are treated with respect and kindness by management and staff. Consumers and representatives said care partners are kind, caring and respectful. A care partner described how they treat each consumer with dignity. For example, one consumer is very modest, and the care partner uses a towel where possible to protect their dignity.

Recruitment processes include interviewing applicants and taking them on buddy-shifts to ensure that they understand the environment in which they are working. Policies and procedures are in place to ensure that staff performance is managed. All Care Partners are required to complete scheduled training and systems are in place to monitor compliance.

All care partners interviewed confirmed that induction processes are in place, they have regular training and confirmed the buddy-shifts occurred when they first joined the service. One care partner said they noticed several consumers were showing signs of dementia and asked their people leader if they could have additional training. They said the next day they were provided with 3 or 4 training modules on dementia. The care partner said their people leader would also block out times in their roster, so they can complete the training.

People leaders (South-West and Great-Southern) said they hold quarterly care partner meetings and feedback from care partners determines what training is provided. For example, they said a care partner raised consumers were showing signs of dementia. The people leaders said they immediately added dementia courses for the care partners to complete. Both people leaders said they block out times in the care partners roster, so they can complete any additional training. A training matrix showed when each care partner member had completed mandatory training and included alerts and follow up information relevant to any staff members with outstanding training requirements.

Care partners said they have participated in review processes for their roles. Feedback from consumers are monitored by the people leaders to provide opportunities for further education and for care partners. Care partners interviewed said in their performance review their people leader discussed any issues from feedback received from consumers regarding the care and services they provided. One care partner said if they had a new consumer with diabetes and they were not sure how to assist them, their people leader would set up additional training. The service has a 3-part employee performance review process in place.

Regarding Non – Compliant requirement 7(3)(c)

The service was unable to demonstrate that they have a process in place to monitor the competency and qualifications of all subcontracted staff including ensuring all members of the organisation’s workforce are competent and have qualifications and knowledge to effectively perform their roles including maintaining oversight of subcontracted staff.

Consumers and representatives said they were satisfied staff who provide their care and services have the right qualifications. The care partners said they are provided with an orientation day on commencement and three buddy shifts. Ongoing education is provided, and staff stated they can request specific topics for education. The care partners said they complete medication prompting competency and first aid training which is monitored for currency by the people leaders at each centre along with other compliances required including renewal of a police clearance. The care partners advised they complete medication prompting competency, infection control donning and doffing competencies and first aid training which is monitored for currency by the people leaders at each centre along with other compliances required including renewal of a police clearance and monitoring of driver’s licence currency.

However, a review of services provided to one consumer indicated a subcontracted staff member provides all direct care to the consumer. The management team confirmed no contract or agreement to provide services in place and as a result the service is unaware of the contractor’s qualifications, or ability to perform the role. No processes have been outlined to the contractor to ensure the organisation can maintain oversight for the delivery of care and services.

In its written response the approved provider set out a significant number of improvements it had or would implement to address the issues identified, at both an individual level for the consumer and the staff member. This included a thorough review of the consumer and changes to processes and procedures.

I acknowledge the approved provider’s engagement with the issues. I also acknowledge complexities with the consumer’s situation. However, the consumer had a complex medical history, although it is noted that a family member is their full-time carer. While I have not identified widespread concerns about consumers, in this instance I am concerned about the limited evidence about oversight of carers for this consumer. I also note that the approved provider’s response indicates that not all improvements are expected to be completed until a later date.

# Standard 8

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| Organisational governance | | HCP |
| 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. | Compliant |

Findings

Five of the five specific requirements were assessed and I have found all five to be Compliant.

The service is:

* Supporting consumers to be part of consultation and development of their care and services.
* Overseen by a governing body that takes responsibility for ensuring that effective governance systems are in place to manage information, continuous improvement, financial responsibilities, and regulatory compliance.
* Ensuring that systems and procedures effectively manage risk associated with safe care of consumers, including high-impact and high-prevalence risks.
* Working within a clinical governance framework that prioritises antimicrobial stewardship, minimising the use of restraint and the practice of open disclosure.
* Mostly demonstrating that their governing body is accountable for a culture of safe, inclusive and quality care.

Consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. A consumer and representatives interviewed agreed there has been consultation in how their services are delivered with their choices and preferences taken into consideration. All staff interviewed said the service is well run and they feel well supported. Staff demonstrated there is regular review of consumer services and evaluation completed in consultation with consumers and representatives. Management advised that consumers are involved in the services through feedback processes, annual reviews and surveys. Management gave an example of feedback from weekly supply issues during COVID with continence aids, management liaised with consumers for bulk order options in order to have sufficient supply of the continence aids.

The Assessment team found that the service did not demonstrate it has effective structures in place to promote a culture of safe, inclusive, and quality services and that the service does not currently have a systematic process as required to enable effective oversight of care and services delivered to consumers by subcontractors. I find that generally effective structures are in place, but have considered this information under Standard 7 requirement 7(3)(c). The service demonstrated there are processes for the Board to be informed of the service key performance indicators, which are monitored and reported with actions taken to drive change and address any areas of concern and to promote a culture of continuous improvement.

The organisation was able to demonstrate it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Consumers/representatives have access to relevant information to enable them to exercise choice, including care plans, Charter of Rights, and avenues to provide feedback and make complaints.

The service has an established continuous improvement process including moving on audit (MOA) auditing and internal reviews. Improvements to service delivery is identified through ongoing feedback from consumers and staff.

The service has an established financial governance framework including financial policies outlining accountabilities and responsibilities. Management advised that unspent funds are monitored, and the service actively engages with consumers who have unspent funds to encourage them to access the care and services they have been assessed as needing.

Regarding workforce governance, the service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers. The service has considered impact of the SCHADS award, management confirmed that processes are in place for its staff without any impact to consumers and has had no unfilled shifts in the past month. The service has effective processes to track changes to regulatory requirements and implement relevant changes. Consumers receive timely updates about regulatory reforms that affect them. For example, staff were emailed about the new code of conduct and training on Serious Incident Response Scheme (SIRS) in December 2022.

The service has an established feedback and complaints framework to encourage and support consumers to provide feedback and make complaints, including policies and procedures.

The service demonstrated that consumer risk is monitored, and the organisation acts quickly to mitigate risk and prevent ongoing harm through assessment, review and follow up actions. Staff are aware of their responsibilities to report any suspected or observed elder abuse or neglect. The service has policies and processes in place to support consumers to make informed choices and live their best life. The service has a risk management processes to identify risk with consumers and could demonstrate that there are systems in place for assessments to be completed using validated clinical assessments tools with risk identified and strategies to mitigate risks incorporated into the consumers care plan. Management demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities.

The service demonstrated that it has a clinical governance framework in place that guides staff and sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. The framework includes processes for open disclosure, minimising of restraint and antimicrobial stewardship. The service provides antimicrobial stewardship information to consumers to assist with awareness and understanding of their role to make informed choices on antibiotic use. Staff were able to describe what restraint might look like in a community setting. Staff were able to say they did not have any consumers currently who had a restraint in place or where they considered there was a restraint. Staff were able to describe how they use open disclosure if something goes wrong and the processes that guide their approach. The service has policy and processes in place for infection control including how an outbreak will be managed. The service has an outbreak management plan in place including roles, responsibilities, and escalation processes. There are processes to direct staff on the use of personal protective equipment and maintenance of hand hygiene processes.

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)