**Performance**

**Report**

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| Name of service: | Bayswater Extended Community Help Organisation |
| Service address: | 72 Toowong Street BAYSWATER WA 6053 |
| Commission ID: | 500056 |
| Home Service Provider: | Bayswater Extended Community Help Organisation Inc |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 04 October 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 Bayswater Extended Community Help Organisation (**the service**) has been prepared by M Franco, 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:**

* Bayswater Extended Community Help Organisation, 19099, 72 Toowong Street, BAYSWATER WA 6053

**CHSP:**

* Community and Home Support, 27157, 72 Toowong Street, BAYSWATER WA 6053
* Care Relationships and Carer Support, 27158, 72 Toowong Street, BAYSWATER WA 6053

# 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.

# 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 | **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 | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said staff treat them with dignity and respect. Staff spoke respectfully about consumers and could describe each consumer’s background and preferences to the Assessment Team. Documentation sighted by the Assessment Team showed the service considers consumers needs and preferences. The service demonstrated a consumer-centred approach to care and service delivery.

Consumers and representatives in various ways described how the service supports and meets their cultural preferences. Staff explained how the services they deliver include the consumer’s cultural needs and preferences. Management said, and documentation showed all staff have participated in cultural safety and diversity training guided by internal policies and procedures.

Consumers and representatives explained how the service involves and supports them to be involved in making decisions relating to the care and services they receive. Staff and management described how they support consumers to exercise choice and support them in including others when making decisions about their care and services. Documentation showed the service works in partnership with the consumer to exercise choice, including how consumers can continue to participate in their care and service delivery.

Consumers and representatives said they are encouraged to do things independently and staff respect the decisions they make. Staff and management demonstrated knowledge of dignity and risk principles and provided examples of supports in place to minimise risk associated with consumer’s choices. Documentation showed policies and procedures are in place to guide staff in understanding and recording risks taken by consumers.

Consumers and representatives said they are provided with information via various methods and would feel comfortable contacting the service should they require anything further. Staff explained how they are supported by the service to provide information to consumers in a way they can understand including for consumers who have difficulty communicating. Documentation sighted by the Assessment Team was accessible, clear, and easy to read.

The service demonstrated they have policies and processes in place to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. A review of care documentation showed consumers sign a consent form for personal information to be shared. Consumers and their representatives said they felt their information was kept confidential and privacy was provided by staff.

Based on the information summarised above, I find the service compliant with Standard 1 of the Aged Care Quality Standards as six of the six applicable 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

Documentation sighted by the Assessment Team showed assessment and planning that included consumers’ goals, needs and preferences, and risks to their health and well-being. Staff were knowledgeable of consumers’ risks and associated mitigation strategies and were satisfied that assessment and planning processes were effective.

Consumers and representatives said consumers get the care they need and have received information about end-of-life planning. Clinical staff advised consumers are provided an opportunity to identify their end of life preferences in an advanced care directive if they wish to do so. Documentation review showed there is opportunity to discuss end of life preferences at the initial, review and reassessment with a checklist prompting staff to enquire.

Consumers and representatives said they are satisfied with the level of consultation provided to them in relation to their care and services. Staff said care plans are available to them as a guide when providing care and service however, there is an ongoing discussion held with consumers to determine their specific preferences to be considered at each service delivery. Consumers’ files sighted showed ongoing assessment and review completed by allied health professionals reflective of the consumers and inclusive of those involved in the care of the consumers.

Consumers and representatives said they are provided with the care plan which they sign to demonstrate their agreement to the care and services being delivered. Staff said they provide consumers with their care plan, which is made available in the consumers’ home. Review of consumer documentation showed the service updates the care plan following requests by consumers, changes due to review and where health needs have required further assessment and changes to how care and services are provided.

The service demonstrated there are processes in place to ensure 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. Management provided evidence which showed the service has a register in place to monitor and track reviews for consumers.

Based on the information summarised above, I find the service compliant with Standard 2 of the Aged Care Quality Standards as five of the five applicable 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

Staff and management were knowledgeable of each consumers’ unique needs and preferences, including high impact or high prevalence risks associated with their care. The service maintains policies and procedures to guide staff in best practice care delivery and management of high impact or high prevalence risks. Staff said the policies and procedures in place optimise the consumers health and well-being is the focus of the services provided, ensuring care is tailored to the consumers’ needs and preferences.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. When a consumer is nearing end of life, they are referred to the palliative care team.

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 interviewed are clear about their roles and responsibilities including, identifying, and reporting signs of deterioration. The service has introduced an improvement in the identification of monitoring deterioration in consumers through a specific health and wellness service and a prompt sheet in the consumer home file.

Information regarding consumers’ condition, needs and preferences is documented in a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives, and staff considered consumers’ needs and preferences are effectively communicated between staff.

Care planning documents showed timely and appropriate referrals to other services and organisations for additional review and treatment of consumers’ health care needs. Consumers and representatives said consumers receive services from relevant professionals and staff were able to describe the process for initiating referrals. The organisation has policies and procedures to guide staff in the referral process.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. Staff confirmed they have completed training on infection control measures. Consumers are provided information on best practice use of antibiotics.

Based on the information summarised above, I find the service compliant with Standard 3 of the Aged Care Quality Standards as seven of the seven applicable 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

A review of consumer care documentation showed there are specific goals for each type of care and service for activities of daily living delivered including, how this will be achieved. The care documentation demonstrated how the service supported the consumer to optimise their independence, health, well-being, and quality of life. Consumers and their representatives interviewed said the service provides a range of services to support continued independence.

The service has supports in place to promote each consumer’s emotional, spiritual, and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual, and psychological well-being. Consumers and their representatives interviewed said the service supports them when feeling low or where they have specific spiritual and psychological wellbeing needs. Where required the service provides strategies including taxi vouchers for consumers to be able to attend their chosen religious ceremonies.

The service supports consumers to participate in the community and they are supported to maintain relationships that are important to them. Consumers are supported to do things that are of interest to them. Processes are in place as part of assessment and care planning which gathers the consumer’s story to inform how staff can support the consumer.

Documentation showed processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and ensure that information shared is kept private and confidential. Staff were able to demonstrate they understood each consumer’s preferences, needs and health issues. The service evidenced where they share information to ensure others have current information where required.

Documentation showed timely and appropriate referrals to individuals, other organisations and providers of other care are actioned. Processes are in place to guide staff for this to occur internally and externally. Consumers and their representatives said there is mostly timely follow up from referrals made.

Consumers and their representatives interviewed said they are satisfied with the equipment provided. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Documentation showed where equipment is provided it is safe, suitable, clean, and well maintained. Processes are in place to approve equipment. A framework has been developed for staff to seek approval and assessment for the item to be included as part of the consumer’s Home Care Package.

Based on the information summarised above, I find the service compliant with Standard 4 of the Aged Care Quality Standards as six of the seven applicable 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. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This Standard was not assessed as the service does not provide services at a physical building, only in the community and in the consumer’s home.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they are supported to provide feedback on the care and services consumers receive. Management said feedback and complaints are obtained through various mechanisms, including surveys and verbally. Staff said they support consumers to provide feedback and complaints by explaining the process and encouraging discussion during delivery of care.

The service demonstrated consumers are made aware of and have access to advocates and other methods for resolving complaints. Management said, and provided evidence showing that, information about advocacy services, language services and making an external complaint is provided to consumers. Support workers who speak a consumer’s language are available to assist consumers.

Consumers and representatives said they are satisfied by the way in which the service responds to complaints. Staff are aware of the processes used to resolve complaints. The service has policies and procedures in place for the management of complaints, including an open disclosure policy. Staff were knowledgeable of open disclosure principles and provided examples of how they practice them in everyday interactions with consumers.

Feedback and complaints are used to improve the quality of care and services. Management said they record and analyse feedback to inform systemic improvements and provided an example of where this had occurred.

Based on the information summarised above, I find the service compliant with Standard 6 of the Aged Care Quality Standards as four of the four applicable 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

As demonstrated throughout the Assessment Team report consumers were satisfied their care and service needs are met, indicating they are happy with the staff who provide care to them. Staff said they are rostered in a way that allows them to develop relationships and become familiar with the care, needs and preferences of the consumers they provide care to. Procedures and systems are in place to ensure that the service has capacity to meet the care needs of individual consumers.

Consumers and representatives said staff and management are kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Staff interviewed demonstrated care, kindness, and respect when they spoke about consumers. They described how important providing care and services to consumers was to them.

Consumers expressed confidence in staff competency and said their care and service needs are met. Systems and processes are in place to ensure staff and subcontracted staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate induction program that contains several mandatory training modules. Staff interviewed confirmed they had completed mandatory training at induction. Staff said they were supported to complete additional online training modules to improve their skills. Staff described face-to-face training that is relevant to their roles including new staff completing buddy shifts. Documentation showed policies, procedures and training is regularly revised to ensure it is reflective of current best practice methodologies.

The service demonstrated there is regular monitoring and review of the performance of each member of the workforce. Policies and systems are in place to ensure that the performance of staff is regularly monitored and reviewed, and action taken when required to improve staff performance.

Based on the information summarised above, I find the service compliant with Standard 7 of the Aged Care Quality Standards as five of the five applicable 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

Feedback from consumers and representatives is sought via feedback and complaints processes and surveys. The most recent survey results indicated consumers had an overall positive view of the care and services they receive.

The service has a range of reporting mechanisms to ensure the Board and leadership team is aware and accountable for the delivery of care and services. The governing body promotes a culture of safe, inclusive, and quality care and services through oversight of feedback and complaints, risk report and quality and safety. The Board chair said the board reflects on the report and seeks any follow up questions to ensure the service is delivering safe, inclusive, and quality care and services to its consumers.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management.

Based on the information summarised above, I find the service compliant with Standard 8 of the Aged Care Quality Standards as five of the five applicable requirements have been assessed as compliant.

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