**Performance**

**Report**

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| Name of service: | Bethanie Community Care - South West |
| Service address: | 4 Strickland Street BUNBURY WA 6230 |
| Commission ID: | 500052 |
| Home Service Provider: | The Bethanie Group Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 29 May 2023 to 31 May 2023 |
| Performance report date: | 28 June 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 Bethanie Community Care - South West (**the service**) has been prepared by F.Nguyen 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:**

* Bethanie Home Care - Level 4 South West, 19104, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care Level 2 South West, 19109, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care Level 4 Metro East, 19102, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care - Level 4 Metro South West, 19103, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care Level 2 Metro North, 19106, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care Level 2 Metro South West, 19107, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care Level 2 Mid West, 19108, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care - Level 4 Metro North, 19110, 4 Strickland Street, BUNBURY WA 6230
* Bethanie Home Care - Level 4 Mid West, 19111, 4 Strickland Street, BUNBURY WA 6230

**CHSP:**

* Community and Home Support, 25192, 4 Strickland Street, BUNBURY WA 6230
* Care Relationships and Carer Support, 25193, 4 Strickland Street, BUNBURY WA 6230

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers and their representatives said that staff were respectful to them during service delivery, staff spoke respectfully of consumers and could provide information on consumers’ interests and lives.

The service was able to demonstrate that the care and services provided are culturally safe. Consumers and representatives confirm staff consider and support their cultural needs and preferences when providing care. Staff understand what it means to deliver culturally safe care and they were able to demonstrate what this means in practice.

The service demonstrated each consumer is supported to exercise choice and make decisions about their care, including when others should be involved in their care. Staff interviewed discussed promoting choice and independence to consumers and were able to provide examples.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to be independent 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.

The service demonstrated information is provided to each consumer that is current, accurate and timely. Staff and management were able to describe how they provide information to consumers at the commencement of services and ongoing. Consumers and representatives reported that information was accurate and timely.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service has effective systems in place to protect consumer privacy and information. Consumers and representatives interviewed advised they were informed of their right to confidentiality in the onboarding information and this was reiterated in the section on consumer rights and responsibilities. Consumers did not express any concerns with the service or staff respecting their privacy and confidentiality.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the partnership care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments. Following a discussion with the consumer, strategies to reduce the risk are included in the partnership care plan. All consumers and representatives interviewed advised the care and services available through the home care package or commonwealth home support programme are discussed with them before the commencement of the service.

The service has processes in place to support consumers to identify their specific goals and preferences with the information clearly outlined in the care plan. The case manager stated consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. The clinical lead advised if the consumer does not have an advanced care directive and does not wish to complete one, information regarding their preferences can be included in the partnership care plan or the clinical review.

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 in accordance with their obligations relating to privacy of information. All consumers interviewed reported they have had an opportunity to meet with their case manager to discuss their specific needs and preferences.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and documented in their care plans to guide care givers to effectively deliver care and services. Consumers stated prior to the commencement of the services, the consumer is provided with a copy of their care plan which is included as part of their service agreement and is discussed with the case manager confirming the provision of services in line with their identified preferences. All consumers interviewed said they are provided with a copy of the care plan.

The service demonstrated 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 and representatives interviewed reported services are regularly reviewed.

# 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

Evidence analysed by the Assessment Team demonstrated that personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the personal and clinical care they receive. A registered nurse is available to assesses the clinical and personal care needs of all consumers once they have been admitted to the service and will consult with the consumers case manager and refer to allied health staff seeking recommendations for the provision of best practice strategies as issues are identified. Consumers interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service was able to demonstrate that it effectively manages high impact and high prevalence risks associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Staff interviewed demonstrated knowledge of consumers who have high prevalence/high impact risks.

The service demonstrated that consumers are provided with an opportunity to share their needs, goals and preferences nearing the end of their life, maintaining each consumer’s dignity and comfort. Consumers confirmed that, as part of the initial care planning discussion, advance care planning and end of life planning are discussed.

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 consumers whose function, capacity or health conditions have changed or deteriorated. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers said there is regular contact from the case managers or the registered nurse who encourage them to discuss any changes in their health care needs.

The service demonstrated communication systems available to the workforce to assist team 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 pertinent to their role. Consumers said they feel that their needs, and preferences are effectively communicated between staff. Consumers advised as they have consistent and regular staff that know them well.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care (MAC) for consumers accessing CHSP services. The case manager described the process to refer consumers to allied health services, other medical professionals when needs are identified, and MAC for consumers requiring additional CHSP services.

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.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences, as well as optimising their independence, health, well-being and quality of life. Information gathered during assessments and reviews are used to guide staff practices. Consumers/representatives participate in decisions about what services will be provided and how those services can be tailored to meet their assessed needs and preferences. Consumers/representatives interviewed said the service listens to them and provides services and support they need.

The service demonstrated that the emotional, spiritual and psychological well-being of consumers is considered when providing services and support. Assessments and reviews of consumers are used to inform discussions and identify any concerns about consumer well-being. The service has systems in place to offer consumers support as necessary. Consumers and representatives interviewed said staff know them, how they like things to be done and staff will ask if they need help with anything.

The service demonstrated that it supports consumers to participate in the community and maintain relationships. The service gathers information about consumers, their social and personal relationships and things of interest to them which is used to guide decisions about services delivered. Consumers and representatives interviewed said the service supports their relationships including organising activities at the social centre and arranging transport for consumers to attend.

The service demonstrated that it has systems in place to ensure that information is communicated effectively in and outside the service when there are changes to consumers’ conditions or when their needs or preferences change. Consumers and representatives interviewed said that they are comfortable asking staff if they want changes to their services.

The service demonstrated that timely referrals are made to other organisations involved in providing care and services. This includes when consumers have requested equipment or if they need services that cannot be arranged or provided by the service. Management described how they have a multi-disciplinary team meeting every 2 weeks to discuss complex consumer needs, clinical incidents, new consumers and to decide on appropriate referrals. Management said that consumers can request referrals to other services, and the case manager will work with them to facilitate the request.

The service demonstrated that provided equipment is safe, suitable, clean, and well-maintained. Any equipment provided to consumers is fit for purpose and tailored to their specific needs. Consumers and representatives said that they are satisfied with the equipment they use, it is suitable for their needs and is recommended by allied health professionals.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the environment was welcoming and easy to understand. Observation of the area confirmed that it was easy to navigate and well signed to identify areas such as consumer bathrooms and exits. Consumes and staff were able to evidence a sense of belonging and interaction. Consumers confirmed that they are actively involved in monthly activity planning and decision-making regarding excursions such as going out to different restaurants for lunch. Consumers are also offered a choice of 2 meals on days that the centre provides lunch.

The service demonstrated that the Maali social centre is safe, clean, well-maintained and comfortable. The building footprint and access routes permit for free movement and ready access inside the building and outside in the garden area. Consumers interviewed reported that the environment is relaxing and comfortable and that they enjoy the facilities. Two seating areas were available to consumers where their friends or family could sit when the visited them.

The service demonstrated that the Maali social centre was safe, clean, well maintained and suitable for its intended purpose. Furniture was observed to be clean, comfortable and in a good state of repair. There was no evident loose carpet or flooring which posed a trip hazard. Table surfaces, cutlery and glassware were noted to be clean. The kitchen and bain-marie were clean and appropriate for the intended function.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers and their representatives are supported and encouraged to provide feedback or make a complaint. Interviews with consumers and representatives confirmed that they had been provided with information and ways to provide feedback. Policies and procedures are in place to address feedback. Consumers and representatives interviewed confirmed that they were aware of the complaint mechanism.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Consumers and representatives confirmed they can ask for support and are aware of how they can contact others to support their concerns. Consumers and representatives advised they were aware that they can access an external aged care advocacy service or the Aged Care Quality and Safety Commission (the Commission) to gain assistance with raising complaints.

The service was able to demonstrate that timely and appropriate action is taken in response to complaints and that an open disclosure policy is in place and invoked as required. Staff interviewed advised that all complaints are uploaded to the complaints management system, it is investigated, and feedback is provided to the complainant regarding the outcome.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Data is collated through feedback received in the annual survey and informal verbal feedback. Consumers and representatives interviewed were able to describe how feedback provided had been used to improve their service and satisfaction.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has systems in place to understand the number and mix of staff required to manage and deliver safe and quality services to meet the assessed needs of consumers. The delivery of care and services is managed by using systems to ensure consumers receive care and services from staff who are best suited to each consumer. Consumers/representatives interviewed reported that they generally have the same support workers and service times, and changes to those service arrangements do not inconvenience them.

The service demonstrated that workplace interactions with consumers are kind, caring, and respectful and that services and care are delivered having regard to what is important to each consumer. Consumers/representatives interviewed said they felt safe and respected by staff and spoke about individual members of staff being polite and knowing what to do.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including contractors, are competent and have the qualifications and knowledge to effectively perform their roles. Feedback about competency is obtained through annual consumer surveys and the regular review of complaints and incident registers. The service has effective systems to monitor that each member of the workforce has provided documentary evidence of the competencies and qualifications required by their position descriptions. Staff interviewed could describe the qualifications and competencies they are required to hold and maintain to perform their roles.

The service demonstrated that it has systems in place to recruit, train, equip and support the workforce to deliver safe and quality care and is constantly reviewing and improving those processes. Mandatory induction and ongoing training must be completed by every member of the workforce and compliance is monitored by automated systems and managed by the human resources team. Staff interviewed described the mandatory training requirements they completed online and face-to-face both during their induction and annual refresher courses.

The service demonstrated regular monitoring and review of staff performance. Staff and management explained that processes are in place for performance reviews as required under these standards. Consumers said that the staff often ask them about services and encourage feedback about the staff, care and services received and the organisation as a whole.

# 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

Evidence analysed by the Assessment Team demonstrated that the service uses feedback collected from consumers from formal and informal means to continually improve the delivery of care and services. Consumers/representatives interviewed were happy with the service and satisfied that they are included in the planning of services they receive and feedback is encouraged.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Systems are used to monitor and evaluate incidents and to implement policies and procedures that ensure care and services are delivered in accordance with the requirements of the Quality Standards. Consumers and representatives interviewed said that they feel the service is well-run and expressed satisfaction in the quality of the clinical and personal care they receive and the communication from the service.

The service demonstrated that effective organisation-wide governance systems are in place across all key areas of business operations such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

(i) information management

Staff said they have the information they need to effectively perform their roles. Management described its electronic system, Procura, which is used by staff and their managers to assist with delivering safe and quality care and services. The system is available to staff via desktop computers, laptops or mobile app where staff can access consumer information, care plans and updates.

(ii) continuous improvement

Management described the various systems in place to regularly audit its operational effectiveness and to plan and effect continuous improvements across all aspects of the organisation. The Assessment Team viewed the continuous improvement register used to identify steps required to plan improvements in performance against the Quality Standards.

(iii) financial governance

Consumers/representatives interviewed said that they understood their monthly statements and budgets. They said the staff or case managers are easy to talk to so can ask them if they need clarification. Management explained the register that is used to track unspent HCP funds, and the processes that are in place to monitor and manage funds. Case managers have discussions with consumers to encourage them to access the services they have been assessed as needing.

(iv) workforce governance

The service demonstrated effective workforce planning recruitment, induction, and performance management to enable the delivery and management of safe and quality care and services to consumers. The Assessment Team reviewed documentation which showed that all roles have job descriptions that detail responsibilities and accountabilities

(v) regulatory compliance

Management said they subscribe to a regulatory compliance portal that monitors and responds to risks for the organisation. When there are amendments to legislation and changes to policies and procedures, these changes are communicated to all staff.

(vi) feedback and complaints

Consumers/representatives interviewed said they know how to contact the service and give feedback or make complaints. They said the staff are easy to talk to and will listen to them about any issues or concerns. A review of documentation showed that monthly reporting is completed by management regarding complaint trends and feedback and is provided to the Board for its consideration.

The service demonstrated that consumer risk is monitored, the organisation acts quickly to mitigate risk and that harm is prevented through assessment, review and follow-up actions. Support workers demonstrated awareness of elder abuse and their responsibilities in reporting any suspected or actual incident of abuse. The service has policies and procedures to support consumers to live their best life.

(i) high impact, high prevalence risks

Scheduling staff explained the information available to them and the processes they use to ensure that consumers most at risk receive the care and services they need when services need to be rescheduled due to the unexpected absence of support workers. The service has developed procedures and tools to guide staff including the serious incident response scheme (SIRS) reporting guidelines, dignity of risk, shared risk planning guide and other procedural guidelines including management of high impact, high prevalence risks including nutrition and hydration, falls and behavioural risks.

(ii) responding to abuse and neglect

Staff could demonstrate what elder abuse and neglect can look like and said they would report and escalate according to guidelines and their training. Documentation reviewed noted elder abuse training is incorporated into orientation for all staff. Staff training outlines the identification and response to abuse/alleged abuse of a consumer, and staff receive refresher trainings.

(iii) supporting consumers to live their best life

The service supports consumers to live their best life by consulting them about how they want their care to be delivered, identifying any risks and agreeing on how this can be managed.

(iv) incident management

The service has an incident management system in place that provides oversight of incidents for the Board. Staff said they have received training on how to report and escalate incidents.

The service demonstrated it has a clinical framework in place which includes the service’s response to supporting consumer care and individual clinical needs. The framework includes processes for open disclosure, minimising the use of restraints and antimicrobial stewardship.

(i) antimicrobial stewardship

The clinical lead said where they are supporting consumers with taking antibiotics through their medication assist services, they ensure the medication is taken and the course of antibiotics are finished. The clinical lead said they will also discuss with the medical officer if further reassessments are required. An information brochure on medication choices is provided to consumers.

(ii) restrictive practices

Support workers interviewed said they were aware of the organisation’s policies regarding restrictive practices and could describe what they were and how they would respond if they noticed they were being used in a home setting.

(iii) open disclosure

The organisation has an open disclosure policy and staff were able to describe what this means when something goes wrong and in their approach to resolving complaints.

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)