**Performance**

**Report**

**1800 951 822**

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| Name of service: | Blue Care Brisbane Northside Community Care CACP |
| Service address: | 156 Rangeview Rd Ashgrove QLD 4060 |
| Commission ID: | 700763 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Quality Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 16 February 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 Blue Care Brisbane Northside Community Care CACP (**the service**) has been prepared by M Abjorensen, 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:**

* Blue Care Brisbane Northside Community Care CACP, 18027, 156 Rangeview Rd, Ashgrove QLD 4060
* Blue Care Brisbane Northside Community Care EACH, 18028, 156 Rangeview Rd, Ashgrove QLD 4060
* Blue Care Brisbane Northside Community Care EACHD, 18029, 156 Rangeview Rd, Ashgrove QLD 4060

**CHSP:**

* Community and Home Support, 26130, 156 Rangeview Rd, Ashgrove QLD 4060
* Care Relationships and Carer Support, 26131, 156 Rangeview Rd, Ashgrove QLD 4060

# 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 13 February 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 | **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

Consumers and representatives reported they are treated with respect and dignity at all times and described staff as caring and polite. During interviews, staff spoke respectfully about consumers demonstrating an appreciation for each consumer’s individual identity. Assessment Team observations evidenced kind and caring interactions between staff and consumers.

Consumers and representatives told the Assessment Team that staff understand their needs and preferences, consumers reported they feel safe and respected when services are being delivered. Policies, procedures and training registers demonstrated staff receive guidance and have access to relevant resources to understand, and deliver, culturally safe care, in accordance with consumers’ cultural backgrounds and diversities. Management and staff provided examples of how services adjusted in accordance with consumers' specific preferences and cultural needs. The Assessment Team found cultural preferences inform care delivery, for example, a sampled consumer prefers female care workers, care documentation reflected this preference and scheduled services.

Through interviews, consumers and representatives described how the service supports them to exercise choice in how their services are delivered, including making decisions about when to involve family or others involved in their care. Management stated consumers have control over how their services are structured, subject to availability. For example:

* A representative stated that the service makes it easy for them to be involved in their mother’s services, when required. Another consumer described how meetings with staff have helped them to understand what is included in their home care package and how their budget is used.

Through evidence collected by the Assessment Team, the service demonstrated that consumers are supported to take risks, if they choose, the service supports consumers to live the best life they can through risk management processes. Staff described the importance of discussing the potential risks with consumers, and then allowing them the freedom to continue taking those risks if they choose. For example:

* The service has discussed the increased risk of falls with a consumer who is reluctant to use their mobility aids and prefers to walk unaided. Through interviews with the Assessment Team, staff described how falls prevention strategies employed, including, stand-by support during personal care and when the consumer is mobilising.

Sampled monthly consumer statements evidenced clear and itemised monthly statements. The service distributes guidance material for consumers to support consumers to understand their monthly statements. Management advised the service continues efforts to assist consumers to understand their budgets and monthly statements continues on an ongoing basis.

The Assessment Team found service promotes workforce practices to ensure consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives provided feedback that they felt their privacy, and personal information, was respected by staff. The service informs consumers how their personal information will be used, and their consent is sought before sharing their information with other providers involved in their care. Staff reported consumer information is stored securely in electronic databases that require a username and password to access. Staff also described basic steps they take to protect consumer privacy in their day-to-day work.

# 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

The service demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, inform the delivery of safe and effective care and services. Consumer’s key risks have been identified and is evident in their care documentation. Where assessments identify risks related to consumer health or wellbeing, the Assessment Team reported appropriate strategies are recorded to guide staff on the management of those risks, evidenced through care documentation and staff interviews. Staff advised they have access to a mobile phone application to guide their service and care delivery to consumers. Care planning policies and procedures guide staff to undertake assessment and care planning.

* Examples shared by the Assessment Team includes how the service balances consumer preferences for wound care or self-administration of medication in relation to best practice care delivery through assessments and liaisons with medical practitioners involved in consumer care.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning if the consumer wishes. The service demonstrated that staff have an understanding of what is important to consumers to inform how their goals and preferences can be achieved. Consumers told the Assessment Team the ways the service meets their current needs, goals and preferences and confirmed discussions in relation to advanced care planning have occurred. Care documentation reviewed by the Assessment Team was congruent with the feedback. received from consumers relating to current needs, goals and preferences and advanced care planning discussions.

The service demonstrated assessment and planning is based on ongoing partnership with the consumers and those who the consumer wishes to be involved, including other organisations and health care professionals. Through interviews, staff described how assessment and planning occurs through collaboration with consumers and representatives and others involved in their care. Feedback provided by consumers and representatives described their ongoing involvement in assessment and planning. Care documentation reflected consumer and representative involvement and contained details other individuals or providers they want involved in assessment, planning.

* For example, a consumer, and their representative, nominated a friend to be involved in decision making and communications with the service. Care documentation evidenced the service taking actions to involve the nominated person.

Consumers and representatives reported staff have communicated relevant information about their care and services and they have access to this documentation within their home. Relevant risks to the consumer’s safety, health and well-being have been documented in the care plan to guide care and service delivery.

* For example, a consumer told the Assessment Team of the actions taken by the service in response to their recent fall, where reassessments resulted in increased services and new equipment. The consumer advised their care plan, which is accessible within their home, was revised and the service explained changes to them.

Through interviews, consumers and representatives told the Assessment Team the frequency and process in which their care and services are reviewed. Care documentation demonstrated care and services are revised in response to a change in consumer’s condition, care needs, circumstances or following an incident. Management advised initial assessment and planning occur to identify consumer’s needs and goals, then reassessment occur annually, or as needed.

* For example, the service increased services in response to consumer feedback that they were forgetting to take their medications on time. The consumer described how this improved their timely medication administering. Care documentation reflected the increase in care needs with regular inputs from the involved registered nurse.

# 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

The service demonstrated that each consumer gets safe and effective personal or clinical care, that is best practice, is tailored to their needs and optimises their health and well-being. Consumers and representative described the personal and clinical care received is in accordance with their needs with safe and personalised care delivery. Through interviews, staff demonstrated an understanding of each consumer’s needs and preferences for their care delivery. The Assessment Team reviewed service policies and procedures related to restrictive practices, skin integrity and pain management to guide practice, accessible to staff through electronic systems and printed material.

* Examples reported by the Assessment Team demonstrated best practice and personalised care delivery related to catheter care, managing falls risks and medication management for consumers experiencing cognitive decline.

The service demonstrated how high impact and high prevalent risks to consumer’s are managed through assessments and risk reduction strategies. Staff interviewed could describe risks for individual consumers. Care documentation contained relevant risk information, including care directives to guide staff during care delivery.

* Evidence reported by the Assessment Team included how the service manages risks of a consumer living with epilepsy within the service environment, the management of falls and falls prevention strategies and medication management.

Through interviews, staff explained how care and services are adjusted for consumers nearing end of life. Management advised advanced care planning is discussed during initial assessment if the consumer wishes. The Assessment Team reported advanced care planning discussions are revisited, as required, specifically if there is a change in the consumer’s health or if they are nearing end of life.

* The Assessment Team reviewed care documentation for a consumer currently receiving palliative care services at the local hospital. Care documentation identified the consumer’s goals and preferences to maintain their independence as much as possible and evidenced frequent communication between the service and palliative care teams.

The service demonstrated effective systems and processes support the service to identify, and respond to, consumer deterioration or changes in their mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives described actions taken by the service in response to a change in consumer condition, evidenced through care documentation reviewed for sampled consumers. Through interviews, staff provided examples of when a deterioration or change in condition of consumers was identified and addressed through actions taken. Management described guidance material provided to staff assists them to recognise indicators of deterioration or decline in condition. For example:

* Through interview, a representative described service interventions in relation to catheter recurrent blockages which improved their family member’s condition. Care documentation reviewed evidenced actions taken, including, reassessment of needs and the implementation of additional services, equipment and ongoing monitoring.

Through evidence collected by the Assessment Team, the service demonstrated information about the consumer’s condition, needs and preferences is effectively communicated within the organisation or with others where responsibility for care is shared. Consumers, representatives and staff described the ways information shared by the service and communicated effectively with involved parties. Care documentation for sampled consumers evidenced relevant consumer information is documented, including the involvement of other’s in the consumer’s care, to support information sharing and communication processes.

Consumers and representatives reported they are satisfied with the care and services delivered through referrals coordinated by the service. Staff told the Assessment Team that referrals are completed in consultation with the consumer and/or representative. Care planning documents showed referrals to other health professionals and other service providers occurs where appropriate and in a timely manner.

* For example, a consumer told the Assessment Team following a fall they had sustained, the service promptly referred them to an occupational therapist, evidenced through care documentation. The service purchased recommended equipment to reduce the risk of falls for the consumer and improve the safety of the consumer’s home environment.

The service demonstrated how infection related risks are minimised through infection prevention processes, staff education and communication with consumers. Staff described the practical steps they take to minimise the transmission of infections and reported having access to sufficient supplies of personal protective equipment (PPE). Examples provided included following an infection control policies, adhering to screening process prior to scheduled services and the appropriate use of PPE. Management advised staff monitor consumers for infections and are guided to report any suspected infections to the service for further action. Training records evidenced staff complete annual PPE competencies and infection control training. The service has an outbreak management plan and maintains a register for staff vaccination status. The service takes proactive action to promote appropriate antibiotic prescribing and reduce the risk of resistance to antibiotics.

* For example, staff notified the service when a consumer’s wound was not responding to prescribed antibiotics. The registered nurse took a sample swab for pathology testing. Following the results, the consumer was prescribed with an alternate antibiotic, the wound has since resolved.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives provided examples of how the services and supports consumers receive help to maintain their independence and quality of life. Staff demonstrated an understanding of what is important to individual consumers and described how they help sampled consumers maintain their independence, in accordance with their preferences. Care planning documents were individualised to each consumer and contained details service delivery in accordance with consumer needs, goals and preferences.

* For example, a representative reported their spouse enjoys social support services to do grocery shopping. Although their spouse does not always have energy to attend, staff always provide them with the opportunity to do so.

Consumers and representatives provided examples of the ways emotional support is provided to consumers. Staff provided examples of how they promote consumer wellbeing, particularly when the consumer has been feeling low. Care documents reflected individual emotional and psychological needs, where appropriate.

* For example, two consumers, interviewed separately by the Assessment Team, described the emotional support received through the service following the loss of their spouses and how this contributes to their social engagement and wellbeing.

Consumers and representatives reported the service supports them to maintain contact with the people who are important to them and engage in activities that are of interest to them. Management advised care documentation captures information on each consumer’s background and their social activity preferences, where they have provided this information. In addition, consumer feedback informs social events coordinated through the service.

* For example, the January social event schedule for the respite centre includes excursions and activities held at the service centre. Consumers interviewed described regularly attending and having the flexibility to adjust their respite centre days in accordance with the events they want to attend.

Consumers and representatives advised they are satisfied that information about their care and services is shared within the service and with others involved in their care. Consumers provided feedback to the Assessment Team that staff know their support needs and the service involves others, where needed. Staff reported information about consumers is available on care planning documents, accessible via a mobile phone application.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other services and supports for daily living. Consumers and representatives provided feedback to the Assessment Team that the service coordinates timely and appropriate referrals for relevant lifestyle supports.

* Examples of referrals identified by the Assessment Team through interviews and reviews of care documentation included referrals for home maintenance and respite services.

The service was able to demonstrate that meals provided to consumers is varied and of suitable quality and quantity through meal delivery services. Consumers and representatives reported that they enjoy the meals which they select from a menu, according to their preferences. Meals provided within the service environment are prepared by a chef, according to a seasonally rotational menu. The chef is informed of consumer dietary requirements and consumer feedback is sought to evaluate the meals for quality, quantity and variety.

* The Assessment Team interviewed a sampled consumer with documented allergies and dietary requirements, the consumer advised they always have an alternative to meet their needs.

Where equipment has been provided for the consumers use in their own home, consumers advised equipment is suitable and meets their needs. Staff described the process for identifying and reporting risks or maintenance requirements for consumer equipment. Management described the processes for purchasing, servicing maintaining and replacing equipment, including where the responsibility is shared with a brokered service. Documentation evidenced staff received training in the use of equipment.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service operates two respite day centres, the Assessment Team attended both sites and found that the service environment to be welcoming and easy to navigate. The Assessment Team observed pathways were clear, without obstructions and adequate signage for directions. The service environment layout and design was observed to be encourage independence and interactions. Consumers interviewed at the respite centre described the service environment as having a ‘friendly feel’.

The Assessment Team reported the service environment was observed to be safe, clean, well maintained and comfortable. Consumers interviewed confirmed they are able to move freely around the service environment, indoors and outdoors and the day centre is easy to access. Through interviews with staff, and review of documentation, the Assessment Team reported effective systems and processes ensure the environment is clean and well maintained, with process to identify, and promptly address, maintenance needs. identified issues promptly addressed to minimise risks to consumers, staff and visitors.

* Observations made by the Assessment Team included clear signage, clutter-free environments and well maintained spaces. Doors were unlocked and the main dining room connects to the front and rear garden, allowing consumers to navigate freely throughout the centre.

Consumers and representatives interviewed described, in various ways, that the furniture, fittings and equipment to be safe, clean, well maintained and suitable for them. Staff and management referred to reporting systems which are used to ensure the environment is well maintained. The Assessment Team reported that training delivered to staff guides them to log maintenance needs and urgent maintenance requests are escalated to management for action.

* The Assessment Team sighted electronic copies of maintenance logs dated from November 2022 – January 2023 evidencing effective reactive, and preventative, maintenance systems.

# 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 stated they would feel comfortable contacting the service to provide feedback and described the various contact points in which their feedback is encouraged. Management, and documentation reviewed, evidenced multiple avenues in which the service encourages, and supports, consumers, to provide feedback.

* Examples include information contained within the welcome pack, 6 monthly surveys, mobile applications seeking consumer input, phoning the service and during each consumer’s scheduled service reviews, which occur annually.

The service demonstrated that consumers and representatives are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Through interviews, consumers and representatives expressed feeling comfortable and safe to make a complaint. Management and staff advised they continue to share information with consumers to ensure they are aware of complaints and advocacy services. The service welcome pack contains information for interpreter and advocacy services, and external complaint avenues.

The service demonstrated complaints are responded to in a timely manner, and appropriate action is taken in response to feedback. The Assessment Team provided examples of how the service has applied the principles of open disclosure to resolve consumer complaints. Examples demonstrated how the service promptly responds, offers an apology, investigates the concern and implements corrective actions to resolve the issue. Complaints resolved using these processes related to delays to scheduled visits and feedback relating to staff delivering their services.

The service demonstrated that feedback and complaints are used to improve the quality of care and services. Management and staff described the trends identified through consumer feedback and how feedback informs improvements for care and service delivery.

* For example, monthly analysis of complaints and incidents, identified dementia specific training needs were required for the workforce. Staff confirmed to the Assessment Team that they had either completed or been enrolled in these training sessions. Additionally, management advised the service is in the process of recruiting an internal dementia advisor to support the workforce.

# Standard 7

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

Findings

The Assessment Team reported negative feedback received from consumers relating to service disruptions related to workforce shortages. While consumer feedback is paramount in determining the quality and adequacy of service delivery, management provided evidence of the service’s actions to remedy industry wide workforce shortages, including processes to identify, and prioritise, service delivery based to manage risks associated with cancelled or rescheduled services. The service monitors consumers cancellations to prevent individual consumers from being disproportionately affected by cancelled services, regardless of their service priority rating. The service provided the Assessment Team cancellation data which evidenced through October and November 2022, 217.3 hours of services were cancelled. While this figure does not reflect rescheduled services, the total cancelled services approximates to less than 2 per cent of scheduled services cancelled.

The Decision Maker acknowledges the service proactively responded to the Assessment Team report with further actions to address workforce shortages impacted by unplanned leave. Implemented actions include review of staff leave policies and management systems, with training delivered to staff; recruitment of additional staff informed through workforce demand analysis; referral recruitment promotions and engagement with relevant organisations to broaden recruitment pools and develop current workforce capacity; greater visibility over workforce resources and service decision making processes. Where consumer’s provided negative feedback, the service evidenced actions taken at the time of service disruptions, including consultation with consumers, representatives and broader service improvements to monitor the effectiveness of broader quality improvements implemented.

The Decision Maker finds the service was able to demonstrate the workforce is planned, and proportionate actions have been implemented to ensure the management and delivery of safe and quality care and services.

Consumers representatives provided feedback to the Assessment Team describing the kindness and respect they receive through their interactions with staff. While staff told the Assessment Team, they were not aware of any instances where consumers have been treated disrespectfully by staff, they advised they would escalate any concerns to management immediately.

* The Assessment Team shared statements made by consumers interviewed, including: ‘staff are very respectful during interactions and do a great job’; they ‘enjoy chatting with staff and they are very nice’.

Through evidence collected by the Assessment Team, workforce was found to be competent and skilled with appropriate qualifications and knowledge to effectively perform their roles. The Assessment Team found effective systems are used by the service to monitor staff qualifications and role requirements, including relevant compliance records such as driver’s licenses, vaccinations, infection control competencies and police checks. Management advised the Assessment Team of role requires for different positions which include qualifications, experience, and background checks.

The Assessment Team found the service has effective recruitment and orientation processes to train and support the workforce to deliver the outcomes required by these standards. New staff are supported through buddy shifts for staff, in addition to mandatory training and face to face competencies. Staff told the Assessment Team they receive relevant training and guidance to perform their roles and feel supported to request additional training, if needed. Through review of training records, and interviews with staff, the Assessment Team reported the service delivers training to support the workforce.

* Examples of training delivered by the service relate to first aid, infection control, cultural appreciation, dementia specific modules, feedback and complaints, the Quality Standards, code of conduct care planning and internal operating systems.

Through evidence collected by the Assessment Team, the service demonstrated effective processes are used to assess, monitor and review staff performance. Performance reviews occur regularly, where staff have the opportunity to request additional training, discuss staff engagement and their performance, including improvement areas. Through interviews with staff, and review of performance monitoring documentation, the Assessment Team found evidence of scheduled, and regular, performance monitoring discussions with staff.

# 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

Through evidence collected by the Assessment Team, the service demonstrated consumers are engaged to evaluate, develop and design delivery of care and services. Examples include:

* consumer surveys conducted every 6 months to evaluate consumer satisfaction and receive input from consumers to inform improvements
* An established consumer advisory group consults on the implementation of changes to care and service delivery. Recently, the group evaluated and tested a mobile application for usability and function.

The governing body remains informed of the service’s operations through governance frameworks, leadership structure and reporting pathways. Regular meetings review data inputs to inform the governing body of the quality of care and services. Incidents and feedback are assessed and rated according to severity which prompts notification, and escalations, within the organisation for review and action. The Assessment Team reviewed reports provided to the governing body which showed how the organisation monitors quality care and service through specific indicators, including, complaints and feedback data, month-on-month trends for infections, month-on-month trending for incidents, pressure injuries, falls data and analysis of actions to improve key indicators.

Through evidence collected by the Assessment Team, the service demonstrated effective organisation-wide governance systems relating to feedback and complaints, workforce governance, regulatory compliance, financial governance, continuous improvement, and information management. For example:

* Relevant information is accessible to the workforce to support their performance of their roles
* The service identifies areas for improvement and implements actions to improve care and service delivery
* Financial governance systems and processes manage the resources necessary to deliver a safe and quality service
* Feedback systems function effectively to record, monitor and manage feedback inform service improvements
* The service remains informed of regulatory changes and updates throughout the organisational communications. Management and staff confirmed they are made aware of any regulatory changes relevant to their roles. Evidenced through documents reviewed by the Assessment Team relating to current police checks and vaccination data bases.

The organisation has effective risk management policies, procedures, frameworks and an incident management system to identify high impact and high prevalent risks to consumers. Through interviews, staff demonstrated an understanding of the service’s risk management systems and how this relates care and service delivery. Risks to each consumer’s health and well-being are documented in care plans. Incidents are recorded in an electronic system and inform governance reporting to monitor monthly incident rends including the frequency, and time of day the incidents occurred and severity ratings. Vulnerable consumers are identified, including consumers who may be living with dementia or those who are at risk of falls. Changes to the condition of consumers are appropriately recognised and responded to in a timely manner.

The Assessment Team found the service has a clinical governance framework to guide management and staff on relevant aspects of care and services. Within the framework, the best practice guidelines inform guidance provided to staff relating to care delivery, including, antimicrobial stewardship guidelines, minimising the use of restraint, positive behavioural support, practicing open disclosure and communication protocols.

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)