**Performance**

**Report**

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| Name: | Catholic Healthcare - Macquarie Park |
| Commission ID: | 200155 |
| Address: | Suite 1 Level 5, 15 Talavera Road, MACQUARIE PARK, New South Wales, 2113 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1191 Catholic Healthcare Limited  
Service: 26898 Catholic Community Services Brisbane North  
Service: 26897 Catholic Community Services Brisbane South  
Service: 17434 Catholic Community Services Metro South East - Arabic CACP  
Service: 26896 Catholic Community Services West Moreton  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7487 Catholic Healthcare Limited  
Service: 25061 Catholic Healthcare Limited - Care Relationships and Carer Support  
Service: 25058 Catholic Healthcare Limited - Community and Home Support

**This performance report**

This performance report for Catholic Healthcare - Macquarie Park (**the service**) has been prepared by L. Malone, 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.

# Material relied on

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

* the assessment team’s report for 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 12 December 2023

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not 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 | **Not 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 | **Not 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

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

* Requirement 2(3)(a) ensure risks to consumer wellbeing and health are appropriately assessed and care planning strategies are informed by this assessment and plan for the risks identified, and that consumer assessment and care planning documentation demonstrates this.
* Requirement 6(3)(d) ensure feedback and complaints are reviewed to improve the quality of care and services. Specifically, in relation to current complaints related to consumer preference of staff, scheduling and communication, to be able to demonstrate feedback is reviewed at a systemic level.

# 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

Requirement 1(3)(c)

The Quality Audit report contains positive feedback from consumers and representatives saying they felt supported in making choices about their care and services and can involve the people they choose in decision making and maintain meaningful relationships. The Quality Audit Reports refers to some consumer feedback raising issues with how the service manages requests from consumers regarding preference of staff and requests to not send a particular staff member (referred to as ‘Do Not Send’ or DNS requests). Management’s response to the Assessment Team was while they respect consumer’s choice they cannot always fulfil it due to staffing issues.

The approved provider was requested to provide further information as to how DNS requests are managed. The approved provider submitted a response on 12 December 2023 which included the DNS procedure and described its purpose as to resolve client complaint and provide an opportunity to upskill the worker.

While I place significant weight on feedback indicating dissatisfaction of some consumers, I do not find sufficient evidence to substantiate the impact or details of occasions where a DNS request was not respected. In coming to my decision, I have placed weight on the evidence submitted by the approved provider which satisfies me a procedure is in place and other evidence presented under Requirement 1(3)(c) of the Quality Audit Report including:

* Management and staff could demonstrate examples to the Assessment Team of scheduling changes to allow a representative to be in attendance, or where information provided by a representative led to a service which better met the consumer’s choice.
* Staff who provide direct care were able to describe how they understand various ways choice is communicated through gestures, verbal and body language, and describe how they respect choice in practicals ways.
* Care documentation provides information to support consumer choice and meaningful relationships such as who is involved in consumer care and how services are to be delivered.

In coming to my decision, I have also considered an example presented under Requirement 4(3)(a) which refers to a consumer being supported in their choice not to participate in a physiotherapy recommended exercise program and information that the consumer was offered another form of support of their choice.

I have considered the evidence presented in the Quality Audit Report and that submitted by the approved provider and find Requirement 1(3)(c) to be Compliant.

Requirements 1(3)(a), 1(3)(b), 1(3)(d), 1(3)(e), 1(3)(f)

Consumers and/ or representatives provided feedback to the Assessment Team that they feel respected when receiving care and services. Staff and management described respecting a consumer’s identity, culture and diversity as understanding a consumer’s religious, personal or cultural needs and preferences, respecting a consumer’s wishes and ensuring consumers know they are important. Consumer care documentation viewed by the Assessment Team was found to contain information to support staff to understand an individual consumer’s background and know what is important to them. The service has a policy to guide inclusive care for consumers of all gender and sexual identities, religion, cultural or language background, and of consumers with a disability.

Consumers and/ or representatives confirmed staff are informed of their cultural background and provided examples of culturally safe care such as staff ‘knowing’ them or speaking to them in their own preferred language. Staff and management said training in culturally sensitive practice and inclusiveness is delivered as part of staff induction and related topics are revisited and bi-monthly staff meetings. Staff described supporting a consumer in their preferred language, use of interpreters or translation services, or understanding their preferences in activities of daily living such as dressing as practical approaches to culturally safe care. Care documentation includes assessment of cultural and language background, and the service has policies and procedures to support culturally safe practice.

Consumers and representatives provided feedback to the Assessment Team that consumers are supported in choices, including those involving risk, and able to do the things they wish. Staff said they support choices by having conversations with consumers about working together to reduce risk or engaging services such as allied health to assess risk, and plan strategies to maximise consumer safety and independence. The organisation has written policies which supports consumers’ right to choices involving risk, and the responsibility of the organisation to support consumer choices which involve risk.

Consumers and representatives interviewed by the Assessment Team said they are supported to understand information and changes to care and service delivery are effectively communicated. Staff and management described being supported to understand information through assistance from staff, interpreting and translation services, and regular written communication such as statements which itemise care and services delivered. The Assessment Team viewed the Home Services Agreement which was found to contain relevant information for consumers. The organisation has policies which identify the consumers’ right to receive information in a way that is easy to understand and enables consumer choice.

Consumers and representatives provided feedback that their personal and information privacy is respected. Staff described practical ways they respect privacy during care and service delivery such as providing dignified support with personal care, stepping away when a consumer has a personal conversation or phone call, or only sharing information with those people authorised. The Assessment Team found access to electronic consumer care information is password protected. The organisation has policies to guide the protection of consumer privacy, including information sharing, and provides staff in privacy and information to consumers informing them of their rights in relation to privacy.

I have considered the evidence presented in the Quality Audit Report and summarised above. I find Requirements 1(3)(a), 1(3)(b), 1(3)(d), 1(3)(e), 1(3)(f) to be 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. | Not Compliant | Not 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

Requirement 2(3)(a)

The Assessment Team recommended this Requirement as met however I have considered the evidence and come to a different view.

The Quality Audit report provided evidence staff can access assessment and care planning information at the point of care, and management advised the service has processes to assess risk and conducts regular care documentation audits. While I accept these statements relate broadly to assessment and care planning, I do not find this evidence sufficient to demonstrate assessment of risks are considered and planned for to support safe and effective care to individual consumers.

The Assessment Team presented an example of a consumer presenting with pain and need for a higher level of Home Care Package (HCP) funding. It was found the consumer had unspent funds on their current HCP level. The approved provider was requested to submit details of how the consumer’s pain is being managed, the use of unspent funds and copies of reports sent to My Aged Care (MAC) to support access to a higher-level HCP.

The approved provider submitted a response dated 12 December 2023 which included a statement explaining the reasons leading to the accumulation of funds and reference to assessments by external providers such as ACAT and the consumer’s general practitioner which ‘mentioned’ pain. The approved provider’s response contains a statement that ‘care workers’ assess for signs of pain and provides a single example from the consumer’s care documentation indicating a worker observed changes physical signs, ‘assessed for pain’ and the consumer was attended by ambulance. I do not agree that this demonstrates a clinical pain assessment. I have not been provided with details as to the date of this entry, what kind of validated pain assessment was undertaken, the outcomes and risks to consumer wellbeing, or how this informed care planning.

The approved provider’s response contains a screenshot of the MAC portal notes indicating requests have been made for a higher level of funding. The note refers to attachments to support this request, but the approved provider has not submitted these attachments in their response to the Quality Audit Report as was requested. I note that none of the notes in the screenshot refer to the identification of pain or pain management specifically.

In coming to my decision, I have considered the intent of Requirement 2(3)(a) that to inform safe and effective care and services, risks to the consumer’s wellbeing should be identified, considered and planned for appropriately, and a validated tool of assessment is used to inform care planning strategies. The approved provider has not submitted evidence of valid assessment of pain or the specific risks to the consumer’s wellbeing, nor of how the consumer’s care plan considers and plans for risks. The approved provider has not submitted reports as requested despite evidence indicating they have been completed.

I have considered the evidence available to me, as summarised above and I find Requirement 2(3)(a) is Not Compliant.

Requirements 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e)

Consumers and representatives provided feedback to the Assessment Team they receive care and services which meet their needs, goals and preferences, with some describing how care and services support their goal of remaining independent. Staff described consumer goals as what it is the consumer wishes to achieve and said each goal is accompanied by strategies and actions that support the consumer to achieve it. Care planning and assessment documentation reviewed by the Assessment Team included individualised goals, current care needs, and consumer preferences.

The Assessment Team found evidence which demonstrates ongoing assessment and planning with the consumer, their representatives, and others with whom the consumer wished to be involved in assessing, planning and reviewing their care and services. The roles and responsibilities of all those involved in the consumer’s care are documented in the consumer’s care file. Staff interviews and care documentation provided examples ongoing partnership and involvement of those the consumer wishes and evidence of recommendation from other organisations and allied health professional being implemented into the consumer’s care plan.

Consumers and representatives said consumers are able to access and supported to understand their care and services plan. Staff said consumer care and service plans are up to date and contain sufficient detail to support the delivery of care and services for the individual consumer. Staff and management said any changes to a consumer’s assessment and planning information are effectively communicated and made available to those involved in the consumer’s care including external organisations and people the consumer choses. The Assessment Team sighted consumer care planning documentation which contained relevant information to the individual consumer and how their supports and services are to be delivered.

Consumers and representatives said they receive regular communication; staff seek their feedback on how care and services are meeting their needs and make changes when necessary. Staff advised that when consumers' care needs or circumstances change, their supports and services are reviewed and changed. Staff explained that when a consumer’s need for service exceeds their funding level, they seek to apply for a higher level of funding if available and will refer for the consumer for reassessment. Management said they monitor care documentation and seek updates from direct care staff to ensure they are informed of changed needs and plan timely reviews. Care documentation provided evidence of annual review as well as reviews of care and services in response to an identified change in need.

I have considered the evidence, as summarised above and find Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) to be Compliant.

# Standard 3

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

Findings

Consumers and representatives said they were confident that their personal and clinical care was safe and suitable. The Assessment Team presented examples of how the service has provided a tailored approach to care for a consumer sampled. Staff were able to describe how services are tailored and delivered to meet consumer’s clinical and personal care needs, and how this optimises health and well-being. Management described effective systems and process to monitor the quality of care provided to consumers.

The Assessment Team found high-impact, high-prevalence risks are effectively managed. Consumer care file documentation informs staff of risks relevant to the individual consumers and strategies to mitigate that risk. Management was able to identify high-impact, high-prevalence risks to consumers and describe how these are managed, reported and analysed. A review of the service’s incident register found incidents are investigated and actions are taken in response to manage identified risks. The Assessment team found consumers involved in incidents such as falls to be appropriately followed up however found an example of a consumer at high risk of falls for whom bruising on the head was not reported following identification by a staff member. Management responded to the Assessment Team’s finding stating refresher training had been planned for staff.

The approved provider was requested to submit further information in response to Requirement 3(3)(b) on this particular consumer’s falls management, and information about the incident reporting training delivered. In their response dated 12 December 2023, the approved provider submits evidence of staff participation in incident reporting training which demonstrate a high rate of participation. The approved provider also submits statements related to the consumer’s falls management strategies such as that the consumer was referred for occupational therapy assessment, prescribed equipment, and participation in an exercise class. The approved provider has not submitted evidence in the form of care file documentation to substantiate these statements however I am satisfied these are reasonable strategies based on the information available.

Management described how care delivery changes for consumers nearing the end of life with a focus to maximise comfort and respect their end-of-life wishes. Management described supporting consumers with required equipment, referrals to specialist palliative care services and communication and care which respects the individual’s wishes.

Consumers and or representatives felt staff would recognise a change in their condition and respond appropriately. Staff were able to describe how they identify changes and the procedures they follow to escalate changes to a consumer’s condition, health, or function. Staff receive training to use assessment tools and refer the consumer to other areas of the organisation or external service providers if needed. The Assessment team sighted multiple notifications of deterioration of a client’s condition in consumer care documentation and noted adjustments to consumer care in response. The service had identified several consumers as having health conditions at risk of deterioration such as cancer, depression or life-limiting illnesses. Care planning policies and procedures provide guidance to staff in the management of deterioration in a consumer’s condition.

Consumers and representatives advised staff know their care needs and are satisfied information is effectively communicated. Staff said information on consumer's condition, needs, preferences and services are documented in consumer service plans, assessments, and community worker feedback, and that information supports effective care delivery. Consumer care documentation demonstrated information current and sufficiently details to communicate the consumer’s needs, goals, and preferences, including when care is shared. The organisation has policies and procedures to guide information sharing, communication, and documentation.

Consumers and or representatives were satisfied that referrals and timely and appropriate to their needs. Staff described the process of making referrals to other organisations, including sharing consumer outcomes of assessment and areas of support the consumer needs with the consumer’s consent, and said that recommendations form a consumer’s medical officer or other providers of care are implemented. Consumer care planning documents sighted by the Assessment Team provided evidence of timely and appropriate referrals in line with the processes described by staff.

Consumers and representatives provided examples of ways staff practice infection control, such as observing them to use personal protective equipment (PPE) and hand hygiene. Management and staff could describe their role in infection control and actions they take to minimise transmission of infections. The Assessment Team found evidence of regular training in infection control, and the organisation monitors staff influenza and COVID-19 vaccinations. The organisation has documented policies to support the minimisation of infection related risks.

I have considered the evidence as summarised above and find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g) to be 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

Consumers interviewed by the Assessment Team were satisfied services and supports met their needs and preferences and supported them to be independent. The service provides exercise groups through the ‘wellbeing hub’ and the Assessment Team found evidence of assessment of consumer’s functional ability prior to participation in exercise to support safe and effective care. Staff supporting consumers in the home describe how they approach tasks to maximise consumer independence. Staff were able to describe the supports and services received by individual consumers and how this supports their wellbeing and quality of life and said that care planning documentation provided relevant information to inform the delivery of supports that meet the consumer’s needs, goals, and preferences. I have also considered the evidence related to a range of policies related to the promotion of independence in daily living and the delivery of social services and supports presented throughout Standard 4 of the Assessment Team Report.

Consumers and representatives provided feedback their emotional, psychological and spiritual needs are supported. A range of services including tai chi classes, yoga classes, biweekly music concerts, medication and relaxation classes, social visits and mental health support are available. Staff provided examples of individual consumers, what is important to their emotional wellbeing and how they are supported such as by assisting connection with family or maintaining visits to church.

Consumers and representatives felt consumers are supported to participate in activities of interest and maintain community connections. Staff referred to the importance of social connection in service delivery, described how they use feedback to delivery supports of interest to consumers and meet their preferences, and support consumers to access community-based services provided by external organisations. The Assessment Team found consumer care documentation to include information related to individual consumer’s social goals and interests.

While some consumers were satisfied staff knew relevant information about their supports and services, other consumers said when they have a new staff member attends they sometimes have to explain what tasks are expected to be completed. Consumers and representatives referred to a list that they can give to staff and said this written supports effective service delivery. Staff who deliver services in both the consumer’s home, and centre and community-based care, said they are informed of what is the right care for a consumer through the available service plan, and changes or other relevant information is shared through progress notes, assessments information and verbal communication.

Consumers and representatives provided positive feedback on the timeliness of referrals and the benefits of other providers of care and services to their wellbeing. Staff identified a range of community and health services which they make referrals to such as allied health including social workers, physiotherapists, and occupational therapists, as well as mental health addiction support services, and staff described engagement with local community clubs such as the RSL. The Quality Audit Report states that care documentation sampled by the Assessment Team did not demonstrate evidence of referrals to social or lifestyle support programs or providers but did provide evidence of timely referral to allied health. In coming to my decision for Requirement 4(3)(e), I consider some evidence presented under this Requirement in the Quality Audit Report to be more relevant to Standard 3 however I place weight on the feedback from interviews with consumers and staff about their satisfaction with referrals and staff’s demonstrated knowledge.

Requirement 4(3)(f) is Not Applicable to this Quality Audit as meals are not provided through the service, therefore this requirement was not assessed.

Consumers described how equipment is provided to them through allied health professionals, said the equipment provided is of benefit to their safety and wellbeing, and felt informed of report any equipment issues. Staff described their role in checking equipment is safe including communication with suppliers and understanding the maintenance plan, and how they would report a maintenance issue. Staff said they have access to a range of equipment needed to support consumers such as mobility equipment and equipment to support safe personal care. The Assessment Team viewed the care planning documents and allied health assessments and found them to identify consumer’s functional ability and needs in relation to using the equipment, assessment of the environment, staff training required to safely use the equipment, the person responsible for reviewing the condition of the equipment and other relevant information.

I have considered the evidence presented in the Quality Audit Report and summarised above. I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) to be Compliant.

# Standard 5

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

Findings

The Assessment Team visited the service’s ‘wellness hub’ and observed it to be spacious and well-lit with natural light. Staff were observed welcoming visitors in a friendly way, calling consumers by their name and offering them assistance as appropriate.

Consumers and representatives were satisfied the service environment (the wellness hub) is clean and well-maintained and consumers were observed moving around the environment freely and safely. Management described how hazards or maintenance issues are identified and reported, and the Assessment Team viewed evidence of a regular maintenance schedule.

The Assessment Team observed equipment, furniture and fittings to be clean and fit for purpose. Consumers were observed using equipment and furniture at the time of the visit. Management described the procedures in place for cleaning and sanitising equipment between consumers.

I have considered the evidence in the Quality Audit Report and find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) to be Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant | Not Compliant |

Findings

Requirement 6(3)(d)

The Assessment Team recommended this Requirement as met however I have come to a different view.

Consumers and representatives were satisfied actions taken in response to their complaints improve the way care is delivered to them. Management described how complaints are reviewed and communicated to the governing body. I note the Assessment Team state correlation between trends in feedback and complaints forms part of the continuous improvement plan however there is limited evidence to substantiate this in the Quality Audit Report.

The Assessment Team viewed the complaints register and found a significant number of consumers complaints in the past 6 months related to the staff attending to their care, scheduling or communication with the service. This evidence was presented under Requirement 6(3)(a) of the Quality Audit Report. The approved provider was requested to provide further information in relation to how they are responding to these complaints to improve care and services at systemic level for all consumers, and evidence of how these complaints have been reviewed in relation to the workforce number and mix. The approved provider submitted a response dated 12 December 2023 which I have considered more relevant to findings in Requirement 6(3)(d).

The approved provider states that complaints are reviewed individually and analysed monthly for themes, an ‘action plan’ is developed to address key themes and that staff are allocated based on assessed needs and preferences. I do not find these statements to sufficiently address the intention of this Requirement and that is that feedback is used to improve care and service for all consumers. The approved provider did not submit further supporting evidence for these statements, or details as to how current trends related to complaints about staffing, scheduling, and staffing are being addressed at a systemic level to improve quality and services.

I have considered the evidence available to me and do not find it demonstrates complaints and feedback, specifically the known recorded complaints related to workforce, scheduling and communication are reviewed to improve quality and services at systemic level. I find Requirement 6(3)(d) to be Not Compliant.

Requirements 6(3)(a), 6(3)(b) and 6(3)(c)

The Assessment Team found consumers and representatives were informed of how to raise feedback or a complaint and felt supported to do so through the ‘contact centre’ or their care advisor. Management advised when a complaint is received, the consumer or representative is contacted directly to discuss their concerns. Consumers are provided with written information on their rights, including the right to make a complaint or provide feedback, and on the services complaints handling process.

Consumers and representatives said they are informed of interpreting and advocacy services and can access them if required. Management said they are provided with this information upon admission to the service and written materials are available in English, Arabic and Spanish. Staff are provided with training on the complaints process and on the role of external agencies in supporting consumers to provide feedback.

Consumers and representatives who had raised a complaint provided feedback to the Assessment Team that timely and appropriate actions were taken in response, and they were satisfied with the actions taken. Management described and open disclosure approach and saying ‘sorry’ as part of their response and following up with the consumer once the complaint is resolved to seek feedback on their experience. Staff are provided with training in complaints management and open disclosure.

I have considered the evidence presented in the Quality Audit Report and summarised above and find Requirements 6(3)(a), 6(3)(b) and 6(3)(c) to be 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

Consumers and representatives provided feedback they are satisfied with workforce the number and mix of workforce, and provided examples such as that when a staff member is sick they are replaced, or they are able to schedule services with their preferred worker is available. Management described workforce shortages and prioritisation of some services to reschedule a service or alternative worker when a staff member is not available. The Assessment Team found consumer files demonstrated effective communication with consumers and / or representatives regarding staffing or service changes and that services are rescheduled within a reasonable timeframe. In coming to my decision, I have also considered evidence presented Requirement 3(3)(a) related to the matching of workforce skills with consumer’s needs, and evidence under Requirement 8(3)(b) related to regular meetings to discuss workforce allocation, and ongoing recruitment.

Consumers and representatives provided feedback that staff are kind and respectful and know what is important to consumer’s care. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff said they receive relevant training and would report to management if they observed staff being disrespectful.

Consumers and representatives said staff are competent and ‘know what they are doing’ when providing care and services. Management described how qualifications are checked at recruitment and monitor compliance with professional registrations such as for Register Nurses. Staff confirmed the need for specific qualifications to undertake certain care tasks such as assisting a consumer with personal care. The service has job descriptions for each role which outline specific qualifications and competencies required.

The Quality Audit Report presents evidence of effective systems of recruitment and training to equip staff in the delivery of care and services which meet the Quality Standards. Staff reported participating in training relevant to their roles and the Assessment Team viewed records of training delivered on topics such as infection control, the Serious Incident Response Scheme (SIRS), code of conduct, caring for consumers with dementia, delivering personal care and safe manual handling. Management said staff training needs are identified through complaints, incidents, performance appraisals and informal communication. The service has policies and procedures related to recruitment, induction and staff training.

The Assessment Team found the service has effective processes of monitoring and reviewing the performance of the workforce and staff undergo yearly performance appraisals. Management also described staff performance appraisals being used in response to complaints or incidents. Staff said they participate in reviews of performance yearly or when there is an incident, and that they find it a useful process which supports them in their role however some staff could not recall participating in a review of their performance. The Assessment Team viewed evidence of recent performance appraisals for staff across a range of roles.

I have considered the evidence presented in the Quality Audit Report and summarised above and find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), 7(3)(e) to be Compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Consumers and representatives provided feedback that they provide input into service delivery through feedback and surveys, some noted recent improvements following feedback, and they felt the care and services delivered meet the consumer’s needs. Staff said the service is well run and management is responsive and described asking consumers for their feedback on their experience when providing care and services. Management describe how consumer input is sought and communicated to the governing body. The Assessment Team viewed documentation in the form of survey results and found a high rate of consumer satisfaction, and that the organisation has policies to support consumer engagement.

The Assessment Team found effective systems of communication and reporting information to the governing body and viewed meeting minutes reports and continuous improvement plans which demonstrated effective oversight and accountability for the delivery of safe and inclusive care and services. The Assessment Team found evidence of recent improvements such as the implementation of a new information management system which integrates consumer care information and the worker schedule.

The Quality Audit Report provides evidence of effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. In relation to continuous improvement, opportunities are identified through audits, the consumer survey, staff meetings, staff performance, incidents, and complaints.

Consumers and representative provided feedback they are supported to live the best life they can by staff who understand them and their needs. Staff said they are supported to identify, and report, risks to consumer wellbeing, neglect, and abuse. Staff outlined processes they follow if concerned and were aware of external services and advocacy organisations. The Assessment Team found the organisation has an incident management system and provides relevant training to staff on how to identify, report and manage risk. Management and the governing body have oversight of reported incidents and the service has policies and procedure to support staff practice.

Staff were able to describe their responsibilities in relation to clinical governance relevant to their role and while some said they have limited role in antimicrobial stewardship they could describe it and identify the role of a medical officer. The organisation has registered nurses and a clinical team responsible for oversight of clinical policies and procedures and the clinical governance framework outlines the responsibilities of staff. The organisation collects and reports data related to clinical incidents such as falls or infections and this is regularly communicated to the governing body.

I have considered the evidence, as summarised above and find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) to be Compliant.

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