**Performance**

**Report**

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| Name: | Catholic Home Care Services - Metro |
| Commission ID: | 500200 |
| Address: | 123 Burswood Road, BURSWOOD, Western Australia, 6100 |
| Activity type: | Quality Audit |
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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: 776 Catholic Homes Incorporated  
Service: 22913 CHI Eastern HCP  
Service: 22912 CHI Northern HCP  
Service: 26032 CHI South East Metro HCP  
Service: 23574 CHI South West Metro HCP

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8434 CATHOLIC HOMES INCORPORATED  
Service: 27904 CATHOLIC HOMES INCORPORATED - Care Relationships and Carer Support  
Service: 25202 CATHOLIC HOMES INCORPORATED - Community and Home Support

**This performance report**

This performance report for Catholic Home Care Services - Metro (**the service**) has been prepared by K. Reed, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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 said staff visiting consumers’ homes were kind, respectful, and took the time to get to know the consumers to ensure care and services were provided respectfully and in line with consumers’ needs and preferences. Each consumer was treated with dignity and respect. The mission of the organisation stated, ‘care with purpose’ and enhancing the life and dignity of each consumer was central to the service’s provision of care. This message was consistently reinforced in the organisation’s policies, procedures, and training. Support workers provided examples of delivering care and services to consumers while respecting their dignity, including recognising consumers’ individual preferences. Care documentation included personalised instructions on the way services and care should be delivered to respect each consumer’s dignity and expectations. Management advised the recruitment process was designed to ensure the organisation employed staff who were empathetic and aligned to the values of the organisation.

The service provided culturally safe care and services. Consumers and representatives confirmed case managers asked consumers’ backgrounds and cultural needs during assessments and reviews. Care documentation provided information about each consumer’s background and cultural beliefs and instructed support workers on how care should be delivered in ways that aligned with their beliefs. The organisation had an ethos of inclusivity and respect for the cultural beliefs of each individual. Policies and procedures supported an inclusive environment that values the individual and is respectful of cultural beliefs.

Each consumer was supported to exercise choice and make decisions about their care, including when others should be involved. Staff confirmed the importance of helping consumers to maintain their independence, and to make their own choices about their care and the involvement of significant others in their lives. Policies and procedures were in place to support consumers to make and communicate their decisions. Care documentation supported how information about important relationships was gathered during assessments and used to tailor services to help consumers maintain those relationships.

The service utilised a dignity of risk approach was used to enable consumers to make their own choices and decisions to live their best lives, even if those choices involved a degree of risk. Policies and procedures guided staff to encourage consumer choice and manage situations that involved risk. Care documentation evidenced discussions and decisions were documented when a consumer makes decisions that involved risk. Risk management procedures required a form to be completed each time a consumer makes a decision that involved a significant risk, and the completion of the form was captured in a register.

The service had policies and procedures in place to ensure consumer information was kept confidential and only shared with the consent of the consumer. Staff and management were required to complete training in confidentiality and information handling. Consumers and representatives felt confident that consumers’ information is kept confidential. Case managers discussed privacy and confidentiality processes during assessments and reviews, and consumers were required to give signed authority to share information. Staff recently completed training about observing professional boundaries and protecting the confidentiality of consumer information.

Based on the above information, Standard 1 is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The service had a comprehensive assessment and care planning process. Assessment information was used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the care plan, guided staff in the provision of safe and effective care and services to the consumer. The service considered the risk for consumers when completing assessments. Strategies to reduce identified risks were included in the care plan. Assessment and care planning documents where risk is identified may include medical, cognitive, infection, and sensory risks, as well as potential risks such as the development of pressure areas and falls. Consumers and representatives advised that the care and services available to consumers was discussed with them prior to the commencement of the service. Consumers confirmed staff regularly discussed the care provided to them to ensure it remained in line with their specific preferences and to ensure the goals outlined were being achieved.

The service had processes in place to support consumers to identify their specific goals and preferences with the information outlined in the care plan. Consumers were provided an opportunity to identify their end-of-life preferences in an advanced care directive. Staff were aware of consumers’ needs, goals and personal preferences and this information was recorded on care plans. Consumer goals are discussed and reviewed each time the care plan is reviewed. Documentation indicated goals were specific to the needs and preferences of each consumer and were measurable.

The service involved the consumer, the carer and, as appropriate, any representative, in the planning of the care and services to be provided to the consumer. The service had processes in place to support consumers to access external service providers in accordance with their obligations relating to privacy of information. All consumers reported they had an opportunity to meet with their case manager to discuss their specific needs and preferences. The service had a referral policy to guide staff in forwarding timely and appropriate information about an individual, with their consent, to an alternative service provider.

Outcomes of assessment and planning were effectively communicated. Support workers had access to consumers’ care plans through the home notes in the file in consumers’ homes. Information was also provided by phone if there have been changes made and support workers were encouraged to speak with the case manager directly. Consumers were provided with a copy of their care plan which was discussed with the case manager confirming the provision of services in line with their identified preferences. Care documentation indicated that each care plan included the type of service to be provided, the frequency and duration of the service and the assistance the consumer required.

Care plans were regularly reviewed to ensure they met the consumer’s current needs including when changes were required due to an adverse event or a change in the consumer’s health condition or personal preference. Support workers confirmed when they identified a change to a consumer’s condition, they reported to the case manager and completed an incident form as well as recording information in the electronic progress notes. Progress notes and incident reports confirmed, family members were contacted at the time consumer incidents occurred. Medical officers and allied health staff were informed of all clinical incidents for action and follow up as required. The service had policy and procedures to guide staff in the timeframes for the regular or ad hoc review of consumers including changes to the consumers goals, preferences, or health needs in line with their level of care.

Based on the above information, Standard 2 is 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

Personal and clinical care was individually tailored to the needs, goals and preferences of each consumer. All consumers reported satisfaction with the personal and clinical care they received. Registered nursing staff were available to assess the clinical and personal care needs of all consumers on entry to the service and consulted with the consumers, their representatives and case manager and refer to allied health staff seeking recommendations for the provision of best practice strategies as issues are identified. Policies and procedures were available to guide staff practice. all consumers in receipt of a home care package are offered a comprehensive clinical assessment. A care plan was developed with a focus on the consumer’s health care needs and what the individual consumer wanted to achieve. Consumer care plans indicated specific instructions were provided to guide staff practice where specific issues were identified such as provision of personal care, management of medication, diabetic management, and wound care.

The service effectively managed high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes were in place to assist support workers manage risk, and to ensure clear instructions were provided to staff to minimise the effect and number of risks for consumers. Documentation evidenced that risks such as falls, weight loss, behaviours, wounds, and pressure injuries were recorded in clinical assessment information, progress notes and referrals. The organisation responded to high-impact or high-prevalence risks by reporting each incident and completing an analysis. Each incident that occurred was recorded and a review was undertaken, initially by the case manager and the clinical and quality lead to ensure what occurred was understood, the action needed, and any strategies and interventions that could be implemented to avoid a reoccurrence. Reassessment of consumers’ needs was undertaken as issues are identified.

Consumers were provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort. On entry all consumers were provided with an opportunity to complete an advance health care directive. The information was discussed with the consumer and their representative at the initial care plan meeting and then as appropriate. The organisation had policies and procedures regarding palliative care. The service worked closely with external agencies to ensure best practice care was provided to these consumers.

Deterioration or change to a consumer’s cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Systems and processes were available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changed or deteriorated. Staff were clear about their roles and responsibilities including identifying and reporting signs of deterioration. Documentation noted referrals were made to other health services when deterioration or change of a consumer’s health was identified including a speech pathologist, dietician, and the local hospital. The organisation had policies and procedures related to clinical deterioration including guidelines to facilitate the early recognition and follow up assessment to ensure appropriate response to the clinical deterioration of consumers.

Communication systems were available to the workforce to assist teams to provide and coordinate care that respected the consumer’s choices ensuring safe, effective, and consistent care was provided. Care plans were updated regularly, and all staff had access to information pertinent to their role. Care and services provided by external support workers was communicated regularly through emails, phone calls and regular meetings.

Timely and appropriate referrals to individuals, other organisations and providers were made for consumers. Staff were aware of processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care. Information regarding care and services provided by external consultants such as a dietician or podiatrist were communicated to the case manager or clinical staff following a referral. Ongoing updates regarding treatment programs implemented by external service providers were provided regularly with the information attached to the electronic system.

The service had documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. The service had practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumer’s medical practitioner and providing consumers with information regarding the safe use of medication and information about antibiotic use.

Based on the above information, Standard 3 is 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers received safe and effective services and supports for daily living that met the consumers’ needs, goals and preferences and optimised their independence, health, well-being and quality of life. Information gathered during assessments and reviews was used to guide staff practice. Consumers and/or representatives participated in decisions about what services would be provided and how those services could be tailored to meet each consumer’s assessed needs and personal preferences. Care planning documentation identified examples of services that supported consumers to maintain their independence and quality of life in line with their goals, for example transport services for consumers who wished to continue going to the shops or attend community activities.

The service demonstrated the emotional, spiritual, and psychological well-being of each consumer was taken into account when services and supports for daily living were provided. The psychological well-being of consumers was considered during assessments and reviews and used to inform discussions about the services and supports that might assist consumer well-being to be maintained or improved. Staff reported any concerns about the emotional well-being of consumers that they observed while delivering services and the service had systems in place to offer those consumers support. Care documentation evidenced the comprehensive assessment form contained questions designed to help the service identify consumers’ unique emotional, spiritual, and psychological needs and the information was used to plan services and supports that promoted each consumer’s wellbeing.

The service supported consumers to participate in the community and to maintain the relationships that were important to them by gathering information during assessments and reviews about their social and personal relationships and the things that interested them and using that information to guide decisions around the services that were delivered. Care documents evidenced information on consumers’ interests, preferences to be involved in the community and how this could be supported was recorded.

Systems were in place to ensure that information was communicated effectively within and outside of the service when there was a change in a consumer’s condition or when their needs and preferences changed. Consumers and representatives were comfortable to talk to staff if they wanted any changes to consumers’ services. Staff confirmed the importance of keeping information that was shared amongst staff private and confidential. All staff underwent training in privacy and confidentiality to ensure information was kept confidential. Staff could access current information about consumers through a mobile application or computer, and staff received updates about consumer changes as appropriate.

Timely referrals were made to other organisations involved in providing care and services. Including when consumers requested equipment or if they needed services that could not be arranged or provided by the service. Service documentation evidenced there was a policy and procedure to guide staff in making and supporting each consumer with referrals and how the information was to be recorded.

Where equipment was provided it was safe, suitable, clean, and well maintained. Equipment provided to consumers was fit for purpose for the consumer and tailored to their specific needs. Consumers and their representatives were satisfied with the equipment provided. Items included mobility aids and suitable beds and mattresses for comfort and manual handling safety. Equipment and modifications were purchased based on an occupational therapy review and assessment. Home care agreements noted consumers were responsible for the repair costs of equipment purchased.

Based on the above information, Standard 4 is 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 centre was located at the rear of a residential aged care service and staff and consumers were required to pass through the reception area. The service environment was welcoming and easy to understand which optimised each consumer’s sense of belonging, independence, interaction, and function. The area was purpose built and noted to be well-lit via natural light with walkways that were wide and level making the centre easy to navigate with walking aids or wheelchairs if required. Bathrooms were signposted and accessible to consumers with walking aids. Consumers were required to adhere to COVID screening protocols, including temperature check, sign-in and completion of a rapid antigen test prior to entry. Transport was available to consumers who may not otherwise be able to attend the centre. The centre was contained in one large open-plan area with a separate therapy room and a formal lounge area used for celebrations. The area was observed to be clean, comfortable and well maintained.

The day therapy centre was safe, clean, well maintained and comfortable. The building footprint and access routes permitted for free movement and ready access inside the building and outside in the garden area. Fire safety equipment, fire evacuation diagrams and illuminated exit signage were available. Direction signage to the toilet and other areas including the therapy room were available for consumers to follow. The service had processes to ensure that maintenance and cleaning occurred regularly. Support workers regularly cleaned high touch points at the end of the day.

Furniture was observed to be clean, comfortable and in a good state of repair. Staff reported any maintenance issues about furniture, fittings or equipment at the centre. Equipment not suitable for use was removed from the centre.

Based on the above information, Standard 5 is 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. | Compliant | Compliant |

Findings

Consumers and representatives were encouraged and supported to provide feedback and make complaints. Consumers and representatives felt comfortable to give feedback and knew how to make a complaint. Staff were trained to assist consumers who wished to make a complaint, and support workers were encouraged to report any feedback or suggestions for improvement made by consumers. Documentation evidenced information about making complaints was included in each consumer’s home care agreement. A ‘Have Your Say’ form and copy of the complaints and feedback policy was also evident in consumers’ in-home folders.

Documentation provided to consumers included information and contact details for advocacy organisations, pastoral care support, and interpreters, and information about how to make a complaint directly to the Aged Care Quality and Safety Commission (the Commission) if consumers were not happy with the response of the organisation. Schedulers attempted to match consumers with support workers who speak the same language and/or understand their background. This enabled the support worker to act as an advocate to communicate any feedback to the case manager.

The service responded appropriately to resolve complaints and used an open disclosure process when things go wrong. Consumers and representatives confirmed the service usually responded quickly to resolve any complaints and had a genuine interest in ensuring that consumers were satisfied with the services they received. Agreements with third-party providers set out expectations and responsibilities on how consumer complaints should be managed. Documentation evidenced the organisation had an open disclosure policy that clearly documents the steps staff were expected to take when mistakes are made. Information about open disclosure was included in consumers’ in-home folders.

There were systems in place to ensure that feedback and complaints were reviewed with a view to identifying areas where improvements could be made to the quality of care provided. Support workers confirmed they had noticed how changes had been made to improve the quality of care given to consumers as a result of feedback they had provided on behalf of a consumer. Monthly reports that report on the number and type of complaints and feedback received, identified any trends, and either reported on improvements that have been made or recommended actions that could be taken to improve the quality of care and services.

Based on the above information, Standard 6 is 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

The workforce was planned and deployed to ensure the delivery of safe and quality care and services. Consumers confirmed they usually received care at times of their choosing and support workers generally arrived as scheduled. Schedulers ensured that consumers were matched with support workers who best suited their needs. Policies and procedures were in place to assess and review workforce capacity to ensure that they had enough qualified staff to plan and deliver services and care. The service mostly employed its own staff, so the organisation had oversight of the safety and quality of services and care provided to consumers. Systems were also in place to ensure that any services delivered by third-party providers were consistent with the expectations of the organisation and the consumers.

The workforce interacted with consumers in a kind and respectful way, showing care and empathy for their individual circumstances, beliefs, and values. Consumers and representatives provided positive feedback about how well they were treated by staff, and in particular by their case managers and support workers. Systems were in place to aid schedulers to match consumers with their preferred support workers, whether those preferences related to individual support workers, or their gender or cultural background.

Processes and systems were in place to ensure that all members of the workforce, including third-party providers, were competent and had the qualifications and knowledge to effectively perform their roles. Position descriptions described the responsibilities and qualifications required for each role, and qualifications and competencies were verified during the recruitment process and on an ongoing basis. Complaints, feedback and incidents were reviewed regularly to identify any gaps in staff competency, and opportunities to improve competency levels were explored and implemented.

The service had systems in place to recruit, train, equip and support the workforce to deliver safe and quality care and was constantly reviewing and improving those processes. Mandatory induction and ongoing training must be completed by every member of the workforce and compliance was monitored by management. The service had a support worker team leader role designed to manage, support and mentor the support workers, particularly when they commenced employment. Support workers felt supported in their roles and described the support they received.

Processes were in place to identify any gaps in the current competencies and skills of staff, and to rectify these through performance management processes that could include training and mentoring. Systems were in place for annual performance reviews of all staff. Management, staff, and support workers referred to and were aware of the annual performance review system. Compliance was overseen and monitored by the human resources team of the organisation that issued automated reminders to line managers if reviews have not been completed.

Based on the above information, Standard 7 is 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

The service actively engaged consumers to help identify ways in which services and care could be improved by encouraging them to complete a feedback form if they had any ideas on how services could be improved and instilled a reporting culture in staff so that any verbal feedback from consumers during assessments or service delivery was captured. An annual consumer survey was also conducted. Survey results, incidents, complaints, and feedback were analysed, and presented to committees and the Board, with a view to identifying opportunities for improvement to care and services. Minutes of meetings evidenced that results of surveys of consumers and staff had been considered and improvements identified and planned as a result.

The organisation promoted and was accountable for a culture of safe, inclusive, and quality care and services. Policies and procedures provided a framework that emphasised consumer safety and choice and were linked to the relevant Quality Standards. Systems were in place to ensure that all consumers, staff, management, and Board members understood that everyone was responsible for compliance with the mission and values or the organisation and were encouraged to give input into how the quality of care and services could be improved.

The organisation had effective governance systems in place across all aspects of the operations of the business. Consumers, representatives, and support workers considered the organisation was well-run. The electronic client management and scheduling systems were used effectively by the service to capture information, including assessed needs and preferences of consumers, and to give support workers, schedulers, and case managers effective access to the information they needed to deliver quality care and services to consumers.

Consumers, representatives, and staff described improvements they had noted in the previous year, including improvements in scheduling of services and communications from the service. This was confirmed by consumer and staff survey results that showed improvements in various areas such as the quality of care provided.

Processes used to prepare monthly statements included relying on service delivery information recorded in the electronic client management system, reconciling of invoices received from third-party providers to ensure they were consistent with referrals and orders, reviewed by management before the statements were issued. Consumers and representatives confirmed that monthly statements were generally accurate, and the service responded quickly if they queried any of the charges shown. The service had services in place to monitor and manage unspent funds. The organisation reviewed its pricing schedules as the result of recent regulatory reforms to ensure that the organisation was compliant the new requirements.

The organisation had systems and a human resources team to maintain oversight of its workforce. Position descriptions were in place to clearly define the responsibilities and accountabilities for each role within the organisation. Induction, ongoing training requirements, and performance review policies were also in place with compliance overseen by the human resources team.

Information about regulatory requirements and reform was accessed through subscription to bulletins issued by the Commission, other email subscriptions, membership of the Aged and Community Care Providers Association and participating in webinars. Minutes of meetings evidenced that forthcoming regulatory reforms were discussed, and actions planned to ensure compliance. The organisation was well advanced with plans to ensure compliance with the new strengthening governance reforms to take effect in December 2023.

The organisation had policies, procedures, and systems in place to encourage and record consumer feedback and used that information to improve the quality of care and services for individual consumers, and across the organisation.

The service had an effective risk management framework in place that included policies, systems and procedures to identify, prevent and mitigate risk. This included the organisational risk register that was reviewed quarterly. Policies and procedures were in place to manage high-impact risks that had the potential to affect multiple consumers, for instance natural disasters and COVID-19 and other outbreaks. Training records evidenced all staff completed training on how to recognise and report elder abuse and a policy and procedure on the identification and management of elder abuse was in place. Dignity of risk procedures were in place to assist consumers to make informed choices and where they wished, to make choices involving risk, and when those choices were important to their dignity and well-being. Processes were in place to assess risk and agreement strategies for each individual consumer, to prevent incidents. Support workers followed the detailed instructions in each consumer’s care plan when delivering services and relied on their training to prevent incidents from occurring. A risk assessment matrix was used to assess risk and decide whether serious incident reporting scheme reporting of an incident was required.

The organisation had a clinical framework in place, establishing a framework for clinical leadership, accountability and quality improvement that supported the workforce and visiting health professionals to provide safe, quality clinical care to consumers within the organisation’s model of care. The framework included six components including leadership and culture, partnerships, organisational systems, monitoring and reporting, effective workforce, and communication. This included but was not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure.

Based on the above information, Standard 8 is 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)