**Performance**

**Report**

**1800 951 822**

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| Name of service: | Centacare Community Services - Darra (Homeless Project) |
| Service address: | Level 2, The Suites, 1 Westlink Court DARRA QLD 4076 |
| Commission ID: | 700568 |
| Home Service Provider: | The Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane |
| Activity type: | Quality Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 07 August 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 Centacare Community Services - Darra (Homeless Project) (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Centacare - South West Brisbane Community Options Project, 18140, Level 2, The Suites, 1 Westlink Court, DARRA QLD 4076
* South West Brisbane Community Options Project, 18390, Level 2, The Suites, 1 Westlink Court, DARRA QLD 4076

**CHSP:**

* Community and Home Support, 23701, Level 2, The Suites, 1 Westlink Court, DARRA QLD 4076
* Care Relationships and Carer Support, 23700, Level 2, The Suites, 1 Westlink Court, DARRA QLD 4076
* CHSP - Social Support - Group, 4-7ZNPZWD, Centenary House, 22 Melody Street, JAMBOREE HEIGHTS QLD 4074
* CHSP - Centre Based Respite, 4-7ZNDQ0Z, Centenary House, 22 Melody Street, JAMBOREE HEIGHTS QLD 4074

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described care staff as kind, caring and respectful. Care staff described how they ensure each consumer's identity and culture is valued, and they are treated with dignity and respect. This was confirmed through Assessment Team observations.

Evidence analysed by the Assessment Team showed service was able to demonstrate services are culturally safe. Consumers interviewed said that care staff understand their needs and preferences and deliver services with this in mind. Care staff and management demonstrated understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Care staff have access to consumers cultural information to understand their background, and they undertake online cultural training.

Evidence analysed by the Assessment Team showed service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including involvement, communicate their decisions and make connections with others and maintain relationships of choice. Consumers and representatives said the service involved them in making decisions about their services. Staff provided examples of how they help consumers make day-to-day choices and how they support consumers who have communication difficulties and/or who are experiencing cognitive decline. Consumers maintain control over the planning of their care and services, in collaboration with staff, to meet their needs and preferences. Consumer records show ongoing communication with consumers and others involved in their care, regarding their choices and any decisions about the care and services they receive.

Evidence analysed by the Assessment Team showed service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers when interviewed by the Assessment Team said staff understand what is important to them and support them to make decisions about the care and services they receive. Review of consumer records shows the service monitors each consumers overall health and wellbeing, responds to risk in various ways to reduce the likelihood and optimise opportunities for consumers to live the life they choose.

Evidence analysed by the Assessment Team showed service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers and representatives confirmed they are provided with information in a way which enables them to make informed choices. Consumers receive information in writing in addition to a verbal explanation of the care and services available, assessment and care planning process, feedback and complains, advocacy services and their rights and responsibilities. Documentation sighted by the Assessment Team showed the consumer handbook provides ready reference information regarding the services which constitute a home care package and how the package operates.

Evidence analysed by the Assessment Team showed service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers are advised of how their personal information will be used and their consent is sought prior to the sharing of information, including with the consumer’s representative and family members and others involved in the consumer’s care, such as medical and allied health professionals and other service providers. They are informed of the circumstances where their information may need to be disclosed, such as when there are concerns for their health and safety. Staff described the ways they respect the consumer’s personal privacy when delivering care and services in their home, being aware of what each consumer requires in terms of privacy and level of assistance. Consumer records are securely stored electronically, password protected, and access designated. Staff mobile devices are password protected and can be remotely disabled if required. Consumer records include informed consent, recording the consumer’s agreement for the sharing of information with relevant parties.

Based on the evidence summarised I find the service compliant with Standard 1 of the Aged Care Quality Standards.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed 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. Consumers/representatives confirmed being involved in the assessment process and reported staff take the time to listen to them. When interviewed by the Assessment Team staff stated they receive alerts on their mobile devices that include information relating to risks and strategies to support the consumer, and advised they felt the care plans had enough details for them to provide safe care. Care plans reviewed included sufficient details about assessed needs and risks to the consumer to guide staff in managing the risks for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers/ representatives reported the care and services the consumer currently receives meets their needs, goals, and preferences. Consumers said they have day to day control of the services they receive. When interviewed by the Assessment Team staff demonstrated support workers know the consumer well including their likes and dislikes and they provided examples of how they meet the consumer’s individual needs. Care planning documentation describe in sufficient detail the services the consumer receives and includes goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and representatives advised the quality of care and services meet their individual needs, preferences and they can choose who they wish to be involved in their care. Consumer records reviewed showed the use of the MAC support plan to inform discussion and care planning along with communication with others involved in the care of the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. Consumers/ representatives are provided with a copy of the plan that is kept in a folder in the consumer’s home for reference. Consumers report the services they receive, and the frequency of services are explained to them on commencement, when changes occur, and if they have questions, they feel comfortable to call their service delivery manager. Support workers reported having access to the care and services plan and said it contains all the information they need to provide services in line with consumer preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumer. Consumers/ representatives said service delivery managers communicate with them about the services they receive and make changes to meet their current needs. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required.

Based on the evidence summarised above I find the service compliant with Standard 2 of the Aged Care Quality Standards.

# Standard 3

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers expressed satisfaction with the care and services they receive. The service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. Consumers, and their representatives, reported the care they receive is tailored to their needs and that the service is flexible in the delivery of care and services. Service delivery managers and brokered clinical staff described how they work with the consumer and their representative, regarding their personal and clinical care needs, support them to make informed decisions about their options and the degree to which they wish to manage their personal and clinical care themselves and/or in collaboration with others involved in their care. Management advised clinical and allied health care is provided through brokered services who must complete an onboarding process. This includes checking the staff have the appropriate qualifications and registrations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives described how they receive care and services to maintain their wellbeing and maintain their independence. When interviewed by the Assessment Team staff were able to describe the risks for individual consumer’s and strategies to assist them to provide safe and effective care. The information is recorded and reflected in care planning inclusive of identification of all risks and guidance for staff visiting the consumer. Risks identified by management included wounds and falls, however the Practice Governance Unit has also implemented a service wide nutrition and swallowing risk assessment.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Consumers/representatives interviewed did not report specifically on palliative care, however they described how the care and services provided to consumers maximise their quality of life and preserve their dignity. Service delivery managers provided examples of where they have worked with the consumer, their family (if the consumer consents to this), and with local palliative care services, including palliative respite services, to ensure the consumer is receiving the appropriate services to ensure their comfort and wellbeing are maximised.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Interviews undertaken by the Assessment Team with consumers, representatives and a review of care documentation identified the service has processes in place to support staff to identify and notify others of changes in a consumers condition. Management confirmed support workers work across both HCP and CHSP services. Support workers provided examples of how a deteriorating consumer may present and demonstrated understanding of the reporting and documentation process if they had concern for one of their consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences, and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. consumers/representatives reported staff know consumers’ needs as they generally have the same group of staff providing their services. Staff confirm there is a care plan in consumers’ homes they can refer to and explained how they use an application on their mobile device to identify any risks, strategies, or recent changes to the consumer. Clinical staff obtained through brokered services described receiving specific and targeted information enabling them to complete the assessments and provide care and services as requested.

Care planning documentation, including the consumer record alerts and case notes, provide adequate information to support effective and safe care.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services for most consumers sampled receiving HCP and CHSP services. Consumers and representatives say they are satisfied with the care and services delivered by those the consumer has been referred to. The service has an active network of other individuals, organisations, health care professionals and providers they can refer to or collaborate with to meet the personal and clinical care needs of consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE). The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections.

Based on the evidence summarised above I find the service compliant with Standard 3 of the Aged Care Quality Standards.

# 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 | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Staff interviewed by the Assessment Team demonstrated a good understanding of what I important to individual consumers and were able to describe how they encourage consumers to do as much as they can independently, if that is the consumers preference.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers and/representatives sampled stated that staff and the services provided promote the consumer’s wellbeing and support their emotional and spiritual needs. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support services enable them to participate in their community and maintain relationships. Staff and management described how they encourage and support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers were unable to provide examples of how the service assisted them with referrals. Service delivery managers demonstrated an understanding of how to utilise the MAC portal to initiate a reassessment for additional services and supports or could encourage the consumer to contact MAC if more services were required. Service delivery managers discussed encouraging consumers to use their local library for use of assistive technology and demonstrated awareness of other service providers in consumers’ local areas that may be able to assist with outings for example bus trips, ensuring consumers were aware of these options.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement described how they are supported with meals delivery or preparation. Some HCP consumers stated they are receiving meals through a delivery service and discussed their understanding of choice of meal provider and choice of meals from that provider. Consumers receiving meals stated the meals were of suitable quantity, quality and based on their needs and preferences. Consumers who attend the centre for social support or day respite receive meals freshly prepared and cooked on site. Consumers advised they love the meals, especially the roasts, and staff discussed how the menu is formed from group discussions with the consumers. Staff demonstrated understanding, and documentation evidenced, knowledge of consumer risk, needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives confirmed that, when they needed equipment, it had been purchased and they were satisfied with equipment provided. Where equipment has been provided to HCP consumers to use in their homes, consumers report that the equipment is suitable and meets their needs. Service delivery managers advised that before any equipment is purchased an occupational therapist assessment is obtained with a report and recommendations including images of the appropriate equipment received. The service is not funded to provide equipment to CHSP consumers.

Based on the evidence summarised above I find the service compliant with Standard 4 of the Aged Care Quality Standards.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers interviewed by the Assessment Team confirmed they are made to feel welcome by staff and they agreed the centre is a comfortable place to gather with others. Consumers were observed readily engaging with each other and with staff, participating in the group exercise activities, gathering together for conversation on the patio and in the dining area over the lunchtime meal. Staff described how different consumers use the service environment in different ways according to their preferences. The centre was observed to have a range of signage to assist the consumers to navigate as independently as possible, such as to the bathroom. Management explained the use of consultants to design the layout of the centre spaces to enable understanding and free movement within the environment for people living with dementia. The environment provides spaces for group activities, individual interests and quiet reflection. Consumers are able to make use of the spaces as they choose, including consumers who may be living with physical limitations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely. The day centre environment was observed to be safe, clean, well-maintained and comfortable. Consumers were observed to move freely through the space and from one space to another on their own initiative. The service delivery manager and support workers explained consumers had free movement throughout the service environment, both indoors and out. The centre was observed to be easily navigated by consumers, with appropriate signage and ease of access. Safe access and egress is provided by level pathways and flooring throughout, with close observation and/or stand-by assistance from staff if required for consumers who mobilise on their own initiative. The kitchen provides appropriate facilities for staff to prepare morning tea and lunch for consumers. Bathrooms are readily accessible and cleaned regularly. Equipment was noted to be clean and inspected as required, for example fire-fighting equipment displayed current inspection tags. Luminous running man signs guide safe evacuation, and staff confirmed fire drills are regularly conducted.

Evidence analysed by the Assessment team showed the service was able to demonstrate the service ensures furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumers reported feeling safe at the service. Support workers described the process for cleaning equipment and maintaining the service environment. Staff report any concerns for follow-up by management and maintenance or replacement of furniture, fittings or equipment is arranged. This requirement is not applicable to Home Care Package care and services.

Based on the evidence summarised above I find the service compliant with Standard 5 of the Aged Care Quality Standards.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives interviewed confirmed they know how to provide feedback and feel comfortable to raise issues if they are not satisfied with the quality of the service. They said they can provide feedback directly to staff or management and make their opinion known. Staff and management described how they support consumers to provide feedback and encourage consumers to tell them if they are not happy with any aspect of the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives are provided with information on how to access advocacy services should they require these. The consumer is informed of their right to contact the Commission to make a complaint should they wish to do so, and current contact details are provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives confirmed the service responds promptly to any issues raised, provides an honest explanation and action is promptly taken. Consumers and representatives are confident that they will continue to be treated with respect and dignity regardless of any issues they may raise. The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. An established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints. Staff and management consult with consumers where the service has not met their expectations, offer an apology and work with the consumer to resolve issues promptly. Each consumer’s feedback or complaint is acknowledged, and they are consulted to resolve issues to their satisfaction.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Feedback both positive and negative is recorded, actioned, analysed and reviewed to improve service performance in an ongoing way. Management monitor feedback and complaints on an ongoing basis, including through the post-service survey feedback and the complaints register. Feedback and complaints are discussed by staff and management, feed into monitoring of service performance and are used to identify where improvements may be made, including on a broader organisational scale. Oversight of complaints includes reporting to executive management to support practice governance.

Based on the evidence summarised above I find the service compliant with Standard 6 of the Aged Care Quality Standards.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives interviewed said they receive the services they require in line with their needs and preferences. Consumers advised they are consulted if regular staff are not available unexpectedly and are offered the choice of another staff or an additional service at a later time. Management maintain oversight of the service’s capacity to provide care and services to meet consumer current needs. A monthly report is generated, informed by the service’s master roster, to ensure all consumers’ shifts are filled. Management explained where a consumer does not have a regular support worker assigned to them for a particular service episode, the service is flagged as a vacant shift and available support workers are rostered until a regular support worker is assigned.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers and representatives interviewed confirmed staff are respectful, caring and polite. Consumers/representatives confirmed staff are gentle, treat them kindly and with care, respect their individuality and accommodate their preferences. They were complimentary of the personal attention they receive and the caring nature of the staff. Staff and management spoke respectfully about consumers and were familiar with individual consumer’s needs and preferences. Staff consistently spoke about how they show care for their consumers and respect their choices.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives said staff provide a very good service and they have confidence in staff abilities. Staff and management interviewed were familiar with individual consumer’s health conditions and care needs and showed they understand how this information relates directly to their role. Position descriptions set out the primary objective of each role, key accountabilities and expectations and performance measures. A detailed description of the qualifications, knowledge, competencies and personal attributes, traits and capabilities required is provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Staff are recruited, trained and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training, buddy shifts and competency assessments prepare staff for their role. Staff confirmed they receive ongoing mentoring and management are always available to provide support at any time, including after-hours and on weekends.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. Consumer feedback both positive and negative is taken into account in monitoring staff and subcontractor performance on an ongoing basis. Staff receive ongoing supervision and support by their relevant manager, and formal annual performance appraisals are conducted. Compliance with mandatory training requirements is monitored. Regular meetings allow discussion of any current issues, training requirements and support strategies.

Based on the evidence summarised above I find the service compliant with Standard 7 of the Aged Care quality Standards.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. When interviewed by the Assessment Team consumers and representatives confirmed they are provided with the opportunity to be involved in the development and evaluation of their services in addition, consumers confirmed they are consulted regularly, are able to make suggestions to make improvements and felt their feedback was always taken onboard by the service. The service seeks input from consumers and representatives through a range of feedback processes, including ongoing conversations, regular review of care and services, feedback pathways and satisfaction surveys.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. The governing body is accountable for the delivery of a culture of safe, inclusive and quality care and services. The governing body remains informed through formal governance, leadership and reporting pathways from the service level through management, in order to satisfy itself that standards are being met. Oversight of the service’s performance and the safety and quality of services is maintained, through ongoing monitoring by management and communication and reporting through the leadership team to executive management and the advisory council. Meeting minutes sighted show discussions on service delivery, quality improvement, human resources, training and development, risk and compliance and operational planning.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation wide systems and processes are in place to support staff in their roles or to meet the outcomes required by the Quality Standards.

**Information management**

The service has established information systems and processes in place. The organisation maintains a range of electronic systems and programs to ensure information is managed appropriately. An electronic consumer management system supports service delivery operations, including consumer records and service scheduling.

**Continuous improvement**

Active pursuit of continuous improvement was demonstrated through a range of operational systems and processes. Consumer and staff feedback and suggestions are discussed at the relevant level to inform improvement and/or innovation. Where improvements can be readily implemented, action is taken immediately. Items which require broader consideration are discussed and escalated accordingly, with expertise sought to determine the desired outcome and the best approach. Consumer complaints and incidents are analysed to identify improvements.

**Financial governance**

Financial governance systems and processes are in place to manage the finances and resources needed to deliver services. Management maintain oversight of CHSP grant funding and expenditure, with monthly financial reports reviewed and discussed at leadership meetings. Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or depletion of funds available to provide ongoing care and services. Monthly statements include income and expenditure, with an itemised list of the care and services provided, and ongoing balance.

**Workforce governance**

Management plans the workforce to ensure there are sufficient staff and contractors to provide services to consumers and to support operational and administrative functions. Staff are recruited as required and contractors engaged in an ongoing way to meet demand and support service operations. Staff job descriptions, contractor agreements and supporting information set out the responsibilities and accountabilities.

**Regulatory compliance**

The organisation demonstrated they understand their responsibilities and accountabilities as a service provider under the Commonwealth Home Support Programme and as an Approved Provider of Home Care Packages under the Aged Care Act 1997. Policies and procedures are reviewed to schedule or as required in response to changes. Records sighted show monitoring of staff compliance with specific requirements, such as police certificates, vaccination status and the Aged Care Code of Conduct. Records sighted show discussion of regulatory requirements, aged care reforms and operational system changes in response.

**Feedback and complaints**

The organisation actively seeks consumer and representative feedback and deals with complaints fairly, promptly, confidentially and without retribution. Management engage consumer in service enhancements. Feedback and complaints are monitored by management and the leadership team, executive management and governing body remain informed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The organisation has multiple mechanisms for identifying, evaluating, and mitigating risks. The organisation has an established risk management framework, there are multiple mechanisms for identifying, evaluating and mitigating risks. A range of policies and procedures, along with staff training and education, guide management of consumer risk. Documentation sighted by the Assessment Team showed where potential risk is indicated, a risk assessment tool provides a list of potential hazards and generic control measures in relation to a range of activities.

**Elder abuse**

The service has a zero-tolerance policy towards elder abuse and neglect. The consumer handbook informs consumers that the service will protect consumers and prevent instances of abuse, neglect and exploitation, promote the wellbeing in interests of vulnerable consumers during delivery of services and respond when suspicions, allegation or disclosures arise.

**Supporting consumers to live the best life they can**

The service has a tailored approach to supporting consumers to improve their quality of life. Consumers, and representatives, interviewed described how the service supports them to live their lives how they wish. Staff interviewed gave examples of how they provide practical assistance to individual consumers to enable them to undertake activities and tasks in the safest possible manner, while respecting the consumer’s dignity of risk.

**Incident management**

The consumer handbook advises that the service has clear policies in place regarding the timely notification of incidents to the consumer’s nominated emergency contact, medical practitioner, emergency services and regulatory bodies as relevant. The SIRS Home services fact sheet for consumers, is provided to consumers as part of the welcome pack.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Assessment and planning take into account the consumer’s overall health and wellbeing. Further triggered assessments are arranged where relevant for consumers living with chronic or complex health conditions and staff work in collaboration with the consumer’s medical practitioner, specialists and other healthcare professionals with ongoing monitoring and consultation. The practice governance unit role includes monitoring of outcomes for consumers through incidents and complaints and ongoing review of practice. The practice governance unit is currently finalising the review of clinical policies and procedures, and further resources will be introduced to support staff to better understand consumer’s health conditions and clinical aspects of care. While a specific antimicrobial stewardship policy is not in place, the service works to prevent consumer infections and promote alternative strategies with the aim of reducing reliance on antibiotics. Policies and procedures are in place regarding restrictive practices, and education and training has been provided for staff. Staff and management interviewed said they do not use restrictive practices and have not come across this for any consumers. Should the service receive a restrictive directive from a consumer’s family member, this would be discussed with management and the practice governance unit as part of the risk management process. Open disclosure is practiced by the service, including in response to complaints and incidents. Policy and procedures guide staff and management and an open and transparent approach is practiced: where things have gone wrong an honest explanation is provided about what happened and why and the action taken to address the presenting issues and prevent recurrence.

Based on the evidence summarised above I find the service compliant with Standard 8 of the Aged Care Quality Standards.

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)