**Performance**

**Report**

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| Name of service: | Centacare Community Services - Home Safety Services |
| Service address: | Level 1, 22-23 Eastern Road BROWN PLAINS QLD 4118 |
| Commission ID: | 700579 |
| Home Service Provider: | The Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane |
| Activity type: | Quality Audit |
| Activity date: | 18 May 2023 to 22 May 2023 |
| Performance report date: | 4 July 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 - Home Safety Services (**the service**) has been prepared by A. Grant, 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

**CHSP:**

* CHSP - Home Maintenance, 4-7ZNQ02T, Level 1, 22-23 Eastern Road, BROWN PLAINS QLD 4118
* CHSP - Home Modifications, 4-7ZNQ09I, Level 1, 22-23 Eastern Road, BROWN PLAINS QLD 4118

# 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 22 June 2023.

# 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 | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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 | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **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** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **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** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Consumers/representatives report they are always treated with dignity and respect and staff are caring and friendly. Staff and contractors interviewed spoke respectfully about consumers and were able to outline examples of how they ensure each consumer’s dignity is respected. Management shared the values of the organisation and their focus on respect for human dignity and equality. Additionally, management said the service goes above and beyond to ensure the safety and wellbeing of consumers by completing additional maintenance tasks for consumers when staff are at their home. Documentation reviewed evidenced the organisation has a consumer-centred approach to delivering services.

The service demonstrated the services provided are culturally safe and respect what is important to individual consumers. Consumers/representatives interviewed agreed the service caters to their individual needs and preferences. Management described how they adapt the way services are offered to meet the individual needs and preferences for each consumer and were able to provide examples of how services are delivered in a culturally safe manner. Consumer documentation included information such as a consumer’s country of birth, language preferences and other individualised requests.

Consumers/representatives say they are supported to make their own decisions about the services they receive. Consumers said the service makes it easy for them to be involved and described how they are supported to arrange their services as needed. Management, staff and contractors demonstrated knowledge, awareness and understanding of consumer choices and preferences. Documentation reviewed, including consumer record notes and invoices from contractors, demonstrate consumers choice was offered and provided. Observation of the home modifications equipment room showed various colour options for grab rails and a display of different types of taps to not only meet consumer physical needs, but preferences in terms of aesthetic.

Consumers/representatives said the services they receive help them to live the best life they can. Management described some instances where they have supported consumers to take risks and help them live the life they choose. In many cases, for home modifications and home maintenance (minor modifications), the service is unable to make a change to accommodate the consumer’s choice, due to the building code or other regulations. In those cases, the service works with the consumer, their representative, the occupational therapist (OT) and the contractor to discuss options and arrive at a solution which meets both the consumer’s preference and the applicable regulations. When they can support a consumer to take risks, the service was able to demonstrate they will support a consumer to do so.

Consumers/representatives said they receive information in a way they can understand and enables them to make informed choices. This includes the consumer welcome pack which contains service contact information, consumer co-payment, aged care service options, advocacy and complaints, confidentiality and privacy, and information on smoke alarm legislation and maintenance. Consumers are provided with the Charter of Aged Care Rights, signed by the provider, along with an explanation of what this means for them. Management described how information is initially communicated to consumers verbally. Consumers speak with client services staff over the phone, who explain costs and the process that will follow. Field staff then confirm this information with consumers during home visits to conduct the first interview. Contractors call consumers prior to their visit to confirm attendance. Observations of staff speaking with consumers demonstrated clear and easy to understand explanations were provided.

The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers/representatives are advised how their personal information will be used and this is outlined in the consumer handbook. Consumers sign an information collection and disclosure consent form, including whether they do not authorise disclosure to a certain party or parties. Consumer information is stored in a secure electronic database and electronic files. Access to electronic information is limited by role and is password protected. Policy and procedures demonstrate that privacy and confidentially are a key priority for the service.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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** |
| 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** |
| 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** |
| 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** |
| 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** |

Findings

Requirement 2(3)(a)

In respect to Requirement 2(3)(a) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team analysed evidence which showed the service is completing assessments directly relevant to the specific service to be provided, however important information regarding each consumer’s health and wellbeing and relevant risks are not consistently documented in order to inform the delivery of safe and effective care and services.

The services response shows the following five immediate actions have been implemented to remediate all deficiencies identified by the Assessment Team. Post the Quality Audit on 23 May 2023 the intake work instructions were amended to include all key information relating to the client’s health conditions and mobility concerns. The information is then recorded as an alert within the client management system. All field officers and contractors are provided with all alerts prior to any client visits. A report has been compiled to identify all current home safety service clients in receipt of CHSP services over the last six months. A review of our records contained within our client management system has been conducted to reflect all assessment information provided within each client NSAF and support plans. Ongoing weekly reviews conducted by the intake team leader will occur to ensure all new clients and all recent Home Safety jobs requested by our existing clients will have all the current health and mobility alerts recorded in the client management system. This will ensure that risks relevant to each client’s health and wellbeing is clearly noted on their record so that both staff and contractors are aware of each client’s induvial circumstances.

The Decision Maker determines Requirement 2(3)(a) to be compliant.

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

Consumers/representatives said they were included in the assessment and planning process and their services meet their needs, goals and preferences. Consumers said they have control in relation to the service they receive. Interviews with staff demonstrated they focus on consumer choice and ensure their preferences are considered. Service records describe the services the consumer receives, their preferences and the agreed work to be undertaken by the service. Management advised staff encourage consumers to apply for other services if they mention they are struggling with another aspect of their lives, such as shopping or cleaning.

Consumers/representatives confirmed they participate in the planning of the services they receive. Staff described how they work in partnership with consumers and representatives, contractors, OTs and other organisations as needed and communicate regularly regarding the needs or wishes of consumers. Documentation evidenced consumer/representative involvement in the planning of services.

Consumers/representatives reported being satisfied with the information they receive from the service. Staff and contractors interviewed said they are informed of a consumer’s service delivery needs via the service request. Staff advised if they had any concerns with service delivery or a consumer’s health and condition, they would contact the manager. Prior to the initial home visit consumers are advised of the process and the initial costs, over the phone. Staff conduct a home visit and an assessment specific to the task to be completed; consumers are again advised of the process, costs and the plan verbally by the staff. Staff ensure consumers understand the scope of works and consumer preferences and taken into consideration. However, the agreed services and the scope of works is not always provided in writing, for example minor home maintenance and repairs. For home maintenance (gardening), consumers receive a letter outlining the process and how their gardening vouchers can be used. For home modifications, a copy of the job sheet, quote and consumer co-payment is provided and an authority to install is obtained from the consumer prior to commencing the works.

The service demonstrated that services are reviewed for effectiveness. Due to the ad hoc and/or episodic nature of the services provided, except for ongoing garden maintenance, the service is not always aware of a change in a consumer’s health or circumstances. Management said informal discussions take place with consumers when they contact the service and during home visits; consumers may bring up concerns which may not be relevant to the service at hand but may indicate they require additional supports due to a change in their circumstances. In addition, after each service, a survey is sent to consumers which gives them an opportunity to provide feedback about the effectiveness of the service and indicate whether other supports are required. Management advised they contact consumers who they have not heard from in over 6 months to check if their needs have changed or if they require additional services. This involves contacting the consumer by phone to check for changes in relation to their circumstances and health, whether additional home safety services are required or services more broadly. Management advised they assist by sending a MAC referral or a referral for a MAC reassessment as required.

# Standard 3

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| Personal care and clinical care | | 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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. | **Not applicable** |

Findings

All individual requirements within standard 3 are not applicable therefore standard 3 is not applicable and was not assessed as part of the Quality Audit.

# Standard 4

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| Services and supports for daily living | | 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** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **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** |
| 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** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** |

Findings

The service demonstrated each consumer gets safe and effective services which supports their independence, health and wellbeing and quality of life. Consumers/representatives reported the services they receive helps them to maintain independence and remain living at home. Consumer preferences in relation to how they would like a home modification to be carried out or maintenance conducted, is reflected on the consumer record. Staff described how they work with individual consumers to ensure the service meets their preferences, whilst also ensuring safety and that the maintenance and/or modification is fit for purpose. Management explained how staff work with OTs to ensure any modifications are safe for the consumer.

Consumers/representatives said staff are kind, caring and respectful towards them. They spoke highly of staff who attend their home and the assistance they provide. Although consumers did not speak about their emotional, spiritual, and psychological well-being, they advised the services they receive enable them to remain in their own home and continue to enjoy activities that bring them meaning. Staff were aware of consumer’s financial or housing stresses, and the impact this can have on not only accessing needed support but a person’s wellbeing. Staff described how they work with consumers and offer them payment options and referrals to services such as No Interest Loan Scheme (NILS) and advocacy, when needed.

The service demonstrated how the services provided enable consumers to take part in the community, interact with others and do things of interest to them. The service does this by enabling consumers to continue to live in their own homes, through the provision of home maintenance and modifications, and access the community by ensuring safe egress from and access to their property. Staff provided examples of being flexible in providing services based on consumer preferences. Documents demonstrate active involvement of consumers in the planning of the services needed for their individual circumstance.

Consumers/representatives are satisfied information about their needs and preferences is shared within the service and with others involved in their care. The service has consumers sign a consent form in relation to information sharing on commencement. Staff advised that information about the consumer’s needs is available by way of the consumers’ MAC support plan, which they receive as part of the information provided to them following intake. Staff advised they always read the MAC support plan prior to meeting with the consumer as they feel this information supports them to undertake their role. They said they feel they have sufficient information to carry out their roles. Contractors advised they receive sufficient information prior to attending the consumer’s property.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers/representatives said they are satisfied with the services provided by the contractors the consumer has been referred. Staff and management could describe the process for referrals to other organisations and individuals involved in the consumer’s care. Staff advised if they identify an additional need for a consumer, they will put a note in the system for follow up with the consumer, provide the consumer with information and make a referral to MAC if required. Management advised of regular meetings with OTs from the main referring services and organising joint visits with consumers as required.

# Standard 5

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| Organisation’s service environment | | 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** |
| 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** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All individual requirements within standard 5 are not applicable therefore standard 5 is not applicable and was not assessed as part of the Quality Audit.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **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** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** |

Findings

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. Information provided to consumers informs them that the service welcomes and values feedback and provides an explanation of how feedback can be provided directly to staff, via the call centre number, by mail, email or online feedback form. Consumers are also provided with a paper copy of the feedback form and a self-addressed envelope for their convenience. Following service provision, consumer feedback is actively sought. Post-service surveys are conducted for each consumer who has recently received a service within the last 30 to 60 days. Consumers are contacted to discuss their service experience and action is taken by the end of each week. A consumer feedback report is generated quarterly, and management check all feedback has been followed up, including any comments indicating a level of dissatisfaction. Review of the consumer survey results for the period November 2022 to May 2023, shows an overall satisfaction rate of 93% and satisfaction with contractors rated at 96%.

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. Representatives interviewed advised they are able to contact the service on behalf of consumers with communication barriers should they have any concerns regarding the services. Review of the consumer handbook shows a list of twelve advocacy services is provided along with contact details.

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. A contractor must notify the service as soon as possible and in any event within 24 hours if the contractor becomes aware of a matter that may give rise to a complaint or grievance in connection with the services they have provided.

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. Review of the consumer survey results and the complaints and feedback register show collation and analysis of satisfaction rates, suggestions for improvement and improvements identified by the service such as staff training to improve service delivery.

# Standard 7

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| Human resources | | 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** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **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** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

The service demonstrated that the workforce is planned and deployed to support service delivery. Consumers and representatives interviewed said they receive the services they require in line with their needs and preferences in relation to the safety and security of their home environment. Service delivery is supported by a customer contact centre, a team of ten client services staff and a team of ten field staff. Operations are further supported by administration, human resources and finance functions and IT support. The service is aligned with the wider organisation’s structure which supports workflow and outcomes for consumers. Field staff are allocated to conduct home visits to consumers who reside in the suburbs surrounding the field staff’s residence. Management explained this provides more efficiency by reducing travel time and allowing the field staff to visit more consumers on a daily basis. Consumer need is prioritised and coded according to urgency, and this is taken into account when scheduling. A field staff or contractor is allocated to attend as required. Field staff can also attend consumer’s homes on short notice if needed.

All consumers and representatives interviewed confirmed staff and contractors are respectful and polite. Contractors and their staff are expected to be competent, professional, courteous, respectful, honest and fair in their treatment of and dealings with consumers, and they are informed of this expectation during the induction process. Policies and procedures, supporting documentation and published information clearly set out the organisation’s approach to respecting each individual consumer, with ten overarching principles on the consumer’s right to be respected.

The service ensures staff and contractors have the qualifications and knowledge to perform their roles. Consumers and representatives said staff and contractors provide a good service. For example, one consumer said they feel reassured by the fact that contractors are professional and are vetted by the service. Staff and contractors hold qualifications and experience relevant to their role in providing services to consumers. Staff advised that each contractor and each of their workers must be approved prior to attending any consumer’s home, which the service considers is a Centacare work site. Contractors must have qualifications, trade licences and relevant experience to undertake the work required. Relevant information is noted in the consumer management system to inform allocation of work.

Staff and contractors are recruited and provided with training relevant to equip them for their role, prior to commencing service provision to consumers. Induction and orientation extend over a six-month probation period, including mandatory and complementary training and on-the-job supervision by management. The organisation has an internal learning platform, Arch-eLearn, and additional training programs and education activities for staff and management. Information provided by management and records sighted show training provided. Staff are notified of the training they are required to complete, within 30, 60 and 90 days. Management is informed where staff have impending expiry of compliance and/or training requirements; this is monitored and where staff are non-compliant by the due date, this is flagged on the consumer management system and staff cannot be rostered. Training status is also monitored through a monthly report to the senior manager support services. Overarching human resources management is provided by consultants based at Stones Corner, including audits of staff records.

The organisation monitors performance and capabilities of the workforce overall to ensure service standards are met. Consumer feedback positive and negative is taken into account in monitoring staff and contractor performance on an ongoing basis. Consumer post-service survey results, including consumer comments on staff and contractors and the quality of the service provided to them, feed into monitoring and review. Staff receive ongoing supervision and support, and monthly meetings allow discussion of any current issues, training requirements and support strategies. Regular performance discussions and appraisal includes 360-degree feedback. Management listens to staff telephone conversation with consumers to monitor communication and identify training and education needs. Where expectations have not been met, action is taken promptly, and additional training and support provided if required. Where contractors have not performed to the standard expected, they are listed as inactive. The consumer management system prevents scheduling of inactive contractors.

# Standard 8

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| Organisational governance | | 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** |
| 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** |
| 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** |
| 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** |
| 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. | **Not applicable** |

Findings

Requirement 8(3)(c)

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team recommended Requirement 8(3)(c) as ‘not met’ solely on the basis Requirement 2(3)(a) being recommended as ‘not met’. The decision maker has analysed the entirety of evidence in relation to Requirement 8(3)(c) and has identified no other deficiencies that could justify a finding of non-compliant. As a result, as the Decision Maker now determines Requirement 2(3)(a) to be compliant based on immediate actions implemented to remedy deficiencies, the Decision Maker now finds Requirement 8(3)(c) to now be remedied and compliant.

The Decision Maker determines Requirement 8(3)(c) to be compliant.

*Information management*

The service has 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, service scheduling of the appropriate field staff and/or contractor to carry out the specified work, contractor trade specialities and rates. The system provides ready reference for staff on funding by location, funding availability, service capacity across service delivery areas.

*Continuous improvement:*

Active pursuit of continuous improvement was demonstrated through a range of operational systems and processes. Consumer, 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. Funding is tracked against output targets and expenditure is monitored to determine service capacity to meet consumer demand. Reports are submitted to the Department of Health and Aged Care as required.

*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. Oversight of the workforce’s capacity to provide a safe quality service is constantly monitored. The general manager for aged and disability services advised there has been staff recruitment and departures over time across the organisation, adding that home safety services have retained staff. The Assessment Team noted that a number of home safety services staff are long-standing.

*Regulatory compliance:*

The organisation demonstrated they understand their responsibilities and accountabilities as a service provider under the Commonwealth Home Support Programme. Staff are reminded that where consumers request items which are not funded under the specific service types, which focus on the consumer’s safety and security, these requests cannot be accommodated. For example, general property management and maintenance is not within scope, and may be covered under home insurance or where the consumer is in rental housing it may rightly be the responsibility of the landlord. Management advised there were no adverse findings by another regulatory agency or oversight body in the last twelve months. They described how the organisation maintains up to date information on legislative, funding and program guidelines through various methods, for example correspondence and media releases, through funding bodies and associated websites, including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission.

*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. Refer to Standard 6 for additional information.

Requirements 8(3)(a), 8(3)(b) and 8(3)(d)

Consumers are offered the opportunity to be engaged in service development and evaluation of their services. Consumer and representative feedback confirmed that the service seeks their input into the services they receive and service offerings overall. They are consulted regularly, can make suggestions for improvement and feel their feedback is taken on board. Management advise they are constantly reviewing consumer feedback, for example the six-monthly survey results are next scheduled be discussed at the upcoming meeting in June 2023.The general manager for aged and disability services explained there is wholesale review currently occurring across the organisation and a number of reform projects are underway. The practice governance unit is working on initiatives for developing new models of care, to build a better integrated and singular approach across service delivery regions. The customer journey is being redesigned, with high level work to broadly prepare for the Support at Home program. Mapping is being undertaken to facilitate awareness of what the consumer journey may look like, with communication and engagement strategies to source consumer feedback.

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. Centacare is a Directorate of the service provider, The Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane. The Centacare Council, an advisory body, meets bi-monthly and reports to the Bishop and Vicar General, with ultimate oversight by the Archbishop. Members of the advisory council have various backgrounds and specialist experience, for example disability care, high level nursing expertise, law, management and governance.

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. The advisory council has engaged a law firm to develop guidance for the organisation on the work to be done to meet all relevant standards, including establishment of a consumer advisory body; a proposal document has been drafted. The general manager, director, executive director, the advisory council and the governing body receive the information they require to support decision-making, including an outline of the presenting issues, recommended actions and outcomes for consumers. Service performance and outcomes for consumers are formally evaluated taking into account feedback and suggestions for improvement.

*High impact high prevalence risks for consumers:*

The service provides services which are focussed on improving the safety and accessibility of each consumer’s home environment, and on increasing or maintaining independent functioning to allow them to remain living in the community. Home safety services field staff conduct the first interviews and work specific risk assessments for each consumer as required. Task analyses are completed, and safe work method statements are in place to guide field staff in carrying out home maintenance and repairs and minor home modifications. Approved contractors are required to have due diligence practices in place, including task analysis, identification of hazards and appropriate management of any risks associated with the work at hand and the potential impact on consumer safety, health and wellbeing.

*Management of risk for consumers includes the following:*

The service respects consumer’s wishes and identifies and reduces risk to the safety and security of consumers to support their independence. Staff and contractors are provided with decision-making support by management when situations arise.

*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. Incidents are reported and management could demonstrate how incidents are management in real time, reported, followed up, escalated and resolved as appropriate. Incident data is analysed and used to refine strategies and prevent recurrence. Decision-making support is provided by management and an electronic incident management system facilitates oversight, including assessment of risk by the work health and safety manager.

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)