**Performance**

**Report**

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| Name of service: | Central Coast Respite Service |
| Service address: | 32 Central Coast Hwy WEST GOSFORD NSW 2250 |
| Commission ID: | 200040 |
| Home Service Provider: | CatholicCare Diocese of Broken Bay |
| Activity type: | Quality Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 8 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 Central Coast Respite Service (**the service**) has been prepared by M Cooper, 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:**

* Care Relationships and Carer Support, 24823, 32 Central Coast Hwy, WEST GOSFORD NSW 2250
* Community and Home Support, 27677, 32 Central Coast Hwy, WEST GOSFORD NSW 2250

# 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

# 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 | | 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

Requirement 1(3)(a)

Consumers said that they are treated with dignity and respect. The Assessment Team visited the Provider’s day centre and observed consumers in exercise programmes being run by the Team Leader. The Assessment Team noted that staff were communicating with consumers respectfully. Management stated that they did not have any complaints from consumers in relation to staff being disrespectful to consumers.

Requirement 1(3)(b)

Consumers or their representatives said staff understood the consumers background, preferences and what was important to them. Consumers feel valued and culturally safe. When interviewed management advised that they had a policy on cultural safety and awareness practise guidelines with cultural awareness training being included in the induction package for new staff.

Requirement 1(3)(c)

Consumers or their representatives said that the provider encourages them to make decisions about the services they receive and that during group therapy classes staff always try to accommodate requests.

Requirement 1(3)(d)

Consumers stated that they are supported to live their best life and encouraged to keep independent and to be active. The Provider stated that when a consumer expresses their desire to take risks that the Provider does not believe is in their best interest, the Provider will discuss the options with the Consumer and the Senior Services Manager will completing a risk assessment. Management also explained that they have a dignity of risk practise guidelines with a dignity of risk form being developed.

Requirement 1(3)(e)

Consumers or their representatives said that they receive information including emails and other information from the Provider in an easily understood manner which is available if required. Management stated that CHSP statements of services can be issued by the finance team if requested. The CHSP handbook is provided to all consumers and includes details and information on financing and statements.

Requirement 1(3)(f)

Consumers said they felt that staff respected their privacy when services are being delivered. Management stated that care plans are only shared with relevant parties via care link which is a password protect digital platform.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# 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)

A review of the care plans produced by the Provider reveal that they contained a comprehensive suite of information that is needed to provide the care and services to each consumer. Further to this, risk assessment considerations such as falls, choking and physical needs are listed on the front page

Requirement 2(3)(b)

Planning documentation sighted by the Assessment Team includes needs, goals and preferences. For example Consumer A - Outcome Details – ‘Client would like activities and advice on how to manage memory changes’. Primary Goals – ‘Engage in memory challenges to stimulate cognition and keep his body moving through exercise. This Consumer would like to work on mental activity to assist with short term memory’.

Consumer B – To remain independent in the home and in the community for as long as possible. Carer’s respite – someone to help with everyday tasks and give daughter a break from full time carer responsibilities. Social support/ companionship - Daily tasks around the home – cleaning up, watering the garden etc. Community access to support with shopping/errands. The service is an entry level CHSP provider and none of their consumers are at a level where advance care or end of life are an issue.

Requirement 2(3)(c)

Care plans demonstrated an ongoing commitment to regular input to service provision from consumers or their representatives. Case notes on all care plans demonstrated that consumer’s needs and wishes were listened to and form the basis of changes to care plans if necessary. Consumers or their representatives agreed that they are involved in the care planning process.

Requirement 2(3)(d)

Consumers agreed that they have received a copies of their care plan and that all information was readily available to them. Management advised they communicate with consumers and their families about changes to their care plans.

Requirement 2(3)(e)

Multiple care plans were reviewed which confirmed that reviews were carried out regularly every 10-12 months unless changes or incidents related to the consumers health and welling were recorded. The initial assessment is conducted and care plans are developed by the coordinators in consultation with consumers and or their representatives based on consumers’ needs and preferences. All consumers are provided with a copy of their care plan.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | 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. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Requirement 3(3)(a)

It was noted in the Assessment Team report that requirement 3(3)(a) of Standard 3 was not applicable. Upon reviewing the Guidance and Resource is for Providers to support the Age Care Quality Standards which states that the intent of this requirement is that it sets out the expectations that organisations do everything they can to provide safe and effective personal and clinical care. The Guidance defines clinical care as care provided by doctors, nurses, pharmacist, allied health professionals and other regulated health practitioners. The Provider is required to comply with this requirement due to the fact that qualified physiotherapists who are considered allied health professionals are designing and leading exercise programmes for consumers.

When I review the evidence contained in the Assessment Team report in a holistic manner especially in relation to the interaction between the Physiotherapists and the consumers at the Erina Day centre. It is noted that therapists’ took reasonable care in avoiding risks which may limiting the ability of the consumers and therefore, I have reasonable grounds to form the view that the Provider was providing safe and effective clinical care that is best practise being tailored to the consumers’ needs both optimising their health and well-being.

Requirement 3(3)(b)

Positive feedback was received from consumers or their representatives with regards to the identification of individual risks. It was determined that prior to the exercise class the therapist did a risk assessment with consumers by asking various questions and observing consumers prior to the class commencing. The program is also supervised by Team Leader who is qualified as a Physiotherapist. Management advised that the organisation has strategies in place in order to help staff provide care and services with notations in care plans and engaging regularly with consumers. The Provider has practice guidelines for high impact situations such as dementia care, falls management and prevention, food and nutrition, including choking and hydration & pain management. The Provider also explained that they respond to high impact or high prevalence risks that are escalated from the Senior Services Manager to the General Manager and reported to their Care Governance sub-committee.

Requirement 3(3)(d)

During the group classes staff stated that they observe the consumers and record any changes in mood, cognitive or physical function. Care plans noted that the staff updated information in the consumers care plans whenever there was a reported change in consumer behaviour, cognitive function physical function or personal capacity. The Assessment Team noted that care plans had significant details on how to follow up and take action when changes were noted.

Requirement 3(3)(e)

All consumers or their representatives agreed that their needs and preferences are effectively communicated to care staff, as they did not usually have to repeat the same information to new care staff. Care plans recorded significant notes and updated information from care staff. Notations in the care plans demonstrated that staff were well informed about the consumers’ needs and used this to inform changes to service delivery if required. The Provider’s IT system provides real time access to consumers information for use by the care staff while on site with any changes to consumers capabilities being noted at the time.

Requirement 3(3)(f)

The Provider could describe the process for staff to make appropriate referrals for specialist care by utilising interagency and referrals guidelines, by using the referral pathways. Documentation within CareLink supports this service and the Clinical Nurse is also involved in relevant referrals. Care plans recorded that referrals to other organisations, individuals and other providers of care and services were guided by the needs and preferences of the consumers. However, it was noted that the service provided limited clinical services referrals were infrequent other than to My Aged Care.

Requirement 3(3)(g)

Management described the action taken by the organisation to assess and minimise infection-related risks for their consumers. The Provider has a Covid-19 policy and procedures which were developed in line with messaging from Government bodies like NSW Health/Public Health Orders. The Provider also has immunisation requirements for staff and conducts pre visit Covid checks, and with symptoms being reported via a mobile system. Hygiene & infection prevention guidelines are in place and PPE equipment is made available to staff.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as six of the six applicable requirements have been assessed as compliant.

# 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

Requirement 4(3)(a)

Consumers reported that the Approved Provider made them feel safe and that they were able to receive supports and services that enabled them to remain in their own home and maintain independence and quality of life.

Management stated that the services and supports the organisation provides, optimises consumer independence and quality of life and through the use of enablement strategies, consumer preferences are identified. All care plans sighted by the Assessment Team were individualised and provided evidence that the supports a consumer needed were being provided. Care Plans were consumer focused and included identification of their individual interests, needs and preferences, including any personal goals. Reviews and progress notes also documented individual consumer’s needs and preferences and supports needed for daily living.

Requirement 4(3)(b)

During exercise classes at the Erina day centre the team Therapist was checking for changes in mood and signs of psychological well-being of each consumer. The Therapist asked various questions i.e., how everyone is feeling, have you all had breakfast, etc. They questioned and investigated further, regarding a consumer who appeared to have a sore shoulder. From the care plans reviewed it was clear that the services includes comprehensive information regarding consumers psychological, spiritual and emotional wellbeing and that staff regularly feedback to care program changes or concerns in these areas if identified.

Requirement 4(3)(c)

Erina day centre presented as an active and positive setting. Consumers spoken to were very positive about their experiences and told the Assessment Team the groups had made a great improvement to their lives. Consumers and/or representatives also provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest within the community. They said the care staff will take them wherever they wish on their social support services. Staff were able to discuss the services and supports they deliver to assist consumers to stay connected with the community and do the things they enjoy.

Requirement 4(3)(d)

Most consumers said staff have a good knowledge of the care and services they need. They also indicated they were satisfied the Provider had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care plans are well documented and contain sufficient information in order to deliver care and are regularly updated by staff. Comprehensive and ongoing information was obtained for each consumer’s conditions, needs and preferences initially during the first interviews and then from regular updates provided by staff as conditions changed.

Requirement 4(3)(e)

Management explained that they have good relationships with other organisations and engage with interagency network meetings. They also have a referral directory (stakeholders) including pathways, etc. for various services available. Consumer documentation sighted included information and referrals to various other third-party providers and other care organisations where the service provider was unable to provide the services necessary to support the consumer.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five applicable requirements have been assessed as compliant.

# 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. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement 5(3)(a)

Consumers at the Erina day centre they were positive in their feedback of the service environment. They felt that it was welcoming and allowed them to move around independently. Consumers said they felt welcomed by staff when attending the group activities at the service environment.

The Assessment Team observed the two bathrooms provided at the service. They were easy to locate, free of obstructions and inclusive of grab rails to support consumers independence.

Requirement 5(3)(b)

The Provider was able to demonstrate that the group activities room and other facilities used by consumers were well maintained, comfortable, safe, clean and enabled consumers to move freely. Consumers said that they felt the service environment was clean and well maintained and it served its purpose well. The premises has two entry/exit points to the group activity room. One entry/exit point led to the services bathrooms in which the door was left open for consumers to move freely between the two rooms.

Requirement 5(3)(c)

The Provider demonstrated that the fittings and equipment in use for the group activities were safe, clean, well maintained, and suitable for each consumer. Consumers said that they felt the service provided a safe and comfortable group activity room and the equipment provided was clean, comfortable, and well maintained. The Therapist was satisfied that the equipment in use is clean and checked regularly with no concerns raised.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# 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

Requirement 6(3)(a)

Consumers or their representatives said they would feel comfortable providing feedback or raising a concern with management or staff. Staff described how they support consumers and representatives to provide feedback. The complaints register viewed by the Assessment Team show consumers and representatives are supported and can access feedback mechanisms.

Requirement 6(3)(b)

The Provider demonstrated and consumers agreed that they were made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff discussed how consumers can be supported to understand the role of advocates. Management have processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

Requirement 6(3)(c)

The Provider 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 were able to discuss actions taken when they have raised a complaint. Management advised the program Team Leaders and Service Managers are responsible to for the management of complaints in the first instance, and complex complaints are escalated for action, where appropriate.

Requirement 6(3)(d)

The Provider demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers discussed improvements made by the Provider as a result of their complaints. Management described how the organisation records, acts and analyses complaints to inform systemic improvements.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# 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

Requirement 7(3)(a)

The Provider demonstrated the workforce is planned with the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. All consumers interviewed said they were very happy and appreciative of the service delivered by the therapists and staff. The also said they found therapists and staff to be competent in delivering safe and quality service. Consumers and representatives agreed staff are not rushed when delivering services and they receive a phone call or a text message if a carer was running late. All consumers interviewed agreed that there has not been a time where the service has forgotten about them.

Requirement 7(3)(b)

The Provider was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and their representatives agreed, in various ways, that staff are kind and caring. They said staff treat consumers with respect, they are responsive to their needs and understand their preferences and interests. In addition, they provided the following feedback:

Requirement 7(3)(c)

The Provider demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management described the recruitment and an initial onboarding process to ensure that the workforce that is hired is competent to perform their role. Staff must have relevant qualifications specific to their roles and must be a fit to the sector.

All consumers or their representatives provided positive feedback to the Assessment Team that staff members know what they are doing and how they like their services delivered.

Requirement 7(3)(d)

The Provider was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The organisation has policies and procedures to guide staff in recruitment and induction. The initial induction process includes mandatory training based on job role. Consumers or their representatives stated that they were satisfied with the skills and knowledge of staff. They advised in different ways they felt safe and cared for when receiving services from staff.

Requirement 7(3)(e)

The Provider demonstrated that it regularly assessed, monitored and reviewed the performance of each member of the workforce. The organisation has a performance appraisal and development process for all staff. Staff agreed they were supported in their performance review process. Staff members stated that they have completed an annual performance appraisal and completed a probationary period review when they started. Management advised that it has a new support worker manual for all staff that lists all the onboarding requirements including training completed.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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)(a)

The Provider demonstrated how consumers are engaged in developing, delivering and evaluating their care and services by asking them for input through the feedback process and annual client satisfaction surveys. Consumers or their representatives said they were encouraged to participate in the development, delivery and evaluating of a valuation of care and services.

Requirement 8(3)(b)

The Provider was able to demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services and that they are accountable for the delivery of those services. The organisation demonstrated that its governing body has the right experience to govern a service providing care to vulnerable consumers. Consumers said they were satisfied that the service is promoting a culture of safe inclusive and quality care. When interviewed staff said that roles and responsibilities were clearly defined for the governing body, management, staff and volunteers.

Requirement 8(3)(c)

Information management

The Provider has electronic information management systems in place that include a client relationship manager and a communication channel all of which are accessible by staff via their mobile phones. Staff said that they can readily access the information they need including policies and procedures. All consumer information is securely stored with all electronic records password protected.

Continuous improvement

The Provider discussed its continuous improvement process which includes staff suggestions, consumer and their representative’s feedback. Continuous improvement is discussed at a senior level by the Executive Director, the Catholic Care Advisory Council and the safeguarding and compliance meeting. This meeting includes results from consumer feedback and staff feedback. The organisation has strategic and operational business plans and a continuous improvement process in place.

Financial governance

The Provider has financial governance systems and processes in place to manage the finances that the organisation needs to deliver safe and quality care. This system is overseen by the General Manager and is reviewed regularly by the governing body. The Provider engages the services of external auditors KPMG to conduct a yearly audit of the finances.

Workforce governance

the provider has processes in place to ensure its compliance with workforce governance.

Regulatory compliance

The Provider advised that it receives regular updates from government bodies on regulatory information which is monitored by the Safeguards and Compliance team as well as the General Manager. Information that is relevant to programme managers is to be disseminated to them to be passed on to staff. The Provider said there has not been any adverse findings by another regulatory agency in relation to the services it provides in the last 12 months.

Feedback and complaints

The Provider has sufficient processes in place to address feedback and complaints.

Requirement 8(3)(d)

As part of its service delivery the Provider has a home safety assessment and strategy plan to ensure consumers and staff are safe while providing flexible respite care in the consumer’s home. This strategy includes a not at home or non-response to schedule visit protocol. Staff advised that when they are providing services they are able to see all the risks that pertain to the consumer and the strategies that have been designed to mitigate those risks. Management stated that they have a medical conditions risk management plan to support staff if a medical situation arises. Staff have been trained in the identification and reporting of suspected neglect and abuse, a review of training records confirmed this to be the case. Management stated that they support consumers to live the best life they can by understanding the consumers’ background. This point of view was supported by consumers when they were interviewed. To support its business risk and management of high impact or high prevalence risks the provider recently recruited a Clinical Nurse consultant who will assist in the development of a clinical governance committee.

Having regards to the Assessment Team’s report, comments from the Approved Provider at the time of the audit, the Approved Provider’s written response, the Approved Providers obligations under the Aged Care Act and the Aged Care Quality Standards I have reasonable grounds to form the view that the Approved Provider has complied with this Standard.

# The Quality Standard for the Commonwealth Home Support Programme services is assessed as compliant as four of the four applicable requirements have been assessed as compliant.

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