**Performance**

**Report**

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| Name: | Chermside and District Senior Citizens Centre-Burnie Brae |
| Commission ID: | 700481 |
| Address: | 60 Kuran Street, CHERMSIDE, Queensland, 4032 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9065 Burnie Brae Ltd  
Service: 26816 Burnie Brae Ltd

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7291 The Chermside & District Senior Citizens Centre Incorporated  
Service: 23698 The Chermside & District Senior Citizens Centre Incorporated - Care Relationships and Carer Support  
Service: 23697 The Chermside & District Senior Citizens Centre Incorporated - Community and Home Support

**This performance report**

This performance report for Chermside and District Senior Citizens Centre-Burnie Brae (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 22 February 2024
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives provided positive feedback about staff, confirming they were kind, and took care to be respectful. They advised staff took the time to understand consumers’ background and paid attention to their personal circumstances and preferences. The service’s care documentation included consumers’ cultural and diverse backgrounds and relevant needs and preferences. Relevant information was incorporated into consumers’ care and service plans to guide management and staff. Staff understood consumers’ cultural needs and preferences. Policies and procedures covering consumer dignity and respect were implemented.

Consumers and representatives confirmed staff understood consumers’ needs and preferences and care and services were delivered in a way that made consumers feel safe and respected. Staff provided examples of how services were delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Information about consumers’ cultural needs and preferences were captured in consumers’ care planning. Documentation evidenced an understanding of consumers’ individual needs and differences. The service’s policies established the organisation’s commitment to provide a safe, flexible, and respectful care and support environment for all consumers that was free of abuse, harassment, discrimination, and neglect. Staff were provided with training in cultural awareness.

Consumers were supported to exercise choice and independence and to make decisions about the care, services and supports they received and the way those care and services were provided. Assessment, reviews, and planning processes identified consumers’ choices and their decisions about care and services, and those were recorded in care and service plans. Staff understood how to support consumer choice and decision making. Policies and procedures were available to guide management and staff.

Consumers were supported to take risks. Assessment and planning processes identified hazards and assessed risk both individually and in the consumer home. Risk assessments and risk minimisation strategies were documented in consumers’ care records, and care and service plans. Staff were aware of how to support consumers taking risks. Policies and procedures were developed and available to guide management and staff. Training records indicated staff received training in how to identify, assess and mange risks.

The service did not demonstrate clear, accurate and timely information was provided to consumers or representatives about fee increase and changes to policies around service delivery. Management confirmed there was no evidence of individual consultation or choice and options provided to consumers following a change to service delivery. The service made changes to service delivery in relation to domestic assistance due to concerns with work health and safety and an increase in staff repetitive strain injuries. Allocation of cleaning hours were reduced in September 2023 from 2 hours to 1.5 hours of cleaning. The number of bathrooms was also reduced to one bathroom cleaned in the allotted timeframe. Consumers were not consulted about the changes, nor were they provided with options or choice. The complaints register contained numerous complaints regarding the way the changes were communicated by staff. Feedback from consumers included dissatisfaction relating to separate bathrooms now being cleaned only once per month.

In relation to changes in fees, changes were made to the fee structure for both Home Care Package consumers and consumers accessing the Commonwealth Home Support Program. While letters were sent by the service 01 July 2023 and 09 October respectively informing consumers of the fee changes and information was included in the monthly consumer newsletter, consumers provided feedback they either did not receive the information, did not understand the information, or did not provide informed consent for the change in fees. Feedback from consumers included the need to cancel services due to the increased fees.

The Approved provider in its written response to the Quality audit report committed to several actions to address the deficits identified above. Actions have included a review of the Consumer review policy to ensure consumers will be provided with choice and will be provided with consent documents for changes to services or fees. The revised Consumer review policy was submitted as part of the Approved provider response which evidenced thorough consultation would take place with the consumer or representative regarding any changes to services, supports and fees. Home Care Package consumers were contacted, and discussions were held regarding changes to fees and consent was obtained to the revised Home Care Package agreement. A spreadsheet was submitted as part of the Approved provider’s response which evidenced most Home Care Package consumers had been contacted and conversations held regarding the package fee changes. For consumers utilising Commonwealth Home Support Program funds a spreadsheet was formulated, and consumers were contacted and provided with updated consent forms and made aware of the service’s hardship service if required. The spreadsheet submitted as part of the Approved provider’s response evidence most Commonwealth Home Support Program consumers have provided consent to the changes and a progress note has been completed to capture the conversation held with the consumer or their representative.

In relation to changes made to domestic assistance services, this process was clarified through an update to documentation (including the Domestic assistance booklet), and an email was sent to support workers with a requirement to acknowledge the email. The email to support workers provided guidance and structure to support workers and also gave flexibility in meeting consumers’ preferences and priorities as it related to domestic assistance.

In relation to compliance in Requirement 1(3)(e), it is my decision the Approved provider and the service have taken reasonable and sustainable actions to address any deficits relating to fee and service changes. The inclusion of these actions on the service’s Plan for continuous improvement provides me with confidence these actions will be monitored for effectiveness and sustainability. Therefore, it is my decision Requirement 1(3)(e) is compliant for both Home Care Package and Commonwealth Home Support Program consumers.

Each consumer’s privacy was respected, and personal information was kept confidential. Consumers and representatives were advised how consumers’ personal information would be used and this was outlined in consumers’ home care agreement. Consumer information was stored in a secure electronic database. Policy and procedures reviewed privacy and confidentially were a key priority for the service. Consumers confirmed care staff were respectful of their personal privacy. Staff were able to describe how they maintained privacy and confidentiality of consumer information.

# 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

Consumers and representatives were satisfied the care and services provided met consumers’ current needs, goals, and preferences. The service undertook a range of assessments when a consumer entered the service, and these were reviewed periodically and when changes occurred. Care staff identified risks for consumers and care plans included sufficient information to guide staff in managing the risks. Risk assessment tools were used to identify health and well-being risks to consumers, including falls, pain, medication, and continence. The service had policies and procedures related to assessment and planning.

Consumers and representatives confirmed consumers were receiving care and services that met their needs and preferences. Care staff were knowledgeable about individual consumer’s needs and preferences. Staff advised discussions regarding Advance Care Directives and End-of-life wishes are conducted during care plan reviews or when there is a significant change in the consumer’s condition. The service had established policies, procedures, and training modules to guide staff in effective assessment and care planning.

Consumers and representatives confirmed the service prioritised the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. The assessment process worked in partnership with other organisations, individuals, and service providers in assessment and care planning and communicated regularly regarding the changing needs of consumers. Care planning documentation evidenced effective communication and information was stored in the organisation’s electronic care management system, which could be accessed by providers of care and services.

Consumers confirmed they received a copy of their care plan and said staff were aware of their care needs and preferences. Consumer care planning documents demonstrated the service consulted with consumers and representatives and consumers’ needs and preferences were considered. Home care package consumers had access to their care documentation, which was in a folder in the consumer’s home. Commonwealth Home Support Programme consumers confirmed they had access to a schedule which outlined the times and dates of their care or services. If there was a change to the schedule or the types of care and services provided, staff would notify the consumer or the consumer’s representative by phone or text message.

Consumers and representatives stated staff regularly communicated with them about the consumer’s needs and that the care and services received were effective. Staff said, and documentation confirmed, care planning reviews were completed six monthly for Home Care Package Level 3 and 4 consumers, annually for Home Care Package Level 1 and 2 consumers and Commonwealth Home Service Programme HSP consumers, or when there was an identified change in the consumer’s health and well-being or circumstances. Staff undertaking reviews described the process and under what circumstances a review or reassessment may be required.

Based on the information recorded above, this Standard is Compliant.

# Standard 3

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

Findings

Consumers and representatives confirmed the delivery of clinical and personal care provided was safe, effective and optimised the health and well-being of the consumer. Staff had knowledge of consumer’s needs, goals and preferences and described how the service ensured care was best practice and tailored to the consumer’s needs. Care plans accurately described consumers’ personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. The service had policies, procedures to guide staff in delivering effective personal and clinical care.

The service demonstrated that high-impact and high-prevalence risks associated with the care of consumers were effectively managed. Risk assessments were undertaken to create strategies that minimised the occurrence of incidents. Risks identified included falls and social isolation. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. The service considered risks to the consumers’ well-being and created strategies to avoid their occurrence.

Management and staff provided examples of how care and services were adjusted for consumers nearing end of life. The service provided training and had procedures to guide staff in providing care for consumers nearing their end of life.

Consumers and representatives confirmed staff knew the consumers and would recognise a change or deterioration in the consumer’s health or wellbeing. Staff described the process and importance of responding to deterioration in a timely manner. The service had procedures to guide staff in the process for managing deterioration. Care staff had a shared understanding of the process for responding to deterioration, which included contacting the clinical team and recording the deterioration via an incident report.

Consumers and representatives provided feedback that staff provided consistent care and services. Information about care and services was provided in the electronic care management system, and a copy of the care plan was stored in the consumer’s home for quick access. Staff received information about service delivery via the electronic system. Contracted staff received information about service delivery via phone or email from staff.

Consumers and representatives said the delivery of care, including referral processes, was timely and appropriate. Consumers had access to a medical officer and other health professionals when required. Consumer care documentation demonstrated input from others was sought, such as medical officers and physiotherapists and their recommendations were incorporated into care plans. The service had policies and procedures in place to guide staff practice in relation to referral processes.

Staff maintained appropriate infection control and reviewed antibiotic prescribing to reduce the risk of resistance to antibiotics. Staff were trained in infection control practices. The service had policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

Based on the information recorded above, this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(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 | Compliant |

Findings

Consumers and representatives confirmed the services consumers received help maintain the consumer’s quality of life and independence. Care documents demonstrated an understanding of what was important to individual consumers and staff describe how they helped consumers to maintain their independence and quality of life. Care staff supported consumers by understanding what was important to the consumer and conducting activities with consumers that aligned with their needs and goals, such as spending one-on-one time with them or accompanying them for walks.

Consumers and representatives provided feedback the service supported consumers to take part in community and social activities that aligned with their preferences. The service demonstrated that services and supports for daily living promoted each consumer’s emotional and psychological well-being. Staff demonstrated an understanding of what was important to the consumer and provided examples of how the well-being of consumers is supported. The service encouraged consumers to attend activities at the respite centre for social interaction and psychological well-being.

The service enabled consumers to participate in the community and do things of interest to them. Care documentation provided information about each consumer, including what their interests might be. Staff described how they supported consumers to participate in the community and maintain relationships. The service’s activity schedule included a range of activities, including dance fitness classes, yoga, card games and singing groups.

Consumers and representatives confirmed staff had knowledge of consumer’s needs and preferences. Information about consumers’ care and services was available on the electronic care system and some consumers also had paper-based care plans in their homes. Care documentation evidenced ongoing communication and consultation where required. Progress notes demonstrated information was shared with others where responsibility of care was shared.

Staff were aware of the process for referrals to other organisations and individuals involved in the consumer’s care. Examples were provided included liaising with an alternate provider to ensure a consumer was able to attend an activity of their choice.

Consumers expressed their satisfaction with the quality and quantity of the meals provided by brokered meal services and the respite centre’s kitchen. Care documentation included information about each consumer’s dietary requirements and food preferences. Each consumer’s dietary requirements were listed in the respite centre’s kitchen. Staff members were observed referring to the dietary requirements list as they served each consumer meals that aligned with their requirements.

Consumers who received equipment through a home care package confirmed the equipment was safe, suitable, clean and well maintained. Where relevant, allied health professionals conducted assessments of the consumer’s needs and recommended appropriate equipment. The service assisted with sourcing and maintaining equipment.

Based on the information recorded above, this Standard is Compliant.

# Standard 5

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

Findings

Consumers provided positive feedback in relation to attending the respite centre and appreciated the company of other consumers and they could bring a guest if they chose. The main rooms, outdoor and courtyard areas were furnished with comfortable furniture, and a nursery for those consumers who garden. The environment was observed to be warm, welcoming, and easy to navigate, consumers were participating and interacting in group activities, or doing individual activities such as jigsaw puzzles or chatting with staff.

The service grounds were well maintained and included areas that were accessible via unlocked communal doors. Many consumers were observed to be moving freely and the service environment was clean and well maintained. Cleaning occurred each night and spot cleans occurred as required. Consumers confirmed the respite centre, including the kitchen, was always clean. Staff confirmed some consumers were free to come and go as they pleased and other consumers who required additional support and safety monitoring would be accompanied by staff if they wanted to go other areas within and external to the building.

Consumers were satisfied with how well the furniture, fittings and equipment were maintained. Staff had processes in place to promptly attend to maintenance issues when required and issues could be escalated by way of categorising the urgency if necessary. The organisation had preventative maintenance schedules, and reactive maintenance procedures were in place. All furniture and fittings were observed to be clean and well maintained. The maintenance register evidenced requests for maintenance were actioned in a timely manner. The service had a range of external contractors available who were used as required.

Based on the information recorded above, this Standard is Compliant.

# Standard 6

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

Findings

Consumers and representatives were encouraged and supported to make complaints and provide feedback. Consumers confirmed they could make complaints and provide feedback and said they had no concerns talking with staff or management if they wanted to make a complaint. Some consumers participated in consumer experience surveys and provided direct feedback in this way. Staff confirmed if a consumer raised any concerns regarding their care and services, they would report directly to their supervisor and assist consumers to complete a feedback form, if required. Management sought additional feedback from consumers and representatives during care plan reviews, through regular check-ins and surveys with consumers, and by ensuring care workers captured any complaints lodged by consumers whilst providing care and services.

Consumers were comfortable raising concerns or feedback with management and were also aware of other methods they could use to raise these concerns. Staff knew how to access interpreter services to support consumers with language barriers to provide feedback if required. Management advised consumers and representatives were made aware of the complaints process, the Commission, and external advocacy networks on commencement with the service and via the consumer handbook and consumer service agreements. The consumer handbook and consumer service agreements confirmed consumers were encouraged to provide feedback and informed of the various methods in which they could do so.

Consumers and representatives confirmed staff and management were responsive when they raise concerns. Staff and management demonstrated an understanding of the importance of using open disclosure throughout the complaints process and were able to describe the process. The service had a complaints and feedback policy that incorporated the use of open disclosure to guide staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers. The service’s complaint register, and associated documentation, demonstrated all complaints were investigated by management, follow up was undertaken with the consumer and open disclosure was practiced.

Consumers had confidence in the service’s processes for reviewing feedback and complaints and using the information to improve care and services. Consumers described how they were actively involved in providing feedback on menu items and activities, for example, and their anticipation of involvement in an upcoming consumer advisory committee. The leadership group reviewed feedback and complaints, and this was audited at the end of each month to identify required actions to improve the quality of care and services. The service’s plan for continuous improvement included planned actions to address feedback from consumers to improve services more broadly. These actions were tracked by management and monitored for their effectiveness.

Based on the information recorded above, this Standard is Compliant.

# Standard 7

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

Findings

Consumers were satisfied with staff availability and consistency and confirmed staff knew consumer needs and preferences. Rostering officers worked with care coordinators to plan the workforce based on consumers’ needs and preferences. Management maintained oversight of the workforce planning and ongoing capacity to provide care and services to meet consumer current and emerging needs. Care and services were delivered by the service’s staff with support from contracted staff where required. Consumers advised they were usually consulted if regular staff were not available and were offered the choice of another staff member or the service at a different time. Staff stated they had sufficient time and information to undertake services in a safe and efficient manner.

Consumers and representatives provided feedback that staff were kind, caring and respectful of consumers as individuals, and accommodated consumer preferences. Consumers were complimentary of the personal attention they received and the caring nature of staff. Staff understood individual consumers backgrounds, past occupations, who was important to them, and what they liked to talk about. Staff received education and annual training on the code of conduct, customer service and advocacy and cultural diversity.

Consumers and representatives were satisfied with the skill level and professionalism of care staff and expressed confidence in the workforce. They confirmed the workforce knew what they were doing, and services were delivered in accordance with consumer individual needs and preferences. Selection criteria included the qualifications and knowledge requirements for each role, and this guided the recruitment process. There were processes to monitor the criminal history checks, vaccination records, drivers’ licences and mandatory training competencies including medication competencies of staff.

Staff were trained for their role prior to commencing care provision to consumers. Induction, orientation, mandatory training, buddy shifts and competency assessments prepared staff for their role. Staff confirmed they received ongoing training and mentoring, and the management team was available to provide support at any time. Evidence of training included medication management, elder abuse, manual handling, infection control, and dementia awareness. Staff undertaking medication prompting also completed annual medication competency training. Training needs were identified through internal audits, consumer feedback, performance reviews, and observation.

The performance of staff was monitored annually through a performance appraisal process and internal performance audits and consumer feedback. Consumer feedback was considered in monitoring staff and subcontractor performance on an ongoing basis. Management discussed any performance concerns with individuals when they were identified, and performance management was commenced where required. Brokered staff performance was monitored through regular management meetings, monitoring, and consumer feedback. The performance appraisal schedule evidenced staff had completed a performance appraisal with their direct manager within the previous 12 months.

Based on the information recorded above, this Standard is Compliant.

# Standard 8

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

Findings

Consumers and representatives believed their feedback was used to improve the delivery of care at the service and they felt supported to engage with the service. The service was in the process of creating an advisory board, with representation from consumers, representatives, care staff, and management. The service undertook an annual survey and management would often talk with consumers as they came into the respite centre or when management go out to see the consumers for assessments.

The service was supported by organisation wide governance systems and processes that underpinned the governing body’s responsibilities for, and commitment to, promoting a culture of safe, inclusive and quality care and services across the organisation’s different divisions. The governing body remained informed through formal governance, leadership, and reporting pathways from the service level through an established management framework. The organisation had a documented mission statement and values that focussed on a commitment to quality, safety and continuous improvement and consumer focus on culture, independence, and community. This information was communicated to consumers and the workforce through a range of documents.

The service had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, deficits were identified relating to regulatory compliance processes in relation to gaining informed consent for the use of restrictive practices or making changes to service agreements and service delivery.

The service did not demonstrate that Home Care Package and Commonwealth Home Support Program agreements were amended to reflect changes in the fee structure and the service did not gain each consumer’s informed consent to increase fees or make changes to domestic assistance service delivery as per regulatory requirements.

This information has been considered and documented in Requirement 1(3)(e) and my decision regarding compliance in this Requirement, is relevant to Requirement 8(3)(c) also.

In relation to deficits identifying restrictive practices and obtaining relevant informed consent, the Approved provider has submitted evidence of actions taken to address this deficit. Actions have included the temporary pause to respite referrals to ensure restrictive practices are minimised and only used following informed consent. Four consumers have been identified as requiring restrictive practices in the form of environmental restraint, consent has been obtained from the consumers’ decision makers, care plans have been updated to include strategies to support the consumers’ safety and behaviour charting has commenced to identify alternate strategies to reduce the use of environmental restraint. A service agreement has been signed by the service and Dementia training Australia to provide 12 months of training to staff. The service has committed to continuing to identify consumers who may be subject to environmental restraint and an email will be sent to all consumers regarding the security of the respite building to gauge their satisfaction and level of comfort.

In coming to a decision of compliance in Requirement 8(3)(c) I have considered the rectification actions taken by the Approved provider. I consider these actions to be proportionate to the risk, sustainable and will be monitored through the service’s plan for continuous improvement for effectiveness. Therefore, it is my decision Requirement 8(3)(c) is compliant for both Home Care Package and Commonwealth Home Support Program consumers.

The service had a policy and procedure around risk assessment and management, as well as an incident register which encompassed both clinical and non-clinical incidents. From these, management identified high-impact, high-prevalence risks. Management and staff stated, and training records confirmed, all staff have completed the Aged Care Code of Conduct training as well as abuse and neglect training. The Board and management worked in partnership with consumers and staff to ensure a safe home environment is a priority. The service had an incident management system which was used to provide information to the Board which was then used to initiate strategies to decrease further similar incidents.

The service implemented a clinical governance framework and associated policies and procedures to guide the delivery of clinical care. Clinical care was delivered by registered nurses and monitored by the Senior Leadership Team. Clinical staff were trained in topics that fell under the clinical governance framework, such as antimicrobial stewardship, open disclosure, and restrictive practices.

Based on the information recorded above, this Standard is Compliant.

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