**Performance**

**Report**

**1800 951 822**

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| Name of service: | Churches of Christ Care - Community Care - Brisbane |
| Service address: | 41 Brookfield Road KENMORE QLD 4069 |
| Commission ID: | 700245 |
| Home Service Provider: | Churches of Christ in Queensland |
| Activity type: | Quality Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 11 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 Churches of Christ Care - Community Care - Brisbane (**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

**Home Care:**

* Churches of Christ Care Community Care - Brisbane North, 23070, 41 Brookfield Road, KENMORE QLD 4069
* Buckingham Gardens Community Care Program - Brisbane South, 18115, 41 Brookfield Road, KENMORE QLD 4069

**CHSP:**

* Community and Home Support, 24209, 41 Brookfield Road, KENMORE QLD 4069
* Care Relationships and Carer Support, 24208, 41 Brookfield Road, KENMORE QLD 4069

# 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 and/or representatives and others.
* The provider’s response to the assessment team’s report received 7 July 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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 | **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 | | 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

All consumers and/or representatives provided feedback that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and a live a life of their choosing. Feedback from staff interviews demonstrated staff know what is important to consumers and evidenced how staff respect, support and are guided by consumer care needs, goals, and preferences. Staff said they had not witnessed a consumer being treated in an undignified and/or disrespectful way but would immediately address with the staff member or report the issues to registered staff and/or management. Care planning documents reflect the diversity of consumers at the service. Staff and management interviewed consistently spoke about consumers in a way that indicated respect and an understanding of their personal circumstances.

Consumers and/or representatives said care staff understand the consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. Staff develop in consultation with the consumers a care plan that includes information on a consumer’s culture and traditions they wish integrated into their care. Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity, are aware of their individual and cultural needs, and provided examples that demonstrated they tailor services to the individual consumer. Management interviews confirmed that staff and care workers are trained to deliver culturally safe services, and consumers reported they feel the services delivered are culturally safe for them.

Consumers interviewed said that the staff encourage them to make decisions about their services, they were aware of those persons they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice. Consumers and representatives are informed of their rights, including their right to make decisions about their own care and those they wish to involve. Training is provided to team leaders and care workers on choice, independence, and consumer’s rights. The staff onboarding program, the staff handbook and care management training all support the staff to gain skills to support each consumer’s unique needs and maintaining social contacts. Service team leaders have attended care management training which includes ensuring consumers choice and independence. The supported decision-making procedure guides staff to assist consumers to exercise choice and independence in all decisions related to their care, services and making connections.

Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer care. Care planning documentation outlined preferred care and services and goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, the use of a mobility aid.

Consumers receive a range of information which enables them to make choices. Processes to ensure this include:

Staff provide consumers with a signed copy of their home care agreement, which outlines the services, cost of services, the service fees policies and other relevant information like the charter of aged care rights. These documents are reviewed and explained to the consumers during initial care plan development and as part of the review process.

Consumers are assisted to access services appropriate to their needs, such as large print resources when they are vision impaired. Consumers who have a hearing or speech impairment can access National Relay Services for assistance with phone and internet communication.

Where English is a consumer’s second language, translation services are available through the Translating and Interpreting Services (TIS).

Consumers and/or representatives said the information is clear and easy to understand and they are encouraged to speak with coordination staff whenever they want.

All consumers and/or representatives sampled felt that staff always maintain their personal privacy during the delivery of care and services. The service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives are advised how their personal information will be used and it is described in the information provided on introduction to the service. All electronic systems used to store personal information are password protected and set up so that staff only have access to the information they require for their specific role in the organisation. Where personal information is required to be shared with a third party, for example a medical officer of the consumer’s choosing, consent for the sharing of this information is sought. Any hard copy documents containing personal information are scanned into the electronic consumer management system (ECMS). All staff sign and agree to the services code of conduct which includes privacy, dignity, and confidentiality. All staff sign a terms and conditions of employment on commencement which outlines confidentiality requirements.

# Standard 2

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

Findings

The service demonstrated effective assessment and planning, including consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Consumer’s risks have been identified which included various ways to manage any identified risks. Documentation reviewed included sufficient details about assessed needs and risks to the consumer, which are used to guide staff in the safe delivery of care and services. The Assessment Team sighted sampled consumer records and confirmed that risk to consumers is taken into consideration by the service when providing care and services. Care staff were able to provide the Assessment Team with examples of potential risks associated with providing care in consumers’ homes, such as environmental hazards, falls risks for consumers especially during personal care, medication related incidents and spills during domestic assistance. Staff walked the Assessment Team through the process they would follow to manage and mitigate any risk to consumers.

Consumers and/or representatives reported the services that consumers currently receive meet their needs, goals and preferences. Consumers and/or representatives said consumers have day to day control of the service they receive. Interviews with staff demonstrated they know the consumers well including their likes and dislikes which are recorded on consumer care plans through the services IT system. Staff also provided examples of how they meet the consumer’s individualised needs. Care planning documents describe in detail the services the consumer receives and includes individualised goals and preferences.

Consumers and/or representatives confirmed consumers participate in the planning and review of the services consumers receive. Staff described how they include the consumer and their representative, where requested by the consumer, to be involved. The Assessment Team sighted documentation on sampled consumers records that confirm the service is providing a holistic approach to the involvement of others in the planning and assessment of care to each consumer based on their individual needs.

Consumers and/or representatives report consumers receive a copy of care plans and described how the type of service and the frequency are explained to them on commencement and when changes occur. Management advised that all consumers and/or representatives are provided with a copy of the plan to be kept in the consumer’s home after the initial assessment, as confirmed by consumers sampled. Management and staff reported that staff have access to the current care and services plan via a mobile application. Consumers and/or representatives reported that staff, even new staff, know what services are required when they arrive at the consumers home with limited need to repeat themselves.

Consumers and/or representatives stated staff regularly communicate with them about the services they receive and make changes to meet their current needs. A review of care planning documentation confirmed CHSP, and HCP Level 1-2 care plans are reviewed annually, and HCP consumers receiving Level 3-4 packages are being reviewed at least every six months. Staff advised they also contact the consumer for check ins and to arrange for any necessary review of consumers needs and to ensure the new service is meeting their needs. Staff discussed these timeframes for review can change, with the addition of more frequent reviews when consumers health changes or incidents occur. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required. Staff described how this process is supported by the consumer information management system, allowing staff to add review dates into the system which provides prompts when reviews are due.

# 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/or representatives sampled said staff know what they are doing, and they feel consumers are getting the care and services that are safe and effective for them. Consumers and/or representatives reported the personal and/or clinical care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff are provided with work instructions that will direct care practices and clinical staff discussed training opportunities to ensure they have current knowledge in the care they are providing, for example for wound care. Staff providing personal and/or clinical care to the consumers sampled, had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care. Staff have access to policies, procedures, and best practice resources such as work instructions on a range of conditions, for example wound and falls management.

The service has detailed reporting and monitoring processes for consumers who experience high impact, high prevalence risks, the service demonstrated how it effectively manages high impact or high prevalence risks associated with the care of each consumer receiving services. Staff were able to identify specific risks for individual consumers as well as demonstrate their knowledge from working with the consumer to manage those risks. Care planning documentation identified strategies and guidance for new staff providing care.

The service has implemented a palliative approach framework with a focus on consumer comfort, identity, occupation, inclusion, and attachment based on a positive wellbeing model of care. The service also has a palliative care procedure for staff to follow which includes guidance on providing physical, psychological, and spiritual support, supporting the family, a holistic approach to cares and post palliative care processes. Staff were able to provide examples of consumers they have supported through the end of life processes including services they have liaised with such as GPs, local palliative care teams, and family whilst ensuring that the consumer’s needs and preferences remains the focus of these discussions.

Sampled consumers and staff, as well documentation reviewed, identified the service has processes in place to support staff to identify and notify others of changes in consumer’s condition. At each service, care workers are able to document health deterioration or an incident on the mobile phone application which alerts team leaders to review the condition of the consumer. Care workers also contact their team leaders via telephone to discuss concerns regarding consumers. For consumers sampled who experienced deterioration or a change in their condition, this was identified, reported, and followed up or appropriate referrals arranged as required.

Consumers and/or representatives stated staff and care workers know consumers’ needs. Staff confirmed they have access to consumers’ care plans on their mobile phone and can use this same application to complete dated notes, flag deterioration or changes to consumers’ health and wellbeing, and record incidents. Care planning documentation demonstrated dated notes, focused assessments and care plans provide suitable information to support effective and safe care. Management advised they have regular discussions with brokered services and specific service providers when assessments are needed.

Consumers and/or representatives stated consumers are satisfied with the care and services delivered by those the consumer has been referred to. Staff confirmed referrals are completed in consultation with the consumer/representative. Care planning documents demonstrate referrals to other health professionals and other service providers occurs when appropriate and in a timely manner. Management was able to discuss in detail the process the service takes in relation to referring consumers to other allied health professionals where there has been a need identified. Management stated they would organise a case conference to ensure that each stakeholder is up to date to ensure that the care and services provided are appropriate and meeting the needs of the consumer.

Consumers and/or representatives reported consumers have been kept up to date by the service in relation to COVID-19 as it impacts on the services they receive. Staff interviewed understand practical ways to minimise the transmission of infections and understand what signs may indicate infection. Examples given included following an infection control policy, following a screening process prior to undertaking a service with a consumer and wearing personal protective equipment (PPE) as required. Management stated staff undertake annual training in hand hygiene and donning and doffing. Staff stated there are sufficient supplies of PPE available to them. The service has an outbreak management plan, infection prevention and control work instructions and reports staff vaccination status.

# 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. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Not applicable** | **Not applicable** |

Findings

Consumers and/or representatives gave the Assessment Team examples of how the services and support consumers receive help to maintain their independence and quality of life. Staff interviewed understood what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents reviewed by the Assessment Team were individualised and included the services and supports provided and specifics on the way they are to be provided, reflecting the involvement of the consumer.

Consumers and/or representatives provided examples of how the staff provide emotional support to consumers, for example Consumer B (HCP Level 2) advised that they feel the staff would know if they were feeling down and would check in with them to see if there was anything they could do to help. Staff demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. Care planning documents reflected individual emotional and psychological needs where appropriate.

Consumers and/or representatives confirmed the organisation is flexible in the delivery of services enabling consumers to maintain consumers social networks and do the things that are important to them, for example Consumer C (HCP Level 3) receives social support from the service, care staff advised Consumer C enjoys going to local cafés for coffee when returning from their grocery shopping. 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. Care documentation provides information on each consumer’s background and their social activity preferences, where the consumers have provided this information.

The service demonstrated information about how the consumer’s condition, needs and preferences is being communicated within the service, and with others where the responsibility for services and supports for daily living is shared. Sampled consumers stated they are satisfied that information about their care and services is shared within the service and with others involved in their care. The service has a policy on information sharing which outlines the need for consumer consent prior to information being shared and for this to be documented. Staff and management expressed the importance of communicating with the consumer regularly to ensure their needs and preferences are being met.

Management advised the Assessment Team of the process for referring consumers back to My Aged Care (MAC) when social support or further needs were identified, and then described how they were able to provide this service themselves without the need to refer externally. Management described the current cohort of consumers as being ‘very independent’ and were unable to provide specific examples of how they have referred consumers to other individuals or organisations. Instead discussing how they assist consumers to maintain their current social activity preferences which have not required referral. Management was able to discuss the referral process should any of their consumers/ representatives request additional services that the service was unable to meet, or should a need be identified during the assessment/reassessment process.

# Standard 5

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

Findings

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

# 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

The service demonstrated that consumers and others are encouraged and supported to provide feedback and make complaints. For example, when the Assessment Team asked “what trends do your complaints data show you” the response was:

Communication – there have been complications with the telephone system when merging into Greater Brisbane. The interim voice response was not working correctly, and callers were unable to connect or were being redirected to areas that could not assist them.

Scheduling related to changes in care staff, changes to appointment times and on occasion without consultation with the consumer.

This was supported through feedback from consumers and staff sampled, and was evidenced on the continuous improvement plan, complaints register and feedback report.

Consumers and/or representatives said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly, as they are all approachable. Staff and management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said information folders handed to the consumers at commencement of service include:

Feedback forms and brochures about peak bodies for seniors like the Aged Care Rights Service together with information on how to access multi-lingual resources on the website which is explained to the consumer.

The Advocacy and Consumer Representation Policy guides staff in the responsibilities relating to advocacy.

The Client Information Book contains a detailed explanation of these services and it is explained in the initial visit with the consumer.

Staff may act as an advocate, acknowledging the boundaries of the doing so and where required, refer the consumer to appropriate advocacy services.

The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training modules for staff on complaints management demonstrates staff are educated on the role of external agencies including aged care advocacy and the Commission. The Assessment Team was walked through the Board report and the key performance indicators are based on the Aged Care Quality and Safety Standards. This provides data that is tweaked to provide organisational insight and may be reported through to site and service specific information.

Consumers and/or representatives who filed a complaint with the service have reported that the service took appropriate measures to address their concerns. The complaints raised by consumers typically pertained to their serviceability and having the same consistency of staff caring for their consumers. Staff and management demonstrated an understanding of the significance of implementing open disclosure throughout the complaints process and were able to articulate the process. The service’s complaints register in Riskman show that when complaints are logged, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show that there was contact with the consumers and/or representatives to find the ‘root cause’ and consider options to resolve the complaint.

Consumers and/or representatives said the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer and family/representative surveys or verbally during care planning meetings. Staff and management walked the Assessment Team through scenarios where complaints and feedback fed back into changes detailed on the continuous improvement plan. Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Executives receive monthly reports on complaints management, and this feeds up to the board. The Assessment Team sighted the monthly reports, consumer survey results, and the continuous improvement register which is listed as the CQI for last six months.

# 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 and/or representatives shared that care staff deliver the support and assistance when they expect them in most cases, and they are generally kind and helpful. Consumers stated care workers do not appear rushed and spend time talking to them about their interests. Management advised that when care workers take unplanned leave, the shift is covered rather than cancelled through the engagement of other staff, this includes the use of team leaders and access to the registered nurse. Appointments are also triaged, for example domestic assistance and gardening are generally rescheduled to another time that suits the consumer to enable staff to be reassigned to personal care appointments. On commencement, staff are oriented through skills-based training as well as buddy shifts (minimum of 2). Position descriptions guide staff practice and provide clarity on their roles and responsibilities. Monthly reporting is in place and at varied levels appropriate from staff to client service manager, and then reviewed and slightly amended to ensure reporting is appropriate for the board.

Consumers and/or representatives sampled said all staff treat them with kindness and respect them as individuals. Several consumers said the staff and care workers were always friendly and cheerful when providing services and knew them well. All consumers said the care workers respect the things that are important to them. The organisation has five core values, the first of which is “demonstrating unconditional love” toward others. The organisation believes that kind, caring staff interactions that are respectful of each consumers identity, culture and diversity, not only supports their core values but increases the quality of each consumers care outcomes. The organisation has recruitment procedures that include ensuring reference checks are undertaken prior to employing an applicant. Questions are asked during the reference check about their past performance including the way they interact with others. The organisation also has a 6-month probationary period which allows time to establish whether a recruit is going to align with organisational values and be a good fit for the service and those the organisation supports. Each consumer’s right to privacy, dignity and confidentiality is recognised and respected. Staff and care workers said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values, and decisions.

Consumers and/or representatives sampled provided positive feedback regarding behaviour and mannerisms of staff. They advised they are satisfied with the knowledge and skills of the care workers, for example in the safe use of equipment for personal care and support. They said the staff follow COVID-safe practices to keep them safe while providing services. Staff confirmed that the onboarding process included a suite of compulsory training programs. Care workers were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff interviewed said they do online training for their professional development and received regular emails from management with information from the Department of Health and changes to their work practices. Staff shared that if they wanted to complete a particular training module, they would be supported through time allocation and full pay. Management advised position descriptions outline the qualifications, registration, knowledge skills and abilities required for the relevant position. The recruitment process has a focus on getting people suited to the culture of the organisation, home care services, and consumers. Referee assessments are performed, qualifications, registrations and licenses are checked prior to appointment and are reviewed on an annual or as required basis.

Management shared that they have a strong Human Resource team that uses an electronic program to maintain recruitment processes from notifications to appointments. A structured and centralised recruitment system links all advertised roles to defined position descriptions and lists mandatory qualifications, experience and credentialing requirements which are cited and recorded prior to issuing a letter of offer to potential employees (or service agreements to contractors). Performance management processes are in place and offer staff an opportunity to receive feedback and identify training and development needs. Training documentation was sighted, and management monitor the training completion (online and face to face) and information sessions attended by staff. These include induction on commencement, annual mandatory training, and specific professional development sessions, for example training on Dementia and Palliative Care.

Consumers and/or representatives confirmed they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. Two consumers and/or representatives said they have complained about the quality of service received from some care workers and requested that they not be appointed to them any further. The service has acknowledged their requests and they have not been scheduled to them since. Staff confirmed there is a performance appraisal system in place and that they receive ongoing feedback. They also confirmed having conversations on their individual support needs and opportunities for training with their direct line supervisor. The organisation monitors its performance of this requirement by seeking feedback from consumers through comments and complaints and at reviews. The service completes an annual self-audit program which includes reviewing documentation, interviewing consumers and staff and observing staff practice to ensure that regular assessment, monitoring and review of the performance of each member of the workforce.

# 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/or representatives shared examples of where they have provided feedback to the service, including through consumer satisfaction surveys. They expressed satisfaction with the quality of the service and understand they can provide input into how services are delivered. Staff said they believe the service is well run and that they trust their direct line manager is doing their best to resolve any concerns raised. Management advised staff and consumers and/or representatives can provide suggestions for improvements at any time. Consumer feedback is received during care plan review meetings, through follow up calls, the feedback form in the consumers pack, and verbally through the care workers or phone calls to the office. The service’s continuous improvement plan and complaints/feedback register demonstrates input from management and consumers is captured and tracked, through to implementation.

The organisation employs a Clinical Support and Governance Team that supports services with policy and procedure development as well as monitoring and oversight of quality care. This team compiles and presents to the board a monthly report that contains information about clinical incidents, SIRS, alleged elder abuse, outbreaks, external complaints and compliance to assist the board to make decisions and meet this requirement. The Service monitors compliance by completing an annual Standard 8 Self-Audit through the review of documentation, interviewing staff, and observing staff practice to ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Consumers and/or representatives were satisfied that the service promotes a culture of safe, inclusive, and quality care and that the service is accountable for their delivery. Consumers interviewed discussed interactions with care staff and complimented responsiveness, indicating satisfaction with the service received. The Assessment Team observed the service has a governance system and processes that ensures the governing body has the information they need for decision-making, and oversight of performance through ongoing monitoring, monthly reporting, and management meetings. The service acknowledges that the governing body of the organisation is responsible for promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery. This has been articulated by the organisation’s commitment to this by its five key values that underpin the culture that it expects and fosters. The service’s governing body promotes a culture of safe, inclusive, quality care and services through the current Reconciliation Action Plan (RAP). The RAP is an integral part of its strategic plan and is endorsed by Reconciliation Australia. It forms a public commitment to improving the way the organisation engages and works with Aboriginal and Torres Strait Islander peoples – as consumers, colleagues, and communities.

Information Management

Churches of Christ operates an electronic records management system (Procura) with unique identifiers which is utilised across all services. The electronic record enables staff to have timely access to the electronic client records, vital to the delivery of quality care services. The governance & quality team supports the management of quality data into the Procura system and analyse data integrity as well as maintain the update of training material, reporting from the system and through data quality reports. All electronic data is backed up and archived according to legislative requirements. The Client Information Booklet provides comprehensive information to all clients about the delivery of services including use of information, privacy and confidentiality.

Continuous Improvement

The quality framework enables services to create and deliver a quality service, at the point of care to all clients. This is supported by a whole of Churches of Christ approach to quality monitoring through to the board. This is supported by:

The analysis of key performance indicators based on the quality standards, providing a standardised, intuitive reporting system for care governance at the site, region, and organisational levels.

Regular meetings between the governance & quality team and executives enhance transparency, accountability and identifying service level support requirements and risks.

The consumer survey is based on feedback metrics identifying possible areas of improvement.

Advisory groups and access to the governance & quality team ensures subject expertise is utilised and applied to priority areas.

Financial Governance

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body, financial audits are conducted yearly by an external auditor.

Workforce Governance

The service conducts regular checks on employees through interviews, one on one meetings, and the buddy system to monitor their progress and obtain any feedback for service improvement. The service has processes to ensure police checks, accreditations, and training compliance are up to date. The policy for clinical governance outlines the roles of care workers, job descriptions and performance reviews are conducted for care staff and co-ordinators. A capability framework is in place, and consumer surveys are conducted every 6 months at a minimum. Performance management takes place if a complaint is received, and the service will remove workers from consumers as required.

Regulatory Compliance

Churches of Christ has detailed processes for receiving legislation alerts, the communication of relevant legislation to applicable executives and staff, and the implementation, monitoring and recording of subsequent actions to be undertaken to ensure continued compliance with legislation. Churches of Christ policies, processes, guidelines, and manuals provide the framework for organisational conduct and the management of all business activities. The organisation has adopted a standard procedure for the development, approval, distribution, and maintenance of all policy documents.

Feedback and Complaints

The organisation has a system in place to handle feedback and complaints in a fair, and confidential manner without negative consequence. The system includes logging via Riskman, escalation, and tracking of complaints and management regularly reviews and reports on feedback (positive and corrective). The Assessment Team observed complaints informing continuous improvement strategies.

Management shared that the risk management framework and policy underpin their operations and strategic planning process. Risks are identified in a timely manner through numerous channels including home safety assessments, incident reporting, complaints, audits and surveys. Strategies are implemented to mitigate and manage these risks. The service identifies vulnerable consumers, such as those experiencing falls, social isolation, or those with dementia who are deteriorating or experiencing changes in their care needs. Any identified changes in consumer wellbeing or deterioration are promptly recorded and communicated with the consumer representative and others involved in their care.

Staff received education on elder abuse and neglect, which includes how to identify the signs and their obligation to report any concerns. They were able to explain the appropriate course of action they would take in the event of deterioration and identifying neglect and abuse in a consumer.

The service has a clinical support and governance framework which is reviewed regularly. As a result, the organisation is continually improving the way it monitors and responds to high impact, high prevalence risks. For example, the consumer incident management procedure and infectious outbreak management procedures have been reviewed and updated to improve the way the critical incidents, SIRS, alleged elder abuse, consumer aggression and outbreaks are managed.

An email alert system has been set up that is used to alert the service manager, regional manager, general manager for home care and executive director services as well as members of the clinical governance team if a critical incident or outbreak occurs at the service. A senior clinician conducts a critical incident analysis, over and above the service review of the incident, and this review is sent to the clinical governance team and the board.

Riskman records high risk high prevalence incidents. The service manager receives regular feedback from the clinical support and governance team about high-risk high prevalent risks via the regional team which includes strategies to minimise risks and the negative outcomes for consumers as a result of these risks. The information is also presented to the board monthly by the manager clinical support and governance.

The clinical support and governance team meet monthly to review and analyse clinical and care data including falls incidents, near misses, critical incidents, alleged elder abuse, resident aggression, infections, pressure injuries and absconding.

Management advised their Clinical Governance Framework is designed to contribute to the quality of life of their consumers experience when they are provided services and care in their own homes.

Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as consumers liaise directly with their GPs regarding the use of antibiotic prescribing.

Staff are trained on reducing the risk of infection, safe manual handling, workplace health and safety and fire training when they commence working with the organisation and annually after. The service has in place a learning management system that tracks compliance with this mandatory annual training to ensure all staff at the service are supported to minimise risk to the consumers.

Care staff shared there is a policy where restrictive practise is not used, and families are encouraged to consider alternate strategies as required. Management advised there are no consumers at the service who have an identified restraint.

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)