**Performance**

**Report**

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| Name of service: | Community Vision Australia Limited |
| Service address: | 16 Clarke Crescent JOONDALUP WA 6027 |
| Commission ID: | 500082 |
| Home Service Provider: | Community Vision Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 29 August 2023 to 31 August 2023 |
| Performance report date: | 17 October 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 Community Vision Australia Limited (**the service**) has been prepared by F.Nguyen, 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:**

* Community Vision Inc., 26232, 16 Clarke Crescent, JOONDALUP WA 6027

**CHSP:**

* Care Relationships and Carer Support, 27154, 16 Clarke Crescent, JOONDALUP WA 6027
* Community and Home Support, 27153, 16 Clarke Crescent, JOONDALUP WA 6027

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for 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

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers said staff treat them with respect and dignity as their rights and choices are respected when care and services are delivered. Consumers and their representatives spoke about the kindness and approachability of staff and their willingness to address their concerns. Staff spoke respectfully about consumers and could speak about each consumer’s backgrounds and preferences. The service has policies and processes that promote a person-centred and respectful approach.

The service demonstrated that care and services are culturally safe. Consumers and representatives interviewed could give examples of how the service supports their cultural preferences. Support workers interviewed said they regularly provide care to the same consumers and get to know their backgrounds and how they like their care to be delivered. Care documentation was noted to guide support workers in how they can support a consumer’s cultural needs and preferences when providing care. Policies and procedures were noted to require staff to consider each consumer’s cultural safety when planning and delivering care.

Consumers and representatives interviewed said they are involved in making decisions and can communicate those decisions easily. This was evidenced by a review of care documentation. Management gave examples of how consumers are supported when they wish to involve others in making decisions about their care. Care documentation evidenced that consumers are supported to make connections with others. Policies and procedures were noted to guide staff in how consumers can be supported to exercise choice and independence.

The service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers and their representatives said they are encouraged to do things independently and staff respect the decisions they make. Where risk has been identified the service evidenced it works with the consumer and their representative to discuss, agree, and records outcomes of acceptance of the risk and actions or strategies to be put in place. The service has policy and processes they use to capture decisions made including dignity of risk.

The service demonstrated that information provided to consumers is current, accurate, timely and easy to understand. Consumers and representatives interviewed said they have access to a consumer portal that contains their individual service record including their monthly statements. Consumers and representatives said they understand the information they receive. Management also said that they are continually reviewing documentation to ensure its currency and accuracy. The service records consumer’s preference in their individual service record on how they like to receive information either by email or post.

The service demonstrated they have policy and processes to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. A review of care documentation showed consumers sign a consent form for personal information to be shared. Consumers and their representatives said they felt their information was kept confidential and privacy was provided by staff.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 - consumer dignity and choice.

# 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 has an assessment and care planning process. The customer service officer (CSO) discusses with the consumer the care and services they wish to engage. The community life manager (CLM) works with the consumer to develop a comprehensive care plan and works with the consumer when changes to the consumers care and services are required. The information outlined in the plan of care, guides staff in the provision of safe and effective care and services to the consumer. The service considers the risk for consumers when completing assessments. Following a discussion with the consumer strategies to reduce the risk are included in the partnership care plan.

The service has processes to support the identification of consumer-centred specific goals and preferences. In addition, the community life managers advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. All consumers interviewed stated they have a say in the services and how the services are provided to them. Consumers stated the care plans are developed around their needs and preferences and they are able to make changes to the care plan at any time. They can do this either through the porthole access or by contacting the community life manager and discussing changes. Staff stated they are aware of each consumer’s needs, goals and personal preferences as this information is recorded on the care plan. The community life managers said when they visit the consumer to discuss specific service needs and preferences, they revisit the consumers goals with them, and this information is recorded in the electronic system.

The service demonstrated it involves the consumer and, as appropriate, any representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers in accordance with their obligations relating to privacy of information. All consumers and representatives interviewed reported they have had an opportunity to meet with their community life manager or community service officer to discuss their specific needs and preferences. Staff said while care plans are there to guide the care being provided there is ongoing discussion with the consumer to determine their specific preferences to be considered at the time of each service attended.

The service demonstrated outcomes of planning are effectively communicated. Support workers said they have access to the consumers care plan through the electronic system available on their electronic device. Staff said information is also provided by phone if there have been changes made and they are encouraged to visit the office and speak with the community service officers directly. Consumers stated prior to the commencement of the services, they are provided with access to their care plan which is discussed with the manager confirming the provision of services in line with their identified preferences. Support workers stated prior to the commencement of services, the community service officer will discuss with them any specific requirements a consumer may have. Staff stated if the consumer or their representative.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers and representatives interviewed reported services are regularly reviewed. They advised they are able to change their service preferences online or contact the community life manager at any time. The support workers interviewed stated when they identify a change to a consumer’s condition, they report to the community service officers and complete an incident form as well as recording some information in the electronic progress notes and record the information in an email they send as soon as practicable.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 – ongoing assessment and planning with consumers.

# 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

The service is able to demonstrate personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the personal and clinical care they receive. A registered nurse is available to assesses the clinical care needs of all consumers once they have been admitted to the service and will consult with the community life managers and refer to allied heath staff seeking recommendations for the provision of best practice strategies as issues are identified. Consumers and their representatives interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Staff interviewed demonstrated knowledge of consumers who have high prevalence/high impact risks. Staff described consumers at high risk of falling who require ongoing monitoring. Staff described how they monitor the consumers mobility when out of the home and ensure they take all mobility equipment when going on outings.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort. Consumers confirmed that, as part of the initial care planning discussion, advance care planning and end-of-life planning are discussed. The community life managers advised on admission all consumers are provided with an opportunity to complete advance health care directive. The information is discussed with the consumer and their representative at the initial care plan meeting held by the community support officer and then as appropriate.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers and representatives said there is regular contact from the community life managers who encourage them to discuss any changes in their health care needs with the support worker or to notify them through the electronic client management system porthole. The support workers interviewed stated if they identified a change in the consumers condition, they contact the community support officers immediately.

The service demonstrated communication systems available to the workforce to assist them to provide and coordinate care that respects the consumer’s choices, ensuring safe, effective, and consistent care is provided. Care plans are updated regularly, and all staff have access to information pertinent to their role. Consumers and representatives said they feel that their needs, and preferences are effectively communicated between staff. Consumers advised as they have consistent and regular staff, the staff get to know them very well. Support workers advised information regarding consumers’ care and service needs and preferences including changes that may occur, are communicated to them prior to the scheduled client visit.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers said they visit they have been referred to other services and that they are enjoying the services provided. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care (MAC) for consumers accessing CHSP services. The community life manager described the process to refer consumers to allied health services, other medical professionals when needs are identified, and MAC for consumers requiring additional CHSP services. Information regarding care and services provided by external consultants such as a podiatrist or occupational therapist are communicated to the community life managers.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. The service has in place practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumers medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use. Staff and management advised that personal protective equipment is available to all staff, training has been completed in COVID-19 prevention and staff are supported by policy and procedures.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal care and clinical care.

# 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

A review of consumer care documentation showed there are specific goals for each type of care and service for activities of daily living delivered including, how this will be achieved. The care documentation demonstrated how the service supported the consumer to optimise their independence, health, well-being, and quality of life. Consumers and their representatives interviewed said the service provides a range of services to support continued independence. Consumers and representatives interviewed said they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences.

The service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological well-being. Consumers and their representatives interviewed said the service supports them when feeling low or where they have specific spiritual and psychological wellbeing needs. Consumers and representatives interviewed said staff know them well and provide them with appropriate support where required or observed.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrated that consumers are supported to do things that are of interest to them. Consumers interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships and participate in activities within and outside of the service. Consumers interviewed who attend the Woodvale social centre said they are consulted on what and where they would like to go. They said attending the social centre has provided them with opportunities to meet socially and go out into the community and feel engaged.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and ensure that information shared is kept private and confidential. Staff were able to demonstrate they understood each consumer’s preferences, needs and health issues. The service evidenced where they share information to ensure others have current information where required. Support workers interviewed said they receive updates through their electronic device. Staff also said they will discuss at the beginning of a service what is to be provided with the consumer and report any changes in preferences, needs and condition of the consumer were observed or indicated.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care are actioned. The service demonstrated processes are in place to guide staff for this to occur internally and externally. Consumers and their representatives said there is timely follow up from referrals made. Consumers and representatives interviewed said that when referrals were required to other organisations, the service was able to provide timely support and advice.

The service demonstrated that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Staff demonstrated they know consumers’ dietary needs and preferences relating to consumers’ nutritional and hydration status. Documentation showed that consumers’ dietary needs and preferences are communicated within the service. Consumers and representatives interviewed said the staff at the Woodvale social centre understand consumer needs, preferences and when they require assistance with their meals. Support workers interviewed had knowledge of consumers’ individual meal requirements and preferences, as documented in consumers’ individual service records.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers and their representatives interviewed said they are satisfied with the equipment provided. Consumers and representatives interviewed advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals. Items included mobility aids and suitable beds and mattresses for comfort and manual handling safety. Staff said they have access to equipment to support consumers. Any faulty equipment is made safe for the consumer in the first instance and reported to their supervisor. Management advised equipment and modifications are purchased based on an occupational therapy review and assessment.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – services and supports for daily living.

# 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

The service demonstrated that the environment at the Woodvale social centre was welcoming and easy to understand for consumers. Observations and interviews confirmed the environment is easy to navigate and understand, with directional signs in place to support navigation for consumers and visitors. Consumers said they found the service environment to be safe, welcoming and easy to understand. Support workers from the Woodvale social centre interviewed said they greet consumers and representatives in their native language when they enter the centre. The community life manager at the Woodvale social centre said when the bus arrives with the consumers on board she will go out and personally greet them.

The service environment at the centre was safe, clean, well maintained and enabled free movement. Outdoor areas have level pathways for access and sitting areas that are well maintained. Consumers were observed freely moving around the centre and had access to different areas. All consumers and representatives interviewed did not raise any concerns about the service environment at the Woodvale social centre. Staff interviewed were able to describe the processes in place to report issues to the community life manager if they identified any issues.

The service demonstrated fixtures, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean, and well maintained. This was confirmed through observations. The community life manager described the processes staff follow to ensure equipment is safe including the monitoring and documentation of fridge and freezer temperatures and how staff report any issues to her. Management said support workers report any maintenance issues about furniture, fittings, or equipment at the centre. Equipment not suitable for use is removed from the Woodvale social centre.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 – organisation’s service environment.

# 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 consumers, their representatives and others are encouraged and supported to provide feedback and make complaints. Consumers know how to provide feedback or make a complaint. Most consumers and their representatives have online access to lodge feedback and complaints. Consumers and representatives can also provide feedback verbally with staff in person or over the telephone. Staff described the processes used when a consumer or representative raises an issue or concern.

The service demonstrated consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed said they were aware advocacy and interpreter services are available. Staff were able to provide examples of how the service will use advocacy and interpreter services where required. Management discussed processes to ensure consumers have access to advocates and language services. Consumers interviewed confirmed they were aware of external services to raise feedback and complaints including the Commission and advocacy services. Staff interviewed explained how they would use interpreter services when needed to ensure consumers have access to appropriate language services if needed.

The service demonstrated it takes appropriate action in response to complaints. An open disclosure process is used when things go wrong. Consumers interviewed said the service acts on complaints and feedback provided. The service has documented policies and procedures to guide staff on the management of feedback and complaints. Consumers confirmed the service responds to feedback and complaints quickly and appropriately. Support workers interviewed could explain how they report feedback and complaints directly into the electronic system. Management interviewed confirmed the process for recording and resolving complaints raised by consumers.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Management described how feedback and complaints are analysed and trended and how the information is used to improve services. The Assessment Team viewed documentation that evidenced feedback provided has positively impacted service delivery. Consumers interviewed were confident the service uses feedback and complaints to improve services. Management stated the service’s complaints data has shown a trend in complaints about consumers not having the same support worker for each service visit.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – feedback and complaints.

# 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

The service demonstrated the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumers confirmed they receive quality care and services. Staff and management described how they plan and manage the workforce to deliver consistent quality care and services. Consumers interviewed indicated they receive the care and services they require, and they are happy with the support workers who assist them. Support workers interviewed indicated they are not rushed when providing services. They have access to the electronic system for case notes and are encouraged to record the notes in the presence of the consumer.

The service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and/or representatives interviewed confirmed in various ways that staff are gentle, kind and caring when providing care and services. Staff and management interviewed spoke about consumers in a kind and respectful way. Consumers and/or representatives indicated staff treat the consumers respectfully. Staff and management interviewed spoke in a kind, caring and respectful way about consumers and described how they are respectful of consumer’s preferences when providing care and services.

The service demonstrated the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Staff and management described recruitment processes to ensure staff have adequate skills and qualification prior to employment. They also described how management monitors staff competency through observation, feedback and performance reviews. Prior to commencing employment, staff must show evidence of appropriate qualifications for the role. The service maintains job descriptions for each role and ensure staff recruited to the role have the relevant qualifications and experience to perform the role.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Support workers interviewed confirmed they receive regular training to support them in their role. There is mandatory training which they can complete online. There is also additional training staff can complete to increase their knowledge of how to support aged care consumers. Recruitment staff explained the recruitment process, which includes an initial telephone screening to identify skills of the prospective employee. Staff are offered ongoing training and professional development opportunities.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce occurs. Management described the process for regular assessment and monitoring of workforce performance. Staff interviewed confirmed they have their performance regularly appraised. The people and culture manager explained the performance appraisal process.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – human resources.

# 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

The service demonstrated it engages consumers in the development, delivery and evaluation of care and services. Consumers are supported in this engagement. Management discussed the various ways they engage with consumers, including surveys and direct involvement in developing and changing systems and processes. Consumers who wish to have direct access to their own records and for feedback reporting through an online portal which was developed in consultation with consumers. Management discussed how consumers were actively involved in the development of the electronic care system and how consumers have access to support worker case notes. Management said the service has always had consumer advisory group arrangements in place in various forms.

The service demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has a volunteer Board of 7 members with relevant backgrounds, experiences and skill sets, including risk, governance, legal, quality, compliance, education and clinical backgrounds. The Board has a sub-committee which considers clinical, care and quality related items, with Board members on the sub-committee having relevant clinical and governance backgrounds. The Board considers relevant data and information to ensure care and services are delivered safely, effectively and in line with best practice. Members of the Board regularly attend the social centre and engage with consumers at lunch and events. This provides them with further opportunities to identify any risks or issues which should be considered by the Board.

The service demonstrated there are organisation wide governance systems in place to manage and monitor information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff interviewed confirmed they have access to information to guide how they deliver care and services. Management demonstrated how the service uses various systems and processes to have effective organisation wide governance.

Information management:

The service has a centralised electronic system, with staff having access through electronic devices at the point of care/service. Two factor authentication is in place to access the system. Consumer documentation is stored securely. Staff interviewed confirmed they have ready access to relevant documentation and information about consumers. They can record case notes directly into the system.

Continuous improvement:

Continuous improvement opportunities are identified through various mechanisms including complaints, feedback, incidents, staff performance and audits. The Assessment Team sighted the continuous improvement registers which show evidence of areas for improvement identified through various mechanisms. It details actions to be taken, who is responsible, target date, progress, date closed and review date. Management said data across various areas of the service help to identify areas for improvement.

Financial governance:

The service has financial governance systems and processes in place to manage the finances and resources required to deliver safe and quality care and services. This includes providing HCP consumers with a budget upon entry to the service, and monthly statements which consumers confirmed are clear and accurate. The Assessment Team sighted examples of HCP budgets and monthly statements which clearly detailed the services included and charges applied to the account.

Workforce governance:

Management and staff are provided with a job description and have a clear understanding of their roles and responsibilities. The service has processes for onboarding new staff, including training relevant to the Quality Standards. The service has relevant policies in place to manage the workforce, including a performance and development policy. Training of staff is managed by the service.

Feedback and complaints:

The service has an electronic feedback and complaints system, accessible to staff and consumers for recording feedback, compliments and complaints. Management reviews feedback and complaints and reports regularly to the Board on numbers and trends. Feedback and complaints are reviewed to identify opportunities for improvement. The service has various policies and procedures addressing how it seeks, gathers and responds to feedback and complaints.

The service has effective risk management systems and practices to identify, assess and manage risks to the health, safety and well-being of consumers. Incidents are recorded promptly in the service incident management system and clear responsibilities are outlined in procedures.

Managing high-impact, high-prevalence risks:

The service demonstrated that there is a process in place to identify risks associated with the care of consumers and strategies put in place through consumer risk assessments. A review of documentation showed that risks to consumers is managed individually and outlined in each consumer’s support plan. The organisation has regular quarterly clinical and quality care meetings to review incident report forms to identify trends and to discuss strategies for individual consumers as issues are identified.

Identifying and responding to abuse and neglect of consumers:

Management advised staff are provided with training on elder abuse and Serious incident Response Scheme (SIRS) along with Code of Conduct training. The management team advised they are currently reviewing the training program.

Supporting consumers to live the best life they can:

The organisations policies and procedures support consumers to live the best life they can by ensuring that any risks to the consumer are identified and strategies agreed to mitigate those risks. Management demonstrated knowledge and understanding of individual consumers’ risks and vulnerabilities by working through the consumers choice that may have some risk and working through appropriate mitigation strategies.

Incident management system:

The service has an incident management system in place. Staff interviewed said they report any incidents whether observed or occurred prior to them attending to the consumer, or if deterioration of a consumer is observed. Staff advised they have been provided training on what to do when reporting an incident. Review of incidents showed there is timely reporting, investigation and actions are taken to prevent or reduce the likelihood of the incident recurring for each consumer. Clinical incident reports are reviewed monthly to identify any trends and analysed by the care and clinical governance committee to consider what actions the organisation can take to minimise risks.

The service demonstrated that it has a clinical framework in place, ensuring consumers receive safe, quality clinical care. The framework includes process for open disclosure, management of restrictive practices and antimicrobial stewardship.

Antimicrobial stewardship:

The service has policies, procedures, and training in place relevant to anti-microbial stewardship. Management advised staff have ongoing conversations with consumers when they are identified as having been prescribed antibiotics, on appropriate use of antibiotics. The service has a policy and procedures in place for infection control including how an outbreak will be managed.

Minimising the use of restrictive practices:

The service has a restrictive practices policy in place whereby the organisation outlines promoting a restraint-free environment enabling consumers to live with dignity. Management have advised they have recently revised and expanded the training program related to restrictive practices. Staff complete as part of the mandatory annual training program and includes how to identify what restrictive practices would look like in a home care setting.

Open disclosure:

The service has an open disclosure policy and staff were able to describe what this means when something goes wrong and in their approach to resolving complaints. Management demonstrated how they apply an open disclosure process in the resolution of complaints and incidents and this information is discussed with the staff during orientation and at the regular training sessions throughout the year.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – organisational governance.

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)