**Performance**

**Report**

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| Name: | Cooinda Community Care |
| Commission ID: | 200115 |
| Address: | 12-14 Neate Street, COONABARABRAN, New South Wales, 2357 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 977 Cooinda Coonabarabran Ltd  
Service: 17482 Cooinda Community Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7511 Cooinda Coonabarabran Limited  
Service: 25021 Cooinda Coonabarabran Limited - Community and Home Support

**This performance report**

This performance report for Cooinda Community Care (**the service**) has been prepared by Monika Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Each service demonstrated treating consumers with respect and supporting their rights in line with the Charter of Aged Care Rights. Each service provides consumers with resources and information on ways of reporting disrespectful care or discrimination in how their care and services are delivered. Consumers and representatives confirmed they are treated respectfully and are provided with dignified care and services. Staff demonstrated knowledge about consumers lives and what is important to them. The assessment and care planning documentation reviewed included references to the consumer’s individual circumstances and involvement in decision-making.

Each service demonstrated working with consumers and representatives to help the service understand if cultural preference needs were being recognised and respected through the delivery of care and services.

Consumers and representatives confirmed the service coordinators, management and brokered staff understand consumers’ backgrounds, preferences and what is important to them, which makes them feel respected, valued and culturally safe. Management and support workers described how they interact with consumers sensitively and how they understand their cultural backgrounds. The Assessment Team reviewed documented evidence, which showed each service providing culturally safe.

Each service demonstrated that consumers are supported in exercising their rights and making decisions themselves. Each service provides consumers with service options available to them and respects their choice without limitations. Consumer consent to the involvement of others involved in their care and processes are in place for situations where a consumer may lack the capacity to make decisions. Consumers and representatives said the service supports them in making decisions about their services, including involving those they wish to be involved in their care and preferred ways of communication.

Consumers and representatives confirmed that the service supports them in living their best lives and encourages them to stay independent and active. Staff and management interviewed described how the service identifies any potential individual risks to consumers, including discussions with the consumers and representatives on how to minimise harm and referrals back to My Aged Care for additional services. Consumer Care planning documentation sighted by the Assessment Team identified risks and was acknowledged by the consumers and representatives when signed.

Each service demonstrated that it appropriately provides consumers with helpful resources about its care and services, including the care and services it offered, as well as commitments and obligations. Each service discussed their understanding of adapting their ways of communication to meet the diverse needs of consumers. Consumers and representatives interviewed confirmed that they are provided with information that is clear and easy to understand and enables them to make choices. Staff described how they adapt their communication with consumers to help them understand concepts they may not be familiar with and outlined how they may communicate differently with those who exhibit symptoms of dementia or who have intellectual difficulties.

Each service demonstrated consumer privacy, and that information is respected and kept confidential. Staff spoke of different ways they respect consumer privacy during service delivery and described how the organisation maintains and shares records to protect privacy and confidentiality in line with consumer preferences. Consumers are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy and is confirmed.

Based on the information summarised above, 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives were satisfied with the assessment and care planning process, and described the various services they receive and how they help them maintain their independence and quality of life. Consumer documentation reviewed shows assessments and care planning documentation are undertaken on commencement with the service and regularly updated. Consumer care planning documentation is sufficiently detailed to guide support workers in the delivery of safe care. Staff interviewed were able to describe the risks associated with each consumer they provide care and services for, including checking for skin integrity, falls and social isolation.

Consumers and representatives confirmed they receive the care and services they currently require, noting they are satisfied that their planned care is reflective of their current needs and goals. Staff interviewed described receiving the information they require regarding consumer needs goals and preferences through an ‘app’ on their mobile device which includes access to the care plan. All support plans sampled showed individual, tailored care and service plans were documented for each consumer and the care needs and goals reflected their personal preferences.

Consumers and representatives interviewed consistently expressed satisfaction the service, and their care team involved the people most important to them when deciding the areas of support services. Management described how staff engage with consumers and their families if the consumer wishes, as well as general practitioners, hospitals and others including allied health clinicians as appropriate.

Consumers and representatives interviewed stated staff explain information about their care and services and have been provided a copy of their care plan. Consumer documentation reviewed shows each consumer has a documented care plan. Support staff interviewed stated they have access to the consumer care plan and service schedule at the point of care, with adequate details regarding the care and services they are delivering. Management explained the service communicates with consumers and their families about changes to their care plans when responding to changing needs and during the review process.

Consumers and representatives interviewed expressed confidence that if their needs or preferences changed, they would be able to change the services they receive to meet their needs. Management and care coordinators advised HCP consumers receive a care plan review at a minimum annually or as required if changes in care needs are identified. Management explained CHSP consumers have their care planning and assessment documentation reviewed at a minimum of annually or as required depending on changing needs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, On-going 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for the service.

Consumers and representatives interviewed described consistency in the staff delivering their care and services, noting they are happy with how their care is delivered. Consumer care planning documentation consistently described with accuracy the consumer’s current personal and clinical care needs including the use of assistive technology, aids and equipment and detailing how care and services are required to be delivered. Management advised the service ensures that the personal and clinical care provided is tailored to the consumer needs.

Consumer documentation reviewed demonstrates that high-impact or high-prevalence risks associated with the care of consumers are identified and documented, with clinical and allied health assessments occurring as appropriate. Actions to manage and mitigate risks to consumers are developed and evident in consumer care plans, clinical assessments and vulnerable persons assessment which clearly identifies consumers who are highly dependent and reside by themselves. Management stated that the high impact or high prevalence risks experienced by their consumers are primarily related to dementia, cognitive impairment and falls, and they analyse and respond to these risks through reports, team meetings and RN oversight.

The needs, goals, and preferences of consumers nearing the end of life are recognised and management advised it has worked in partnership with End-of-Life Directions for Aged Care (ELDAC) and Dubbo Health Service Specialist Palliative Care Service for their resources and support to provide for the comfort and the dignity of their consumers. Management advised they do not currently have any consumer nearing or receiving palliative care. Typically, consumers at the service nearing end of life go into respite and subsequently choose the residential option. Staff interviewed described the way care delivery changes for consumers nearing the end of life and the application of safe, practical ways in which consumers’ comfort is maximised near the end of life. Consumer documentation reviewed shows the service enquires with consumers regarding their advance care planning during the initial assessment conducted on commencement with the service.

Consumers and representatives interviewed expressed confidence that staff know them and would recognise if their health changed suddenly. Support workers were able to describe the most recent significant changes that occurred in their consumer’s personal or clinical care needs, and generally report this to the care coordinator by calling and making progress notes. Management advised staff notify the service about changes or deterioration in the health or function of a consumer by calling, emailing and making progress notes via their mobile app. Consumer care planning documentation shows the service reviews and adjusts services in response to changes in the consumer’s condition and needs, and that consumer deterioration is responded to appropriately.

The consumers and representatives advised staff knew consumer care needs and said they completed a range of care planning and assessment documents when first signing up and later when the need arose about consumers ongoing care needs. Management and staff said their care plans and assessment, shift notes, and service schedules are readily available for to support workers at point of service. Staff said support workers and representatives are provided with care plans and assessments with the consent of the consumer. The Assessment Team reviewed consumer care planning and assessment documents, which showed all were sufficiently detailed, and their information was consistent and current across various documents.

Consumers and representatives interviewed consistently reported the service contacts their general practitioner or local area health services and other health professional including nursing and allied health services promptly when their personal or clinical needs change. Consumer documentation reviewed consistently shows the service ensures referrals are made as appropriate and in a timely manner. Support workers interviewed described reporting via progress notes, email, phone call, or in person when a potential need for a referral is identified.

Consumers and representatives interviewed described the practices staff adopt to limit possible infection, including hand hygiene practices and the use of personal protective equipment (PPE) as appropriate. Management explained the service implements their COVID plan to manage any outbreaks and provides mandatory infection prevention and control training to all staff. Staff are provided with PPE, with a requirement for it to be worn when a consumer has reported an infection.

Based on the information summarised above, 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. | Not Applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for HCP, and 7 of the 7 specific requirements are compliant for CHSP.

Consumers and representatives confirmed they receive the services that help them maintain independence and quality of life through services that support their continued independence within the home and support to engage with their community. Consumer documentation reviewed outlines the consumers’ needs, goals, likes and dislikes to optimise the consumer's health, well-being and improve quality of life. Management stated the service ensures the care and supports provided are optimising consumer independence and quality of life through seeking feedback on what supports they need which promote independence and improve their quality of life.

Consumers and representatives advised they feel confident staff support them if they are feeling low. Consumer documentation including initial and review assessments contain information related to spiritual, emotional, and psychological wellbeing, including religious and social activity preferences. Staff interviewed described how they support consumers who are feeling low, including taking time to sit and discuss consumer concerns, having conversation to shift the consumer’s mood, scheduling welfare checks or offer other services.

All consumers and representatives interviewed expressed various ways that the service enables opportunity to do things that are meaningful to them, including community activity groups and supporting in social interaction and relationships. Consumer documentation provides information regarding the consumers likes, interests, preferences and provides goals and actions to support the engagement and participation in their interests.

Consumers and representatives stated staff know their care needs, and do not have to repeat information or direct staff in what to do during service delivery. Care planning and reassessment are reviewed annually and are developed in consultation with the consumer and representative. Support workers described receiving updated information when a consumer’s condition changes via telephone or through the ‘app’ on their mobile device. Management explained the service ensures staff have appropriate access to information required to provide consumer care and services.

Consumers and representatives stated they are referred to other lifestyle services they may require, including planned activity groups, social support groups and My Aged Care. The service maintains an intake and service referrals procedure which guides staff in making consumer referrals.

The HCP service does not provide nor is it funded for meals Therefore Requirement 4(3)(f) is not applicable.

CHSP consumers receiving morning and afternoon tea at the day centre were satisfied with the quality, quantity and suitability of meals. The meals were sourced from the provider’s adjacent residential care centre. Staff are aware of consumers’ dietary needs and preferences including allergies. Staff provide attendance lists with dietary information captured within it.

Consumers and representatives advised the equipment consumers have is safe suitable and maintained. Consumers advised they are satisfied with the equipment they use and said it was purchased in accordance with recommendations made by allied health professionals. Items included mobility aids including walking frames and wheelchairs, shower chairs and over toilet chairs. Consumer documentation reviewed consistently shows appropriate occupational therapy assessments with recommendations for safe and suitable equipment.

Based on the information summarised above, 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

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for the service.

The service environment presented as welcoming, safe and well maintained and the consumers expressed a sense of belonging and were observed to be able to move freely in all areas used for activities, meals and convenience. All consumers interviewed spoke positively about the service environment and interactions with others, and said consumers feel welcomed, are ‘greeted like family’ by staff. Consumers said they have a sense of belonging to the groups they attend. Consumers attending the social support group are provided with a monthly schedule of activities and transport for those needing to be picked up from their homes and dropped back. Consumers mobility and functional capacity is known to staff and access to the bus is assisted, if required. Staff were able to explain the daily rostering system and how they plan each session, prepare for each consumer attending by reviewing their transport arrangement, dietary requirements, support and assistance.

The service was able to demonstrate that the social support group centre is safe, well maintained and consumers are able to move freely to all areas both indoors and outdoors. Consumers interviewed expressed satisfaction with the suitability, cleanliness and maintenance of the building, furniture and fittings. Staff advised regular cleaning is completed of the building at the end of each day and that furniture, fittings and equipment are checked to ensure they are safe, clean, well maintained and comfortable for consumers.

Consumers interviewed expressed satisfaction with the suitability, cleanliness and maintenance of the building, furniture and fittings. Staff described processes to ensure furniture meets consumers’ needs, including reporting of maintenance issues within the service. Staff advised regular cleaning is completed of the building at the end of each day and that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, organisations 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

Each service demonstrated that it encourages and supports consumers and their representatives to provide feedback and make complaints about the care and services they receive. Consumers and representatives confirmed the organisation provided information that supports their right to provide feedback or make a complaint. Staff described the process of bringing feedback from consumers or representatives to management's attention, whether positive or negative. They said they discuss the person's rights with consumers and their families, how to make a complaint or give feedback, and how to access an advocate or external bodies such as the commission.

Each service supports and makes consumers aware of their rights to provide feedback and make complaints, including supporting consumers in accessing other services that can assist in accessing alternative complaint-handling options, including the Aged Care Quality and Safety Commissioner. Consumers and representatives confirmed they receive information on their right to advocate and advocacy services in their community as well as how to provide feedback or complaints. Staff advised although consumers have not needed assistance in accessing advocacy or language services to date, there are processes to ensure this occurs. The Assessment Team sighted the organisation's Advocacy, Feedback and Complaints policies. The complaints policy described external supports available to consumers to raise complaints and general feedback.

Each service demonstrated having effective complaint system and processes. The organisation's feedback and complaints processes and system support each service to promote a culture of learning, an understanding of what went wrong, and ensuring consumers' complaints and feedback are followed up with appropriate action taken and the outcome recorded. Staff interviewed demonstrated awareness and knowledge of open disclosure.

Each services demonstrated feedback, and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives confirmed they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with staff if the need arose. Staff and management identify opportunities to increase consumer engagement through annual surveys. 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.

Based on the information summarised above, 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Each service demonstrated there is an effective human resource management system to support sufficient numbers of skilled and qualified workforce including management, support workers, coordinators, and subcontracted staff. Consumers confirmed staff always arrive on time. Management advised that each consumer has a set staffing establishment and staffing profile. Rosters and workforce management are planned to meet each consumer's required care and service delivery management needs.

Each service treats consumers as individuals with their own preferences, needs, and abilities, which is displayed in day-to-day interactions with staff and consumers. Each service's staff demonstrated flexibility and responsiveness with behaviours that support a consumer-centred approach. Consumers and representatives interviewed provided positive feedback about their interactions with the workforce. They described staff as kind, caring, respectful, and helpful. Staff and management said their interactions with consumers and representatives are kind and respectful. The Assessment Team reviewed the evidence of position descriptions, organisational policies and procedures, and the code of conduct, which guide and reflect the service’s expectation that staff behave in a respectful way.

Each service demonstrated appropriate systems that ensure staff have the qualifications and skills and work within the scope of their practice and responsibilities, specifically for personal and clinical care. For clinical staff work, the service demonstrated staff work in line with current legislation. Consumers and representatives provided positive feedback regarding management, coordinators, and support workers. They advised that they are satisfied with the knowledge and skills of all staff. Staff discussed receiving ongoing professional development requirements that improve their knowledge and said there is no training they have not had access to when requested. The Assessment Team reviewed the organisation's policies and processes in place, which demonstrated that each service appropriately monitored and checked skills, qualifications, and competency knowledge.

Each service-demonstrated staff members receive the ongoing support, training, professional development, supervision, and feedback they need. Staff interviewed confirmed they receive initial and ongoing training, both face-to-face and online. Staff said they feel well supported by management through regular meetings and the provision of ongoing training and information. The Assessment team reviewed evidence of staff induction and other training development programs that support the workforce in delivering outcomes for consumers that are in line with the quality standards.

Each service's demonstrated staff performance is evaluated, monitored, and managed to identify, plan for, and support any training and development needs, which shows staff ensure providing quality and safe care and services. Consumers and representatives interviewed said they are frequently asked to provide feedback about consumer services and any issues with staff or the way services are provided. Management described processes for monitoring and reviewing staff performance. They said appraisals are conducted annually and confirmed they have no current performance issues they are managing at present. Management described the organisation using feedback from consumers and representatives and performance reviews to identify staff training needs and improvement plans that could be raised for the staff member if needed.

Based on the information summarised above, 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

The organisation demonstrated that it involves consumers and representatives in developing, designing, and evaluating its care and services by asking for input from a wide range of consumers about their experience and the quality of the care and services they have received. The Assessment Team sighted documents that showed the service reviews and how it responds to the information it gets from consumers. Consumers and representatives said they could provide feedback at any time, are asked for input on their delivery of care and services and are kept up to date and engaged with any service improvements. Staff said they feel the service is well run, and management staff are reactive to consumer and representative requests and implement any changes quickly.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. The Board and subcommittees closely monitor the quality of care and services provided to consumers through its Quality Care Advisory Body, which incorporates clinical governance. The governing body oversees the organisation’s strategic direction and policies for delivering care that meets the Quality Standards some examples of evidence and information reviewed by the assessment team include.

Effective governance systems are in place, which include scheduled meetings, audits and reporting structures for identification of information updates and dissemination, including changes to policies and procedures and processes and systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The Organisation and its governing body demonstrated having appropriate systems and processes in place that support the workforce to assess risks to the health, safety and well-being of consumers. The processes and system used by the organisation identify and evaluate incidents and ‘near misses. Staff are supported by management if they identify abuse and neglect of consumers. Relevant action is taken, and referrals are made if required. Staff outlined processes they follow if they are concerned about a consumer. Staff are aware of the aged care abuse line and advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties, and limited support.

Effective clinical care systems are in place and supported by the clinical governance framework, which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff advised the organisation does not prescribe medications but, in some cases, prompts medications but does not seek to contribute to the containment of antibiotic resistance as this is the domain of the consumers and their physicians. Staff are trained in infection control and vaccinated, thereby minimising the need for antimicrobial use by the consumers. Management advised and staff confirmed they are aware of the need for antimicrobial stewardship, and they have access to guidance on this in their personal care and clinical care policies and procedures as sighted by the Assessment Team.

Based on the information summarised above, 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)