**Performance**

**Report**

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| Name: | CPL Beenleigh |
| Commission ID: | 701034 |
| Address: | 24 Tansey Street, BEENLEIGH, Queensland, 4207 |
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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: 9156 CPL - Choice, Passion, Life  
Service: 27304 CPL - Choice, Passion, Life  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9560 Cerebral Palsy League of Queensland  
Service: 27276 Cerebral Palsy League of Queensland - Care Relationships and Carer Support  
Service: 27275 Cerebral Palsy League of Queensland - Community and Home Support

**This performance report**

This performance report for CPL Beenleigh (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The service demonstrated each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke respectfully about consumers and understood consumers' personal circumstances and how it influenced the delivery of their individual services. Documentation demonstrated the service was inclusive and respectful of consumers' identity and personalised for the consumer. Consumers and representatives described staff as kind, caring and respectful. All consumers and representatives described in various ways how consumers were treated with dignity and respect, and how the service recognised and valued their identity, culture and diversity.

The service demonstrated that care and services provided were culturally safe. Staff demonstrated an understanding of consumer’s cultural background and described how they ensured services reflected consumers’ cultural needs and diversity. Care planning documentation reviewed included consumers' cultural background and spoken language. Consumers confirmed care staff considered and supported their cultural needs and preferences when providing care. Consumers and representatives advised they feel the service understands consumers’ background, culture and what was important to consumers.

The service demonstrated how each consumer was supported to exercise choice about their services, including when others should be involved, communicate their decisions, and make connections with others. Staff described how they supported consumers exercise choice and make decisions about the services they received. Documentation evidenced consumers were supported to make choices as part of the assessment and planning process, and while services were being delivered. Consumers and representatives confirmed the service involved consumers, and others if they chose, in making decisions about the services consumers received. Consumers, representatives and staff described how the service supported consumers to exercise choice about their services.

Consumers were supported to take risks to enable them to live the best life they could. Consumers confirmed they were encouraged to do things independently and care staff respected the decisions they made. Staff and management demonstrated how they supported consumers to make choices and decisions about their services, including choices that may place them at risk.

Information was provided to each consumer which was current, accurate and timely. Consumers were provided with timely information and were supported to understand the information, enabling them to exercise choice. Consumers were asked their preferred method of communication during intake, including how they received information.

Consumer’s privacy was respected, and personal information was kept confidential. Consumers were advised how their personal information would be used and consent was sought and documented to share information with other providers. Consumer information was stored in a secure electronic database and physical records were stored in locked filing cabinets. Access to electronic information was limited by role and was password protected. Policies and procedures reviewed identified privacy and confidentially were a key priority for the service. Consumers and representatives interviewed said that the service was respectful of consumers’ privacy and personal information. Staff were provided information about privacy and confidentiality, including policies and procedures, and received privacy training.

# 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 had a process of assessment and planning, with a focus on safeguarding consumer health and well-being. Consumers and representatives were involved in the assessment and planning phase during the initial entry to the service. Staff and management recognised the importance of identifying critical risks and medical conditions during initial assessments and annual reviews. These records were stored in hard copy files, providing management with access. Care staff utilised a mobile/internet-based application to access consumer files, encompassing care plans and an overview of medical conditions. Documentation included sufficient information to inform staff to deliver safe and effective care and services.

The service’s assessment and planning process conducted by the service recognised and addressed consumers' existing requirements, objectives, and preferences. Care plans contained sufficient information to guide staff in delivering personalised care that aligned with consumers' overall needs. Feedback from consumers confirmed they felt their requirements were well understood, and their preferences were met by staff. Staff and management identified the aspects of care that were important to consumers regarding the delivery of their care. They provided examples of how care staff delivered services that aligned with consumers' needs, goals, and individual preferences.

Consumers were actively engaged in the planning and assessment of the services they received. Staff described their collaborative approach with other organisations, individuals, and service providers in the evaluation and care planning procedures. Staff maintained consistent communication to address the changing needs of consumers. Consumer care planning documentation and progress notes confirmed the active engagement of consumers and their representatives in both service planning and continuous annual reviews.

The service maintained care plans in both hard copy and digital formats, making them readily available to the management team. Updates on consumers were regularly conveyed verbally by management. Consumers provided feedback on the services they received, and the service provided an explanation of service frequency at the outset of services and whenever changes occurred. Staff advised they could access consumers’ care plans through their mobile application, which contained crucial details essential for delivering services in line with consumers’ preferences. Consumers received a copy of their care plan to keep at home.

Consumers and representatives confirmed that staff communicated with them regarding the services consumers received and were responsive to making adjustments to meet consumers’ current needs. Staff members responsible for conducting reviews understood the review process and the situations that necessitate a review or reassessment. Care planning documentation confirmed that care plans underwent an annual review, with more frequent reviews taking place when changes or incidents occurred.

# 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 confirmed the personal and clinical care they received was tailored to their individual needs, and they appreciated the flexibility in the service delivery as it optimised their health and well-being. Staff demonstrated an understanding of consumers’ comprehensive needs, goals, and preferences in providing care. The Registered nurse provided guidance and offered assistance as needed. The Registered nurse offers direction for basic clinical care requirements, such as minor wound care, and also imparts knowledge on identifying shifts in consumers’ health and well-being.

The service received positive feedback from its consumers regarding the quality of care. Both the staff and management depended on the care planning information included in their mobile application. In addition, they relied on their own expertise and the feedback received from consumers and representatives, to manage and reduce consumer risks. Consumers indicate received effective and appropriate management and care from the service. Management had the capacity to recognise and address substantial and common risks within the service, and illustrated how the service actively monitored and adapted its procedures to mitigate these risks for the benefit of consumers.

Consumers confirmed the care and services consumers received focused on improving their quality of life while preserving their dignity. Staff and management were aware of the protocols for consumers requiring end-of-life care and outlined their approaches to supporting both the consumer and their family in managing their care needs during this transition. The service implemented effective procedures for identifying and aiding consumers nearing the end of their lives. Management confirmed consumers and their representatives were provided with information on advance care planning when they first engaged with the service.

Consumers and representatives provided positive feedback concerning the provision of care. They expressed confidence in the staff's ability to promptly identify and respond to any deterioration in consumers’ health. Staff, management, and care records identified the service implemented procedures to aid staff in identifying and conveying changes in a consumer's condition to the appropriate staff. In situations where selected consumers encountered deterioration or a shift in their condition, such alterations were detected, reported, and subsequently addressed with requisite referrals arranged as required.

The service demonstrated an awareness of consumers' general needs and preferences. The service had procedures to document and communicate information regarding consumer risk management strategies, utilising verbal communication, shift handovers and regular team meetings for individuals requiring complex care. Staff confirmed the existence of care plans within consumers' homes, offering a reference point as needed. Updates from management were provided to staff at the start of their shifts, ensuring they were informed about consumer care and service requirements.

Consumers provided positive feedback with the care and services received from health professionals to whom they were referred and that the referral process was timely. Staff and management confirmed referrals were initiated after consultations with the consumers or their representatives. Care planning documents confirmed referrals to other healthcare professionals and service providers were made when deemed necessary and in a timely manner.

Consumers advised that the service effectively communicated information pertaining to infection related risks and its impact on the services they received. Staff demonstrated proficiency in practical infection control measures and the identification of infection symptoms. These measures encompassed pre-service screenings for consumers, and the use of personal protective equipment when required.

Staff were trained in standard infection control practices, including the use of personal protective equipment. The service established protocols for managing outbreaks, complete with designated key contacts and comprehensive management plans, with involvement from the clinical governance committee.

# 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

Each consumer received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being, and quality of life. Consumers and representatives confirmed the services and supports consumers received help them to maintain their quality of life and independence. Staff had a clear understanding of what was important to consumers and how they adapted services according to consumers’ needs and preferences. Care planning documentation confirmed the service identified and documented what was important to the consumer, and their goals and preferences for daily living.

Services and supports for daily living promoted consumers’ emotional, spiritual and psychological wellbeing. Consumers and representatives felt staff knew consumers well and described in various ways how the services provided enhanced consumers’ emotional and psychological well-being. A support network of 3 to 4 regular care staff was maintained to create continuity of care, which allowed care staff to have a better understanding of consumers’ personalities. Staff were provided training on how to identify change or deterioration in consumer’s psychological wellbeing.

Services and supports for daily living assisted consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and representatives confirmed that services enabled consumers to do things of interest to them and maintain social relationships. Staff described, and care planning documentation confirmed, how the service actively supported consumers to access and participate in their community and do things of interest to them.

Consumers’ condition, needs and preferences were communicated within the organisation and other providers delivering services to the consumer. Consumers confirmed they were satisfied information about their needs and preferences was shared within the service and with others involved in their care. Care staff received verbal information and updates via text messages and emails on the needs and preferences of consumers including any changes. Relevant information about consumers were documented and communicated through care plans available at consumers’ homes and via staffs’ mobile application. Where responsibility of care was shared with brokered providers, the case managers provided a handover. Documentation confirmed the service required consumers sign a consent form in relation to information sharing.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives said they were satisfied with the services provided by organisations the consumer has been referred to. Management advised internal and external services were used to ensure consumers could access the broad range of supports needed including attending other service provider’s cultural groups. Staff and management described the process for referrals to other organisations and individuals involved in consumers’ care. If care staff identified an additional need for a consumer, they would contact the consumer’s case manager. Depending on the nature of the need, a review of the consumer’s care and services would be conducted. Following the review, referrals were made where required.

The service supported the nutritional needs of consumers, through provision of meals at the day respite centre. Assessment included discussions on the consumer’s nutritional and hydration needs and capacity to maintain overall health and wellbeing. Care planning documentation reflected consumers’ dietary needs, preferences and the assistance required by staff to support the consumer with managing their meals. Consumers expressed satisfaction with the meal services provided by the service.

Where equipment was provided it was safe, suitable, clean and well maintained. Consumers and representatives confirmed prior to any equipment purchase, allied health professionals assessed for the suitability of equipment. Consumers were satisfied equipment purchased was safe and suitable. Staff described, and care planning documentation confirmed, how consumers’ equipment needs were assessed by allied health professionals and supplied as per their recommendations. Risk assessments were conducted annually to assess the safety and suitable of equipment. Maintenance of equipment was also conducted when reported as required.

# 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 environmental aspect of the day respite centre had a welcoming appearance and was easy to navigate. The service environment was free from clutter, with clear pathways and no obstructions. The day respite centre had an open-plan layout and was inviting to all visitors, enhancing each consumer's sense of belonging, independence, interaction, and functionality. There were sufficient signs for direction. Consumers at the day respite centre provided positive feedback in relation to the environment.

The day respite centre maintained a safe, clean, well-kept, and comfortable environment. Consumers confirmed their ability to move freely within the service, both indoors and outdoors, and the day centre was easily accessible. Effective systems and processes were in place to ensure the environment remained clean and well-maintained, any identified issues were promptly addressed to minimise risks to consumers, staff, and visitors. The centre offered two entry access points at the front, allowing consumers to move freely throughout the centre.

Consumers expressed satisfaction with the safety, cleanliness, and maintenance of the furniture, fixtures, and equipment, confirming them suitable for their needs. Consumers confirmed the adequacy of available equipment for staff to assist with mobility and expressed confidence in staffs’ safe and competent use of equipment.

# Standard 6

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

Findings

Consumers and representatives were encouraged and supported to provide feedback and make complaints. Most consumers and representatives confirmed they had not had a reason to make a complaint about the service, however they would feel comfortable in doing so. When commencing with the service, consumers and representatives were provided with information detailing how to make a complaint to the service including detailed information for the Commission. Consumers and representatives confirmed if they wished to raise a complaint, they would speak directly to care staff or management to communicate their needs or to give feedback. Management and staff described ways they encouraged consumers to provide feedback such as through information in the welcome pack and their service agreement, raising concerns with staff directly, via surveys and during care planning reviews. The service had policies and procedure to guide staff in responding to feedback and complaints. The complaints register demonstrated complaints were documented, and open disclosure processes were used.

Consumers and representatives were aware of other methods for raising and resolving complaints. Consumers and representatives were provided with consumer information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Commission to make a complaint, as well as information on how to access language services for assistance with interpreting or translation if required. For consumers with vision impairments information was verbally detailed by case managers and consumers were linked with Vision Australia to assist them with other communication services. The service had an advocacy and choice procedure to guide staff in assisting consumers to access advocacy services.

Staff and management had an understanding of the importance of utilising open disclosure throughout the complaints process and described the process. The feedback and complaints system evidenced a record, all communications, a response and outcome of the feedback or complaint detailed. The service had policies and procedures to guide staff in responding to complaints as part of their onboarding process which referenced open disclosure. All staff confirmed if a consumer raised concerns they would acknowledge their concerns, apologise and resolve their concerns while maintaining confidentiality. Consumers and representative confirmed staff and management were responsive if they raised concerns.

Feedback and complaints including feedback from surveys were reviewed and used to improve the quality of care and services. Consumers and representatives advised when they provided feedback to the service, their feedback was acknowledged and actions were taken to improve care and services, after receiving feedback. The service demonstrated that complaints provided by consumers were monitored, communications were detailed and actioned where appropriate. Management provided reporting to the Board and discussed feedback and complaint trends.

# 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 representatives were satisfied with care staff availability and consistency and said staff knew their needs and preferences. They advised care and services were planned in consultation with them and care staff were available and arrived on time. Care staff confirmed they had sufficient time and information to undertake services in a safe and efficient manner Consumers were consulted if regular care staff were not available unexpectedly and were offered the choice of another staff or an additional service at a later time.

Case managers were responsible for managing and coordinating consumers’ care and services, including intake, providing advice on scheduling of services and ongoing reviews of care and services. The delivery of care was provided by a mix of internal and brokered care workers, clinical staff and allied health professionals.

Management maintained oversight of the workforce planning and ongoing capacity to provide care and services to meet consumer current and emerging needs. Staffing levels, shift vacancies were discussed at monthly meeting with Human resources to inform recruitment strategies to maintain adequate staffing levels for the delivery of services. The service engaged other organisations to meet the specific needs and preferences of consumers including language spoken.

Consumers and representatives provided feedback that staff were kind, caring and respectful of consumers as individuals, and accommodated consumers’ preferences. Consumers were complimentary of the personal attention they received and the caring nature of care staff. Staff provided examples to demonstrate how they were aware of consumers’ individual identity, preferences and cultural requirements. Staff received education and annual training on matters such as the code of conduct, customer service and advocacy and cultural diversity. Management and staff were respectful and caring in how they spoke about consumers and demonstrated an understanding of individual consumers backgrounds, past occupations, who was important to them and what they liked to talk about.

Consumers and representatives confirmed the workforce knew what they were doing, and services were delivered in accordance with their individual needs and preferences. Selection criteria included the qualifications and knowledge requirements for each role, and this guided the recruitment process. Documentation evidenced position descriptions for staff members that outlined skills, knowledge, and experience required of the role. Management had monitoring processes to ensure the competency and currency of qualifications for staff. There were processes to monitor criminal history checks, vaccination records, drivers’ licences and mandatory training competencies including medication competencies. Staff received prompts from the service to complete mandatory training, police check and renew insurances or professional qualifications if required. Brokerage contracts were reviewed annually, including the required documentation and qualifications of brokered staff delivering services. Brokerage contracts identified the requirements of staff to deliver services and evidenced annual reviews.

Staff were recruited, trained and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training, buddy shifts and competency assessments prepared staff for their role. Staff received ongoing mentoring and management were available to provide support at any time. Training included medication management, elder abuse, manual handling, infection control and dementia awareness. Management identified any training needs via various methods including internal audits, consumer feedback, performance reviews and through observation of staff practice.

The performance of staff was monitored through regular communication with managers and feedback from consumers on staff performance. Staff confirmed they had regular communication with their direct manager within the previous twelve months including discussions on development needs. Management confirmed consumer feedback was considered in monitoring staff and brokered staff performance on an ongoing basis. Management monitored the performance of brokered staff through regular management meetings, monitoring and review processes with consumer feedback sought where appropriate. Management discussed any performance concerns with individuals when they were identified, and when compliments were received these were passed on to the relevant staff.

# Standard 8

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

Findings

Consumers and representatives confirmed the service was well run, and they had an opportunity to engage with the service through communication with case managers and were encouraged to provide feedback. Consumers expressed satisfaction with the quality of the service and stated they had input as to how services were delivered to meet their diverse needs. The service sought input from consumers and representatives through feedback processes, including surveys, and regular care and services reviews. Quarterly consumer survey results, feedback and complaints trend data was discussed at management meetings and reported to the Board. Feedback and complaints from consumers were detailed in the Plan for continuous improvement to inform improvements for the delivery of care and services.

The service was supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation’s different divisions. The governing body remained informed through formal governance, leadership and reporting pathways from the service level through an established management framework. Results from internal and external audits, incident data including clinical incidents, care assessment documentation review, complaints and feedback from consumers including brokered providers, regulatory compliance and workforce information and training was provided to the governing body. The organisation had a documented mission statement and values that focused on a commitment to quality, safety and continuous improvement. This information was communicated to consumers and the workforce through a range of documents and policies and procedures.

The service had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Policies and procedures were in place to guide information management, relevant to staffs’ role. Information and updates were provided through established communication and reporting pathways and regular meetings. The organisation maintained a range of electronic software programs to ensure information was managed and communicated appropriately. Staff had access to information to support care and service delivery. Electronic information was held securely, with back-up to support continuity of care.

Continuous improvement was demonstrated through a range of systems and processes, including consumer and staff suggestions, feedback and complaints, incidents, audits and self-assessment against the Quality Standards. Continuous quality improvements were documented including issues identified for improvement, actions taken, completion dates and outcomes.

Home Care Package budgets and ongoing balances were monitored and managed in partnership with each consumer, including the accumulation of unspent funds or the depletion of funds available to provide ongoing care and services. Monthly statements included income and expenditure, including an itemised list of the care and service provided, and ongoing balance. Financial governance systems and reporting processes to the Board were in place to manage the finances and resources that the service needed to deliver care and services.

Management plans the workforce to ensure there were sufficient staff to provide services and to support operational and administrative functions. Position descriptions were relevant to role. Staff were clear on their responsibilities, showed an awareness of the functions carried out by others and how to share information and escalate any concerns or suggestions for improvement.

The organisation monitored compliance with regulations, through membership of industry and professional peak body association and through legal partnerships. Policies and procedures were reviewed as required in response to changes. Records identified monitoring of staff compliance with specific requirements, such as police certificates and vaccination status. Documentation identified discussions of regulatory requirements, aged care reforms and operational policy changes in response. All management and staff were provided with training to ensure they understood their responsibilities under the new Code of Conduct for Aged Care and the Serious incident response scheme.

The service engaged brokerage services to support its own workforce. There were processes in place for monitoring how brokered providers’ compliance and credentials were managed that included any feedback on performance discussed at the Board level. An onboarding checklist was used to monitor staff credentials and brokered providers were not engaged unless they met the requirements and brokerage agreements were reviewed annually.

The organisation had an established risk management framework, there were multiple mechanisms for identifying, evaluating, and mitigating risks. A range of policies and procedures, along with staff training and education, guided management in relation to consumer risk. Vulnerable consumers were identified, and strategies were developed to manage and minimise high impact and high prevalent risks for each consumer, including falls risk, wounds, chronic or complex health conditions, and clinical care needs.

The service had an incident management system and staff received training on incident management policies and procedures, including the reporting requirements and responsibilities of individual roles. Staff and management were aware of the process of reporting incidents involving consumers and understood incident management procedures and practices including reporting requirements for the Serious incident response scheme.

Staff receive education on elder abuse and neglect, including how to recognise the signs and the requirement to report any concerns. Staff described what they would do in the event of identifying neglect and abuse in a consumer. Consumers were supported to live the best life they could.

The organisation had a documented clinical care governance framework, policies for personal care, medication, minimising the use of restraint and open disclosure. Staff received training on the policies and were able to provide examples of application in their duties. Management were in the processing of consulting with and identifying consumers who required medication administration and part of the implementation will include the review of anti-microbial stewardship policies.

The organisation’s clinical governance framework included a suite of policies and procedures for the safe, effective quality care of consumers. This included a mandatory training program, management and staff meetings that discussed clinical care, and agreements were in place with brokered services. Certain Board members possessed a clinical background, and part of their responsibility was to oversee and approve the clinical governance framework.

Clinical incidents and clinical audit results were reported, trended, and discussed at meetings. Consumer documentation and meeting minutes identified consumer clinical care needs and any relevant risks were identified, monitored, and managed for individual consumers. Policies and procedures were in place regarding restrictive practices, and education and training had been provided for management. Open disclosure was practiced by the service, including in response to incidents, in line with the organisation’s policy.

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