**Performance**

**Report**

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| Name: | Crowley Retirement Village |
| Commission ID: | 200049 |
| Address: | 10 Orion Street, LISMORE, New South Wales, 2480 |
| Activity type: | Quality Audit |
| Activity date: | 6 August 2024 to 8 August 2024 |
| Performance report date: | 23 September 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 201 The Trustees of the Roman Catholic Church for the Diocese of Lismore  
Service: 17484 Crowley Retirement Village - CACP Service Ballina  
Service: 17751 St Carthage's Community Care  
Service: 17749 St Carthages Cathedral Parish - Community Care EACH Program  
Service: 17750 St Carthages Cathedral Parish - Community Care Italian CACP Program  
Service: 17752 St Carthages Cathedral Parish Community Care EACH Dementia Program  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9082 The Trustees of the Roman Catholic Church for the Diocese of Lismore  
Service: 26696 The Trustees of the Roman Catholic Church for the Diocese of Lismore - Community and Home Support

**This performance report**

This performance report has been prepared by Gill Jones, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 September 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

*Requirement 2(3)(a)*

* Fully implement changes identified and evaluated their effectiveness to ensure 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 at St Carthage’s Community Care.

*Requirement 2(3)(b)*

* Fully implement changesidentified and evaluated their effectiveness to ensure 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 at St Carthage’s Community Care.

*Requirement 2(3)(e)*

* Fully implement changes identified and evaluated their effectiveness to ensure 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 at St Carthage’s Community Care.

.*Requirement 3(3)(c)*

* Fully implement changes identified and evaluated their effectiveness to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved at St Carthage’s Community Care.

*Requirement 3(3)(e)*

* Fully implement changes identified and evaluated their effectiveness to ensure 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 at St Carthage’s Community Care.

*Requirement 8(3)(b)*

* Ensure the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by demonstrating their responsibility for overseeing the performance of St Carthages Community Care and ensuring policies for delivering care are in place to meet 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 findings in Standard 1 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) and HCP and Commonwealth Home Support Program (CHSP) from Crowley Retirement Village (CRV).

All consumers interviewed were satisfied that the services treat them with dignity and respect and value their identity, culture and diversity. Staff and management at both sites confirmed both services have a culture and operating model that supports diversity and respects individual identity and culture. Policies and procedures supported staff in respecting consumer’s dignity, culture and individual identity.

All consumers interviewed were satisfied care provided was culturally safe. Staff interviewed said they ensure care and services provided are culturally safe for consumers from diverse cultural backgrounds. Policies and procedures directed approaches to ensure care and services provided were culturally safe.

All consumers interviewed stated they were able to exercise choice and independence in the delivery of their care and services. Staff interviewed confirmed they would always support consumers to make the choices in the delivery of their care and services. Policies and procedures supported a culture of consumer choice and independence and directed staff in supporting consumers to make choices.

All consumers interviewed believed the service would support them to take risks if they wanted to. Consumers stated they felt the service always had their best interest at heart and would discuss risky behaviours but would not stop them doing what they wanted. Staff and management confirmed they would support consumers to take risks and would discuss all aspects of such requests with the consumer including alternatives and ways of reducing or mitigating risk. Policies and procedures guide staff when dealing with personal choice and risk-taking behaviours.

Most consumers interviewed said the information they are provided with is current, accurate and timely and is easy to read and understand. Staff confirmed information provided to each consumer is accurate and delivered in a timely manner to ensure consumers have the opportunity and time to understand and exercise choice. Some consumers said there had been occasions previously where the service had not informed them of changes to the times of their services which had caused problems. Management informed there had been issues with scheduling in the past but since the introduction of a new scheduling system these issues had greatly reduced.

All consumers felt their personal privacy was respected. Consumers felt able to speak freely to their care workers knowing that private information would not be repeated. Staff confirmed that systems were in place to ensure personal data is always protected. Both services have recently changed to the same electronic care management system which has better security features and his has enabled more secure handling of data.

I find six of the six requirements in Standard 1 compliant.

# 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. | Not 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. | Not 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. | Not Compliant | Compliant |

Findings

The findings in Standard 2 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) and HCP and Commonwealth Home Support Program (CHSP) from Crowley Retirement Village (CRV).

Generally, consumers/representatives interviewed considered assessment and care planning processes delivered safe and effective care and services that minimised their risks. CRV care planning documentation and risk assessments reviewed demonstrated potential risks to consumers’ health and wellbeing including falls, medication management and skin integrity are considered. However, care planning documentation and risk assessments at StCCC did not identify risks, had insufficient details, were incomplete and not available to staff at the point of care placing consumers at potential risk. Whilst registered staff and support planner’s were able to described how they undertake assessment and care planning StCCC staff were unaware of the policy guidelines in undertaking the process. Deficiencies were found in relation to capturing data in relation to falls and ensuring risk assessment and review was carried out following a fall.

In their response to the Assessment Team’s report the provider submitted further information regarding the care provided to the consumer cited in the Assessment Team’s report. This showed that the provider had taken action to minimise risk to the consumer through both home modifications and the provision of specialist equipment. However, the provider was unable to demonstrate actions taken in terms of continued clinical assessment to assess the falls prevention strategies in place when the consumer continued to fall. The provider stated this has now been addressed for this consumer. The provider submitted evidence demonstrating that since the Quality Audit policies and procedures regarding assessment and reassessment have been updated and distributed to staff to strengthen their risk management approach. A community falls risk assessment tool and flow chart has been introduced and there will be a greater emphasis on falls screening at the initial assessment. Internal peer review of consumer care planning documentations will identify documentation where information is missing or incorrect. Also, information regarding consumer falls risks will be better communicated to staff in care plans and shift notes. The provider stated their continuous improvement plan has been updated with these actions. It will take time for these changes to be fully introduced, embedded into practice and evaluated to demonstrate their effectiveness. For this reason, this requirement remains non-compliant.

Most consumers/representatives interviewed confirmed individual consumer’s current needs, goals and preferences are addressed, including advanced care planning. Management indicated there is discussion about a consumer’s advanced care planning and end of life wishes when a consumer enters the service and via care planning documentation at care plan review and, if a consumer's condition deteriorates. However, review of care documentation for some StCCC consumers indicates inconsistency in care documentation with several consumers not having an advanced care plan on file with staff unaware of their wishes. StCCC did not have a policy on advanced care planning and end of life planning at the time of the Quality Audit and staff were unclear of their responsibilities.

In their response to the Assessment Team’s report the provider submitted further information regarding work undertaken since the Quality Review. The provider stated that consumers identified in the Assessment Team’s report as not having an advanced care plan are being or have already been scheduled for review and plans will be in place if the consumer so wishes. The provider stated their Advanced Care Planning and End of Life Policy has been implemented and the care plan template updated to include a section on advanced care and end of life planning. In addition, new note types have been added to enable reporting on and tracking of care planning and goal updates. The provider stated their continuous improvement plan has been updated with these actions. It will take time for these changes to be fully introduced, embedded into practice and evaluated to demonstrate their effectiveness. For this reason, this requirement remains non-compliant.

All consumers/representatives confirmed they are involved in the assessment, planning and review of care and services. Care planning documents reflect the consumer and others involved in assessment and planning. Management, registered staff and support planners described how they partner with consumers/representatives to assess, plan and review care and services. Consumer files demonstrate input from other health care professionals and services. A deficiency was identified at StCCC as the involvement and flow of information with subcontracted agencies involved in the care of the consumer was not consistent highlighting a gap. This is addressed in Standard 3 Requirement (3)(e).

All consumers/representatives said staff discuss consumers’ care needs and the outcomes of assessment are explained to them. Most consumers/representatives advised they have received a copy of their care plan, with other consumers/representatives saying they felt comfortable to request a copy if they wished. Staff advised they have access to care plans for consumers through the electronic care management system and information shared in communication with the care team. A review of consumer files demonstrates the outcomes of assessment and planning is documented.

Consumers/representatives interviewed said the support planners and registered staff ask if the care and services provided meet the consumer’s needs, goals and preferences and the support planner regularly communicates with them. Management, support planners and staff advised care plans are reviewed 12 monthly or when the needs of the consumer changes. However, StCCC staff advised care plans are not routinely revised when the consumer’s services recommence after hospitalisation. This was identified as a deficiency. One consumer cited in the Assessment Team’s report had not been followed up following hospital discharge for falls.

In their response to the Assessment Team’s report the provider submitting further information regarding the consumer identified in the report. This demonstrating the provider had referred to the consumer for equipment after a fall in February 2024, however, the information provided did not demonstrate further follow up of the consumer following another fall at the end of April 2024. The provider provided information showing that, since the Quality Audit, the assessment, review and care management policy have been reviewed and discussed with staff. Additionally, a Client Review Flow Chart has been produced to be used by support planners as a reference document to enable clear processes for staff to follow around when a review will be completed. The provider stated their continuous improvement plan has been updated with these actions. It will take time for these changes to be fully introduced, embedded into practice and evaluated to demonstrate their effectiveness. For this reason, this requirement remains non-compliant.

I find five of the five requirements in Standard 2 compliant for CHSP. Requirement 2(3)(a), Requirement 2(3)(b), and Requirement 2(3)(e) are non-compliant for HCP.

# 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 | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not Applicable |
| 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. | Not Compliant | Not Applicable |
| 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 | Not Applicable |
| 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. | Not Compliant | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not Applicable |
| 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 | Not Applicable |

Findings

The findings in Standard 3 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) and HCP from Crowley Retirement Village (CRV).

CHSP services were considered ‘Not Applicable’ for this Standard as personal and clinical care is not provided by CRV.

Consumers/representatives interviewed provided positive feedback about the home care package services provided. Review of care planning demonstrated effective care delivery including management of wounds, personal care and mobility. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. CRV has holistic policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care and validated assessment tools, however some deficiencies were identified at StCCC in terms of the use of validated tools and policies and procedures to guide staff practice.

Consumers/representatives interviewed were satisfied with the management of high-prevalence or high-impact risks. Generally, risk assessments are undertaken when high prevalence or high impact risks are identified to minimise risk for the consumer. Risks identified by management include falls, medication administration and wound management. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Care workers confirmed they refer to consumers’ care plans or contact the support planner or clinical staff if they require support to manage consumer risks. Management advised care workers report any incidents directly to them.

Consumers/representatives interviewed said they believed staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. Generally, CRV demonstrated consumers’ end of life care preferences were documented in an advanced care plan at the point of care. Consumer’s advanced care plan status was identified in their care plan and staff were aware of consumers end of life wishes. However, StCCC could not demonstrate consumers’ end of life care preferences were documented in an advanced care plan at the point of care and staff were unaware of consumer’s end of life wishes. StCCC did not have a current Advanced Care Planning and End of Life policy or procedure to guide staff practice. For one consumer who is palliating, staff did not have a copy of the advanced care directive in place.

In their response to the Assessment Team’s report the provider responded by submitting information stating that, since the Quality Audit care plans have been updated to include advanced care and end of life plans, end of life training has been identified for clinical staff and support planners, and policies, procedures including a new flow chart developed to guide staff practice. The provider stated their continuous improvement plan has been updated with these actions. It will take time for these changes to be fully introduced, embedded into practice and evaluated to demonstrate their effectiveness. For this reason, this requirement remains non-compliant.

Consumers/representatives interviewed said staff would recognise deterioration in a consumer’s health or wellbeing. Management advised they aim to provide consistent staffing and because care workers visit consumers regularly, they can identify deterioration or change in a consumer’s condition. Staff were able to provide examples of changes in a consumer’s condition and what actions they took, including escalating to management. Review of consumer care planning documentation confirmed the services’ generally respond in a timely manner when deterioration in a consumer’s well-being is identified. Procedures are in place to guide staff in the process for managing deterioration.

Consumers/representatives interviewed said they believed consumer’s care needs and preferences are effectively communicated between staff and they receive the care they need. Care workers said they have access to information about consumers’ care and service delivery via the electronic care management system. Care planning documentation contained adequate information to support effective sharing of the consumer’s information in the provision of care. Consumers’ documentation demonstrated staff notify the consumer’s medical officer and their representatives when the consumer experiences a change in condition. However, deficiencies were identified for StCCC in the transferring and receiving of information from subcontracted agencies providing care. For one high risk consumer who was palliating and being provided personal and clinical care by a subcontracted agency, StCCC had not received any communication from the subcontractor in relation to the care and services being provided or any changes in the consumer’s condition for the previous three months. Furthermore, the subcontracted agency was not routinely provided with a copy of the consumer’s current care plan. Management advised StCCC does not have a process in place regarding receiving information from all subcontracted agencies following a referral.

In their response to the Assessment Team’s report the provider submitted information demonstrating they had updated their Brokerage Service Agreement and process for referring consumers to subcontracted agencies. This process now requires the subcontractor to agree to provide updates on the consumer’s progress and any changes to their well-being and compliance will be monitored by the support planners. It is noted however that no timeframes were stated in the updated service agreement about the frequency of this communication from the subcontractor agency which could be problematic for StCCC. Neither does the new policy refer to StCCC’s obligation to communicate with the subcontracted agency by involving them in the assessment and care planning process and providing updated care planning documents to them for consumers they are delivering services to. The provider stated their continuous improvement plan has been updated with these actions. It will take time for these changes to be fully introduced, embedded into practice and evaluated to demonstrate their effectiveness. For this reason, this requirement remains non-compliant.

Consumers/representatives interviewed said the delivery of care, including referral, is timely and appropriate. Consumers said they have access to a medical officer and other health professionals when they need it. Consumer care documentation demonstrates input from other health professionals, including medical officers, physiotherapists and exercise physiologists and their recommendations are incorporated into consumer care plans. Staff described how the input of other health professionals informs care and services. Referrals where needed, include speech pathologists, dietitians, exercise physiologists, podiatry, and palliative care services. Policies and procedures are in place to guide staff practice in relation to the referral processes.

Overall consumers/representatives said they observe staff washing their hands frequently and using personal protective equipment. Both services have documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of respiratory and other outbreaks. Staff provided examples of practices to prevent and control infections such as hand hygiene and the use of personal protective equipment and requesting pathology for consumers with suspected infections from medical officers.

I find Requirement 3(3)(c) and Requirement 3(3)(e) non-compliant for HCP.

**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 | Not Applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not Applicable |
| 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 | Not Applicable |

Findings

The findings in Standard 4 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) and HCP and Commonwealth Home Support Program (CHSP) from Crowley Retirement Village (CRV).

All Requirements except Requirement 4(3)(f) for CHSP services were considered ‘Not Applicable’ for this Standard as only meals are provided. Requirement 4(3)(f) is considered ‘Not Applicable’ for HCP as meals are not provided as part of a HCP.

Consumers/representatives interviewed are satisfied with services and supports for daily living. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they require to participate in activities or pursue individual interests. Assessment processes identify consumers’ goals and preferences, and their chosen services are documented in their care and services plan. Policies guide management and staff are available.

Consumers/representatives interviewed said they can continue their cultural and religious practices and said they were provided with emotional and spiritual support when needed. Assessment processes identify consumers’ goals and preferences in relation to emotional and spiritual well-being and their chosen services are documented in their care and services plan. Care documentation reflected information to guide staff in supporting consumers’ emotional, spiritual and psychological well-being. Policies to guide staff were available at CRV but not at StCCC.

Consumers/representatives interviewed said they are supported to take part in community activities outside of the service, to visit family, attend community luncheons, or pursue a previous interest. Assessment processes identify consumers’ goals and preferences in relation to supports for daily living and their chosen services are documented in their care and services plan.

Consumers/representatives interviewed considered information about their condition, needs and preferences is communicated well within the services’ and with others who may be providing care and services. Staff explained how they are updated on consumers changing conditions, needs or preferences as they relate to services and supports for daily living. Staff were able to access information about consumer alerts, conditions, needs and preferences through the services’ mobile application at the point of care. Policies guide staff in managing consumer information.

Timely and appropriate referrals to other individuals, organisations, or providers to meet the diverse needs of consumers. Consumers/representatives interviewed described how their preferences are supported. Staff could describe how the consumer/representative is involved in decisions about referral and how timely and appropriate referrals are made.

Consumers/representatives receiving CHSP services from CRV said they are satisfied with the quality, quantity and variety of meals. Assessment processes identify consumers’ goals and preferences in relation to meals and their chosen services are documented in their care plan. The service has policies that guide staff in relation to meal quality and safety.

Consumers/representatives interviewed said they are satisfied with how the services assist them to purchase and maintain equipment. Management and staff described the processes used to ensure consumers are provided with safe, clean, and well-maintained equipment. Review of documentation in the electronic care management system evidences the provision of equipment for consumers and assistance with the maintenance of equipment.

I find of the six of six requirements in Standard 4 compliant for HCP. I find Requirement 4(3)(f) compliant for CHSP.

# 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 findings in Standard 6 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) and HCP and Commonwealth Home Support Program (CHSP) from Crowley Retirement Village (CRV).

All consumers interviewed felt encouraged and supported to make a complaint if they needed. All consumers interviewed that had made a complaint confirmed the services’ supported and encouraged them to do so. Staff confirmed complaints and feedback are seen as positive to improve services and they would always support consumers and their families and friends to make a compliant if they felt it necessary. However, it was noted that StCCC did not provide information to consumers explaining the complaints process when they first entered the service. Management confirmed this had been identified as an area of improvement on the Continuous Improvement Plan and the service was in the process of developing a consumer handbook for all consumers that included details of the complaints processes. This was noted on the service’s Continuous Improvement Plan for completion 17 September 2024. However, the absence of this information in the handbook had not affected consumers ability to complain and consumers from StCCC who had made complaints had been encouraged to do so by staff.

Most consumers/representatives interviewed were aware of other methods of making a complaint, including to the Diocese or to the Aged Care Quality and Safety Commission and that additional support services such advocacy services would be available if they need them. Most consumers from CRV confirmed they received an information pack when they first entered the service that contained information on how to make complaints and provide feedback and the details of other organisations. Consumers interviewed from StCCC did not remember receiving specific information regarding advocacy or language services or detailing other methods of raising complaints however most consumers from StCCC were aware of these services and did feel able to access them if necessary. Management from StCCC confirmed that access to language services and advocacy would be included in the new consumer handbook.

All consumers interviewed who had made a complaint said they were happy with the way the compliant was handled and described an open disclosure approach taken by staff when dealing with the complaint. Interviews with staff and management demonstrated the service viewed complaints and feedback as a positive resource to support service improvement. Most staff and management knew what open disclosure was and were able to describe the process. All staff confirmed they would use open disclosure when dealing with a consumer complaint.

Feedback and complaints are reviewed and used to improve the quality of care and services. Management from StCCC and CRV told the Assessment Team the services had recently introduced a new rostering system as a result of complaints about missed shifts and late notice cancelations of services. Most consumers interviewed said complaints made had led to positive improvements. Rostering staff informed that there had been issues prior to the introduction of the new system but that since it was introduced last year, they had found there were no issues with missed services or last-minute changes to services time or dates.

I find of the four of four requirements in Standard 6 compliant for HCP and CHSP.

# 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 findings in Standard 7 relate to consumers that receive Home Care Program (HCP) services from St Carthage’s Community Care (StCCC) or HCP and Commonwealth Home Support Program (CHSP) from Crowley Retirement Village (CRV).

All consumers interviewed by the Assessment Team said that staff had enough time to provide the care and services they were scheduled to provide. Consumers said the services were always able to provide the right staff gender if the consumer had requested this. Rostering staff told the Assessment Team when preparing the rosters, they have sufficient staff with the right skills to be able to deliver quality care and services.

All consumers/representatives interviewed said staff are always kind and caring and respectful of their culture identity and diversity. The Assessment Team observed policies and procedures that governed staff conduct and behaviour when providing services. These policies required staff to always act with respect and in a kind and caring manner. All staff interviewed demonstrated kindness and respect towards consumers.

Most consumers/representatives interviewed considered staff to be well trained, competent and to have the knowledge and experience to perform their roles. The Human Resource managers for both services told the Assessment Team all staff have the required credentials in place, such as national criminal history checks and first aid certificates which both services monitor through their human resource systems. The Assessment Team observed staff records confirming staff had received the policies and procedures required that applied to their roles. Both Human Resource managers confirmed that all staff have a Certificate III or have had relevant experience that support their roles while working toward the completion of a Certificate III.

All care workers interviewed confirmed they have the qualifications for their roles, felt supported by the service and had the training and equipment they needed to deliver the outcomes required by the Quality Standards.

All staff interviewed said they had regular, on-going interactions with their line management and believed they were being appraised during this process. Most staff confirmed that they had formal appraisals every 12 months. Both sites maintained an annual performance review process.

I find five of five requirements in Standard 7 compliant for HCP and CHSP.

# 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. | Not 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 | Not Applicable |

Findings

Requirement 8(3)(e) is considered ‘Not Applicable’ for CHSP as clinical care is not provided.

Most consumers/representatives interviewed receiving HCP services from StCCC or HCP or CHSP Services from CRV told the Assessment Team they felt they were able to be engaged in the development, delivery and evaluation of care and services. Most consumers also confirmed they were regularly asked for their input and opinions about their care and services. Six monthly feedback surveys are carried out at both sites.

The Approved Provider operates a dual governance model with each site having separate governing bodies, management structures and separate policies and procedures. These bodies then report to the main trustee body which acts as the governing body for the Approved Provider. During the Quality Audit the Continuous Improvement Plan for StCCC was observed to contain a number of actions relating to the development and implementation of policies and procedures currently not available to staff to guide practice. The lack of policies and procedures to direct staff practice was seen to affect how care was provided to consumers increasing consumer risk at StCCC. No evidence was cited during the Quality Audit that the Trustees were aware that StCCC had deficiencies in its care and services associated with a lack of policies and procedures. Neither was it demonstrated what information the Trustee’s obtained to monitor the performance of the service against the Quality Standards in terms of care provided to consumers.

In their response to the Assessment Team’s report the provider submitted information outlining the governance arrangements within the Diocese and the Diocesan Aged and Community Care Services Secretariat. It is through these two entities the governing body for StCCC receive information relating to the performance of the service. The governing body meets bi-monthly and is responsible for providing oversight of StCCC in the delivery of quality and safe care, policy making, strategy formation and assisting and advising the Parish Priest in meeting the obligations of the service provider. These reports include the status of actions on the Continuous Improvement Plan and any identified risks associated with care and services. No further information was provided to support or evidence this claim. For this reason, this requirement remains non-compliant.

Policies and procedures ensure effective organisational wide governance systems in place for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff were able to access necessary consumer information at the point of care. Financial governance systems and processes are in place to manage the finances and resources the organisation needs to deliver safe and quality care and services. Workforce arrangements are consistent with regulatory requirements. Feedback and complaints registers are in place to monitor and trend feedback provided and both services have a continuous improvement plan in place.

Policies and procedures ensure effective organisation wide risk management systems and practices including systems to manage high impact and high prevalence risks, abuse, incident management and to ensure consumers are supported to live their best life. Vulnerable consumers are identified using a traffic light risk system and their care regularly monitored. Staff outlined processes they follow if they are concerned about a consumer. Consumers provided examples of how the service helped them live the best life they can and how they have been supported to remain living at home. The incident management system supported the recording of incidents, escalation to senior management and the tracking of action to manage incidents.

Both StCCC and CRV have polices outlining clear roles and responsibilities for all clinical matters and contain sections for antimicrobial stewardship, minimising the use of restraint and open disclosure. Most, but not all staff confirmed they received training on these policies and were able to provide examples of application in their duties.

I find Requirement 8(3)(b) non-compliant for HCP. I find the remaining four requirements in Standard 8 compliant for both HCP and CHSP.

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)