**Performance**

**Report**

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| Name of service: | EACH Community Services |
| Service address: | Building 1, Ground Floor, 20 Melbourne Street RINGWOOD VIC 3134 |
| Commission ID: | 300005 |
| Home Service Provider: | EACH |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 27 October 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

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

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

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

# Services included in this assessment

**Home Care:**

* EACH Eastern Metro, 22793, Building 1, Ground Floor, 20 Melbourne Street, RINGWOOD VIC 3134
* EACH Ltd CACP Service, 18782, Building 1, Ground Floor, 20 Melbourne Street, RINGWOOD VIC 3134
* Home Care Package Inner East, 27344, Building 1, Ground Floor, 20 Melbourne Street, RINGWOOD VIC 3134

**CHSP:**

* Community and Home Support, 24019, Building 1, Ground Floor, 20 Melbourne Street, RINGWOOD VIC 3134

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP) and Short-Term Restorative Care (STRC)

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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/STRC | 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 is providing care and supports to each consumer that ensure they are treated with dignity and respect, through recognising their identity, culture and diversity. Consumers/representatives interviewed consistently reported that they feel respected and valued by staff. Staff interviewed described how they treat consumers with dignity and respect, noting empowering consumers through listening, offering choice and trying to understand each consumer as an individual. Management reported that the service upholds values of dignity and respect when providing care and support to consumers through ensuring that staff acknowledge consumers’ individual needs, goals and preferences, rather than imposing their own ideas onto consumers.

The service is ensuring that care and services are culturally safe. Consumers/representatives reported that the staff know about what is important to them, including their background, culture and values. Consumer care plans reviewed demonstrates that the service enquires about, and documents, consumer culture and diversity requirements. Staff interviewed described how they provide care in a culturally safe way, including supporting culturally and linguistically diverse (CALD) consumers through the use of interpreters and respecting diversity of religion and ethnicity through considerations of dietary requirements and supporting consumer preference such as the use of female staff or clinicians.

Consumers/representatives are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Individual consumer’s file documentation identifies consumer choices and decisions about care and services and any substitute decision makers. Staff interviewed described how they provide support for consumer choices and decisions, including asking them their priorities before commencing work and checking suitability of days and times of care and service provision. Alerts are set in the consumers electronic file identifying the preferred contact.

Consumers/representatives described in various ways their satisfaction that the service supports consumers to live their best life. Consumer file documentation showed risks are identified and strategies to mitigate identified risks and support service participation are documented. Staff described support and assistance measures to ensure consumers are as safe as possible, including assistance with and encouragement for consumers to use mobility aids. A vulnerability screening tool has been introduced to identify consumer risk and was sighted on consumer files reviewed. When risk has been identified it is documented as an alert in the consumer electronic file. Home risk assessments are conducted, if risk to the consumer around their functioning is identified then a referral to the relevant allied health professional and subcontracted nursing service occurs. Subcontractors are notified of consumer risks via service requests and internal support workers are notified via their rosters and the consumers care plan.

Consumers/representatives advised they were provided with information. The Assessment Team observed information is provided to CHSP, home care package (HCP) and short-term restorative care (STRC) consumers in a welcome pack. The welcome pack includes information on internal and external complaints, privacy and confidentiality, advocacy, Charter of Aged Care Rights, My Aged Care, newsletter, home care monthly statement factsheet on how to understand the statement, advanced care planning and fees. Consumers/representatives are provided with a welcome pack, home care agreement, Charter of Aged Care Rights and sign a consent to share information when they sign up for a home care package. Consumer/representatives stated they receive a monthly statement that is itemised and generally easy to understand with the exception of items documented as pending. Management discussed the feedback received regarding the monthly statements and the development of the factsheet to inform consumers/representatives the meaning of pending.

Consumers/representatives provided feedback that staff respect their privacy and confidentiality. Staff said they maintain consumers’ privacy when delivering services to consumers who may feel vulnerable by explaining what they are doing in a private environment. Management advised the organisation has privacy policies and procedures in addition to privacy information being provided in the information packs and also available on the organisations website. All consumers accessing services sign a consent form to share information. A review of consumers electronic files identified all information is password protected to maintain consumer privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | 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

Consumers/representatives were satisfied with assessment and care planning processes. A broad range of health and wellbeing topics are discussed when consumers commence with HCP and CHSP. Case managers upload the My Aged Care (MAC) assessments and support plans and utilise that information in developing the consumers assessment. Validated assessment tools are used and risks to a consumer’s health and wellbeing are considered and documented in sufficient detail in care plans. All consumers/representatives stated they have an initial assessment and care plan and expressed in various ways that care-coordinators and support staff understand their needs and goals. Consumer file reviews identified detailed care plans identifying the consumers risks and the supports to mitigate those risks. Subcontracted support workers are provided with care directives via their rosters and a mobile telephone ‘app’. Internal support workers stated they receive a consumer profile and care plan and feel they are informed about the consumers care needs before they arrive. A review of consumer care plans by the Assessment Team identified care directives are reviewed and updated as changes occur.

The service demonstrated assessment and planning identifies and addresses the consumers’ current needs, goals and preferences including advance care planning and end of life planning if the consumer wishes. Consumers/representatives confirmed taking part in HCP and CHSP assessment and planning were generally satisfied that planned care is reflective of what is important to consumers. Case managers outlined the processes to collect information on HCP consumer’s needs, goals and preferences and described care plans as working documents that are regularly updated to remain current. Support workers interviewed demonstrated an awareness of what is important to each consumer, including their needs and preferences for care. Consumer welcome packs provided to HCP and CHSP consumers contains an advanced care planning fact sheet and the consumer assessment has a question about advanced care planning.

Consumers/representatives confirmed the service involves them, and others they wish to involve including other organisations, individuals and providers of other care and services. Case managers stated that they refer to the MAC assessments and discuss with the consumer who they wish to be involved in the assessment, planning and review process. The information gathered is documented in the consumers electronic file and sighted on some files is an alert for who to contact. A letter is sent to the consumers general practitioner to request a medical history and to advise the consumer is in receipt of a home care package with the service provider. Care documentation demonstrated assessment and planning involves the consumer, and others with consumer consent, including organisations, individuals, and other providers. The involvement of others in the assessment and planning documentation included nursing services and allied health practitioners.

The service demonstrated that the outcomes of assessment and planning are communicated to the consumer and documented in a care plan that is provided to the CHSP, HCP or STRC consumers. Service requests inclusive of the care and services are forwarded to subcontracted service providers and their support workers are provided consumer information via their rosters and verbal communication from their care coordinators. Internal support workers are provided with a client profile and the consumers care plan that they can access via a mobile telephone ‘app’. Some consumers have a communication book in the home and the care plan forms part of the communication book. Management stated that care plans are developed during the assessment process and consumers are either handed a copy during a home visit or receive a copy via post and then contact the consumer to discuss. Consumers/representatives interviewed by the Assessment Team stated they have a copy of their care plan. A review of consumer files by the Assessment Team identified the majority of consumer files reviewed that consumer had signed their care plan and been offered a copy.

Management and staff discussed consumer reviews. HCP consumer reviews are monitored by setting a date in the electronic consumer database. HCP consumers are reviewed at least annually for HCP Level 1 and level 2 and 6 monthly for HCP Level 3 and level 4. Reviews may also occur if the consumer has had an incident and/or after a hospital discharge. Consumers/representatives said in different ways that communication about consumer care and services occurs, including when consumer needs and conditions change. Case managers responsible for assessment and planning described how care is formally reviewed at regular intervals, as circumstances change and when incidents occur. Consumers accessing CHSP funded programs reported they are involved in the development and review of their care plan. Staff confirmed that care plans are reviewed at a minimum of annually, however this changes according to the needs of consumers, where there is a change in circumstances, such as falls or changes in treatment needs. Staff stated that they have general conversations with consumers on an ongoing basis during social outings, or treatment appointments, to continually assess the consumer needs. The Assessment Team reviewed consumer documentation including care plans which showed a minimum review of these plans occurring every twelve months for consumers accessing the social support groups. Consumers accessing allied health professionals are reviewed during each appointment.

# Standard 3

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| Personal care and clinical care | | HCP/STRC | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** | **Compliant** |

Findings

The service demonstrated that each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers/ representatives described their satisfaction with the personal and clinical care provided and said in different ways that it was safe and effective care. The service has agreements in place with subcontracted nursing services and service providers to provide safe and effective care to consumers. Support workers stated in various ways they provide care that is safe and right by following care directives and communicating with the consumer and/or their representative. Management described how staff are provided information about care delivery to the consumers. The service has policies and procedures to ensure best practice guidance for staff.

The service demonstrated the effective management of high impact and high prevalence risks associated with the care of each consumer. Consumers/representatives interviewed were satisfied that consumer care is safe and right and said in different ways that risks associated with their care are managed.

Case managers discussed high impact and high prevalence risks that included falls risks, memory and mobility decline and a lack of family support and living alone. Case managers have developed a consumer vulnerability screening tool to determine consumer risks and placing an alert on the consumers file when risk has been identified. Care documentation showed risks associated with the care and services for sampled consumers are identified, assessed and documented. Interventions to manage the risk are developed and recommendations by allied health professionals are incorporated into care plans and implemented. An incident register demonstrates that management monitors and responds to high impact or high prevalent risks. Support workers described individual consumers’ risks, explained the strategies implemented to manage these risks and said in various ways they had enough information to confidently manage risk. Consumer risks are highlighted by an alert that appears when staff review a consumers file.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Although there are currently no consumers receiving palliative care or nearing end of life, the service demonstrated they can provide care and support to consumers who have been referred for or are receiving palliative care services. Case managers outlined processes they follow to support consumers, representatives and family who are nearing end of life.

The service demonstrated deterioration or change in an HCP or CHSP consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Support workers interviewed demonstrated knowledge of their responsibilities in reporting consumer deterioration or change in the consumers care need to their care coordinator and/or the office or via their mobile telephone ‘app’. Care documentation reflected those changes in a consumer’s health or condition are reported, documented, and actioned. The service has a documented process to be followed for clinical deterioration or change.

The service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers/representatives interviewed expressed satisfaction that the consumers’ condition, needs and preferences are communicated within the organisation and with others where care is shared. Support workers interviewed described how they accessed the consumer’s care directives via their roster, verbally and via a mobile telephone ‘app’. Care documentation shows that the service generally communicates with others, internally and externally, to ensure the provision of personal and clinical care. Consumer consent enables information to be shared internally and externally where responsibility for care is shared.

The service demonstrated appropriate and generally timely referrals to individuals, other organisations and providers of other care and services. Consumers/representatives interviewed said in various ways they are satisfied that when needed, the service enables appropriate individuals, other organisations and service providers to become involved in care and service delivery. Care documentation sampled evidenced referrals (service requests) were made in response to an identified need, including to medical practitioners, nursing services, podiatry, occupational therapy and physiotherapy. Documentation generally included corresponding reports and recommendations were incorporated into care plans and actioned. Allied health staff explained that they submit referrals through an internal pathway, and that they obtain a general practitioner letter where the matter is urgent and provide this to the consumer to take to their appointments. Staff demonstrated an understanding of referral networks and described internal and external referral processes.

The service demonstrated the minimisation of infection related risks through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers/representatives interviewed were satisfied with the measures staff take to protect the consumer from infection. Management when asked the risk-based questions advised the organisation has an infection control subcommittee with oversight of infection prevention. Management discussed staff having access to the intranet to access the infection control page that includes the organisations infection control and includes a face mask module. Staff have access to hand hygiene training and any updates on infection control procedures are discussed at team meetings. Support workers interviewed confirmed they wear personal protective equipment when required, ask health screening questions, participate in infection control training and have required vaccinations.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | 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

The service demonstrated each consumer receives safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. Consumers/ representatives generally responded positively about how the service supports activities of daily living to enable the consumer to optimise independence and wellbeing. Support workers described the ways they provide individualised and effective services and supports for daily living. Assessments and care plans identify, and outline services and supports to safely promote individuals’ independence and enhance quality of life. Supports include assistance with shopping, transport, companionship, in home respite, and strategies to promote independence.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers/ representatives interviewed expressed in different ways their general satisfaction with the supports for daily living they received. Although care documentation did not provide specific emotional, spiritual and psychological support strategies, support workers were able to describe how they recognise and support consumers when they are feeling low including, being familiar with their interests, encouraging them to talk, going for a walk, providing emotional support and companionship where needed, and identifying their progress or improvement.

The service demonstrated that they support daily living and assist consumers to participate in their community both inside and outside the service environment and allows them to have social and personal relationships and do things that are of interest to them. Consumers interviewed said that the service makes it easy to attend social group activities outside the service environment, as they provide a bus for the pickup and drop-off for consumers who no longer drive. Consumer documentation identified what the consumer enjoys and how the service can support them to undertake the activities that interest them.

The service demonstrated that information about the condition needs, and preferences is communicated within the organisation and with others where responsibility for care is shared. Consumers/representatives said when interviewed, that support workers knew the consumers daily needs and provided daily care accordingly. Service staff and allied health clinicians described in various ways and confirmed that information about consumers conditions and needs is shared via electronic pathways, daily progress notes, emails, and phone messages, and where necessary with the consumers families. The Assessment Team reviewed documentation which showed the information between consumer files and Allied Health staff was shared and consistent.

The service demonstrated that referrals are undertaken to individuals, organisations and other providers of care. Consumers/representatives did not always provide specific examples about referral processes, however generally indicated their awareness that referrals are made, such as for equipment or external supports. Management described processes for making referrals for consumers for a range of services and supports for daily living, including carers support networks and allied health services for equipment recommendations and home maintenance. Care documentation showed examples of referrals such as allied health services, gardening, personal safety alarms and home modifications being actioned as required.

The service demonstrated that where meals are provided, they are varied and of suitable quality and quantity. Consumers/representatives provided positive feedback about quality and quantity of meals and stated they have input into the foods they want to eat. Consumers can source their choice of prepared meals, or the service can assist consumers to set up a self-managed meal delivery service where menus and ordering systems are provided to the consumer by the meal provider. Consumer file documentation showed food preferences, food allergies, sensitivities, preferences and dietary requirements.

The service demonstrated where equipment is provided, it is safe and well maintained. Equipment is selected for safety and suitability on the recommendations of allied health professionals. Referrals to allied health professionals for equipment such as recliner chairs, hi-lo beds, walkers and wheelchairs were discussed and sighted on consumer files.

# Standard 5

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| Organisation’s service environment | | HCP/STRC | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** | **Compliant** |

Findings

The service environment is welcoming and easy to understand, and optimises the consumers sense of belonging, independence, interaction, and function. Social support groups operate in two locations, Ringwood and Healesville with all social support consumers interviewed reporting that they feel welcomed, have a sense of belonging and that they feel happy when they are there. The service operates their CHSP allied health services from their Ferntree Gully outlet, which was observed to have clear signage and diversity inclusion flyers and posters, including of Aboriginal and Torres Strait Islander flags and LQBTQI brochures available at reception.

The service demonstrated that the environment is overall safe, clean, and well maintained. All consumers/representatives interviewed said they were satisfied with the safety, cleanliness, and comfort of the environment, and were able to move inside and outside with ease. Staff interviewed stated that any area where the social support groups meet for any activities are always cleaned after use. Maintenance records for the bus that is used for social group activities, showed regular maintenance occurs and all records are monitored for completion. The Assessment Team observed the physiotherapy area of the service and found it to be clean and well maintained and found the areas around the building to be safe clean, accessible and well maintained. The Assessment Team observed the Ferntree Gully outlet to be clean, well maintained, and comfortable, and observed that the main entrance doors remain unlocked during service hours to ensure consumers can move freely indoors and outdoors. All persons entering the service sign in and hand sanitizer is available throughout the service.

The service demonstrated that furniture, fittings, and equipment are safe clean and well maintained and suitable for the consumers. All consumers/representatives interviewed stated they are happy with the cleanliness and suitability of the furniture and fittings and commented that the bus that is used for group outings is always clean. Allied health staff stated that they always wipe down and clean equipment after use, and that bus servicing takes place on a regular basis. The Assessment Team observed the furniture and fittings at the Ferntree Gully outlet was clean and suitable for consumers use.

# Standard 6

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

Findings

The service is supporting consumers/representatives to make complaints and provide feedback. While consumers/representatives reported that they are unsure if the service regularly requests feedback, all consumers/representatives interviewed who have lodged a complaint reported that they feel comfortable to provide their feedback and complaints and are satisfied with the complaint resolution process and outcomes. Staff interviewed described how they support consumers to make complaints and provide feedback through check in during welfare calls and in home visits for HCP consumers, and during consumer facing CHSP funded services for allied health and social support group consumers. Management outlined the various ways the service encourages feedback and complaints, including the provision of the complaints, compliments and comments brochure, information on how to contact the Aged Care Quality and Safety Commission and ensure feedback forms are available in the welcome pack and reception area of their service centres, QR codes for feedback in the consulting areas, as well as regular surveys.

Management noted they have implemented a new feedback system which seeks feedback at key points throughout the consumers journey, including commencement and review. The Assessment Team reviewed the service welcome packs for CHSP, STRC and HCP consumers which includes information on the Office of the Public Advocate, the Aged Care Quality and Safety Commission as well as the service’s feedback and complaints brochure which contains the complaints and feedback telephone number. The Assessment Team observed the service areas which have complaint and feedback brochures available and posters which provide information for making complaints.

The service ensures that consumers/representatives are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. All consumers/representatives reported feeling safe to raise any concerns with the service. All staff interviewed noted they support consumers to access advocacy and language services as required, explaining how they have referred to services they utilise in supporting consumers, including interpreter services, housing services, Carer Gateway, and Elder Abuse Advocacy service. Management said they could access the Translating and Interpreter (TIS) service for CALD consumers as well as provide OPAN and Aged Care Quality and Safety Commission brochures to consumers. Management also noted they have provided support to consumers to access counselling services including elder abuse and homelessness supports. The Assessment Team reviewed the welcome packs provided to consumers and confirmed they include information for the Aged Care Quality and Safety Commission as an external complaint handling option and OPAN services.

The service is taking appropriate action in response to complaints and ensuring they practice an open disclosure process when things go wrong. Consumers/representatives interviewed generally reported in various ways that they have been satisfied with the complaints resolution process and outcomes as a result of their submitted complaints. While staff were not consistently aware of the open disclosure process or policy, throughout the interviews each staff member was able to demonstrate that their actions in response to complaints included reporting to management, entering into the feedback and complaints register, and practicing transparency in communication with consumers around all aspects of their care. Management stated that the service ensures complaints are promptly addressed and that open disclosure is practiced through entering all complaints and feedback into the complaints and feedback management system, contacting the consumer within 48-72 hours to discuss their concerns, and escalate as appropriate. The service has an Open Disclosure policy available to staff with a link to the policy available in the Positive Behaviour Support and Eliminating the Use of Restrictive Practices Policy Version 3. A review of the service’s Older Adults Incident Management System report dated 1 January 2023 - 30 June 2023 shows twenty complaints that were received during the period, each with a summary of event and the dates that the complaints process was completed.

The service demonstrated that feedback and complaints are used to improve the quality of care and services. Consumers/representatives interviewed, reported that as a result of their complaints and feedback changes were made to their care and services. Staff interviewed confirmed that they will take timely and appropriate action following feedback and complaints to improve the quality of consumer care, including changing support workers, assigned case managers or providing alternative service. Management explained that there are three key area of complaint for the service, communication, access and service provision, and that the service is undertaking deep dive investigation into these areas in an effort to improve the quality of their care and services. Management explained that the clinical practice sub-committee is undertaking the deep dive, and that they are engaging consumers to participate in that sub-committee. In addition, the executive team meet monthly with discussions of complaints trends regularly tabled to analyse and consider improvements. The Assessment Team reviewed the complaints and feedback trend data which reported on the key areas of complaints and cited these as they are presented in the information presented to the Board.

# Standard 7

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| Human resources | | HCP/STRC | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** | **Compliant** |

Findings

The service is planning the workforce, including the number and mix of staff, to enable the delivery of safe and quality services. All consumers/representatives interviewed report that staff generally arrive as scheduled and have enough time to undertake the duties of each service, including community access, personal care and domestic assistance. Consumers/representatives interviewed stated they feel they are receiving safe and quality care from their support workers, and that they receive consistency in the staff attending. Management explained how the service undertakes workforce planning, including improving and developing relationships with preferred subcontracted service providers for in-home care support workers. The team leader reviews the allocations of caseloads and the points system to allocate a mix of HCP level consumers to case managers, working closely with the human resources (HR) business partners allocated to the clinical and home care programs, and suspending onboarding of HCP consumers in geographical areas where there is limited access to staff. Management advised that within the past months there were two unfilled shifts due to limited support worker availability, however, were able to offer these consumers an alternative service following the notification of missed or unfilled service.

The workforce interactions from staff to consumers are kind, caring and respectful, and considerate of consumer identity and culture. All consumers/representatives interviewed stated in various ways that the staff attending are kind, respectful and caring. Staff interviewed described the various ways they treat consumers with kindness and respect, such as empowering choice, effective listening, upholding their dignity in personal care services and ongoing communication. Management reported that the service follows up all concerns raised by consumers related to staff interactions are followed up within 48-72 hours in line with the Quality Management System policy version 1. A review of the Older Adults Incident Management System report dated 1 January 2023 - 30 June 2023 shows three complaints around staff including case managers and support workers. Each of these complaints have been resolved with outcomes including changes to staff. A review of the Quality Management System policy statement outlines the service’s focus on supported, competent and engaged workforce that is consumer focused.

The service demonstrated that the workforce is competent and have the qualifications and knowledge to effectively perform their roles. All consumers/representatives interviewed feel the staff providing their care and case management are competent and have the skills and knowledge to provide quality care and service. Staff interviewed outlined the ways the service assesses their competency to undertake their roles, noting qualification and compliance checks and undertaken, regular monthly team meetings for management and case managers, annual performance reviews and ongoing supervision sessions. Management advised that the service ensures staff are competent and capable to undertake their role through ensuring qualifications and skills align with the position description for the role, reviewing compliance documentation and qualifications of each staff member, ensuring appropriate AHPRA registration where appropriate, and ensuring mandatory training is completed and marked off in the Learning Management System, noting any training that is missed is automatically notified to the program manager and staff member. In addition, management monitors and reviews the competency and effectiveness of internal and subcontracted staff through a combination of consumer and staff feedback.

The service ensures the workforce is recruited, trained, equipped and supported to deliver the required outcomes for the Aged Care Quality Standards. All consumers/representatives interviewed reported in various ways that the staff are trained and competent to deliver quality care. Staff consistently reported that they were provided with induction, e-learning training, and that there is no training they have requested that they haven’t been able to access. In addition, while staff have not received Aged Care Code of Conduct or restrictive practice training, the service was able to demonstrate through the EACH Training Review Matrix 2023 that these and other trainings are scheduled for completion in 2023. Though not all staff not consistently reported receiving training in the serious incident response scheme (SIRS), it is a mandatory training listed on the service intranet and listed for review in the EACH Training Review Matrix 2023, with management who oversee the clinical and home care service programs able to describe the process to report these incidents appropriately if required. The Assessment Team reviewed the e-learning required courses assigned to new staff in 2023 and noted it to include open disclosure, family violence, professional boundaries, privacy and cultural awareness training.

The service demonstrated that staff performance and monitoring is regularly reviewed. While consumers/representatives noted they were not consistently asked for feedback regarding the staff providing their care, they all reported in various ways that they are satisfied with the performance of all staff, including for CHSP and HCP program support staff, case managers and management where applicable. All staff members interviewed who have been with the service for over 12 months confirmed they undertake annual performance reviews and regular monitoring with the relevant program manager. Management reported that staff undertake an annual formal IPDR performance review, as well as ongoing monthly team meetings and supervision sessions to monitor and assess each staff members performance. Management also noted that they use engagement data, information reported from the clinical governance committee around risks and feedback, regular auditing, complaints and feedback trends and consumer surveys to identify staff training needs. Review of consumer surveys including the Wynnum Social Activity Group Customer Experience Survey - Overview of Results 2022 and EACH INER Older Adults - Customer Experience Survey 2021 demonstrating consumers are providing highly positive responses to the questions related to feeling safe, respected and comfortable with the staff.

# Standard 8

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

Findings

The service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of their care and services. All consumers/representatives interviewed reported in various ways they feel they are able to provide input into how things are run or feed into broader service improvements. Staff reported that from their observations the service is well run-in relation to the care and services consumers receive. Management described the ways consumers are supported to engage in service evaluation and development, including consumer surveys, sub-committees with consumer representation and ongoing feedback and complaints data review. Management noted that the social support group services have an electronic tablet they take on outings to seek feedback about activities and seek input from consumers for future activities. Management advised that consumer satisfaction surveys are now undertaken in line with the consumer journey, at onboarding, and again at review and reassessment.

The organisation’s governing body is accountable for promoting a culture that advocates for the delivery of safe, inclusive quality care. All staff interviewed reported the service has not stopped providing any home care services to consumers due to any changes to business operating requirements, including the impacts from the SCHADS changes. Management noted that while there have been some impacts to consumers related to the SCHADS changes due to subcontractor agreements, the service has been able to offer work which includes alternative subcontracted providers and absorbing the additional costs within the organisation rather than passing this onto the consumer.

Management described the clinical data and information the governing body receives to enable effective monitoring of care and services to ensure they are safe and in line with best practice include the Board Program Performance Report and the Service Quality and Risk Report provided from the clinical practice sub-committee that provides information regarding vulnerable consumers, legislation and mandatory training. Management noted that the Board use this information to promote a culture of safe and quality care through review and discussion of the information and reports provided, including presentations to the Board from the relevant program managers, resulting in recommendations for improvement, action or further compliance, and outlet/program visits to connect with staff and consumers to ensure staff are performing at the required level. Management noted that the Board hold each program area to account and ensure their accountability for all programs, which is also discussed during the monthly meeting with the Chair.

In relation to the governing body maintaining oversight of the quality of services that they subcontract management advised the service’s governance structures support the commencement and sign up of the subcontracted service in line with compliance, further noting that most subcontracted providers are selected through consumer preference and confirmed dependent on compliance. Management stated that the Board relies on the Service Quality and Risk sub-committee to monitor governance and performance, meeting quarterly to review existing subcontractor arrangements and make recommendations to the Board, including clinical incidents, feedback and complaints, clinical practice leads, inclusive of issues regarding subcontracted providers. The Assessment Team reviewed the Board Pack that is reviewed by the Service Quality and Risk sub-committee and provided to the Board, noting it to include comprehensive information to provide appropriate oversight of service delivery. The Service Quality and Risk sub-committee receive the information pack three weeks prior to the Board meeting, which the Board also have access to.

The service has organisation wide governance systems to ensure effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Information management

The organisation demonstrated effective information management systems are in place. All staff are provided with password protected access to the services electronic systems. Consumer information is maintained electronically and accessible only to staff with the appropriate login credentials. Information is maintained securely, and information privacy policies apply, as guided by the services Privacy Policy Version 2. Information is shared with staff via meetings, emails or through the services other electronic systems such as the client management systems, intranet and mobile telephone ‘app’. The consumer information pack provides consumers with a privacy and confidentiality brochure information that provides consumers with information regarding legislative compliance related to how confidentially is managed.

Continuous improvement

The organisation has a plan for continuous quality improvement that identifies planned improvements across their service delivery and the Aged Care Quality Standards. Improvements are identified through formal case worker meetings, consumer and staff feedback and complaints, the Clinical Governance Committee, the Service Quality and Risk Committee and the (CCCAC), consumer surveys and reviews. The service’s plan for continuous improvement currently specifies issues to be resolved, the objective, the relevant Aged Care Quality Standards, the priority, strategies and steps to address the issues, who is responsible, the date added to the continuous improvement plan and the expected completion date, progress notes and outcome and evaluation.

Financial governance

Financial governance is overseen by the organisation’s Board and Financial Infrastructure and Risk Committee that meets bi-monthly. Management advised that all reviews of their current pricing arrangements, including the adjustment to comply with the requirements of 1 January 2023, are communicated with the consumers through written correspondence, updated fee schedules and addendum where required. The finance manager confirmed that all consumers are notified of changes to costs provided a minimum of 1 month notice. The financial manager also noted a financial report is provided to each program manager monthly, and all costs to the consumer including Income Tested Care Fee and Co-Payments are determined by Services Australia and entered into the client management system. Management noted that there are systems and processes in place to ensure effective cross checking of consumer billing monthly as a result of issues raised through consumer feedback and subsequent continuous improvement objectives.

Workforce governance

All consumers/representatives interviewed stated they were satisfied with the skills of the staff providing the services. Workforce governance is overseen by program managers, the learning and development department and the human resources (HR) team, with support from the clinical practice lead for clinical allied health positions. Issues and actions are reported to the clinical sub-committee and the Service Quality and Risk Sub-Committee for review by the Board. Position descriptions reviewed specify conditions of employment and staff responsibilities, with the clinical practice lead contributing to position descriptions for allied health staff. Workforce planning is undertaken through collaboration with the HR business partner allocated to the specific department. The service has either provided training or has scheduled training according the EACH Training Review Matrix 2023 for all mandatory or recommended staff training to achieve the outcomes required by these Aged Care Quality Standards, including Incident Management Systems (IMS), SIRS, cultural safety, restrictive practice, open disclosure and dementia awareness

Regulatory compliance

Management advised that there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation maintains up to date information on regulatory requirements through the Quality and Risk team, who have staff that review legislative and regulatory changes and emails this information to the relevant program managers to advise their staff. Management stated the organisation has a compliance space program which provides automatic updates of legislative changes to the Older Adults program director, who reports the changes to the executive team and relevant committee, as well as sharing with staff via email. The HR business partner for the relevant departments confirmed that checks of all qualifications, registrations, and compliance are completed prior to staff commencement with the service, and the electronic management system used automatically notifies staff and managers if there is pending expiry of compliance documentation.

Feedback and complaints

The organisation has a feedback and complaints system that effectively documents, trends and reports consumer feedback and complaints, and results in improved outcomes for consumers. Management explained that when feedback and complaints are received, they are documented on their electronic risk management system and reported to management. The program director has access to the reports from the risk management system and the Board receive a summary report of feedback and complaints including the trends. – *End of ‘feedback and complaints’ heading.*

The service has risk management systems, policies and procedures in place which enable them to effectively manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents through the use of the Older Adults Incident Management System. Risk information is provided to the Service Quality and Risk sub-committee for review prior to being submitted to the Board to ensure organisational oversight.

In relation to high impact or high prevalence risks associated with the care of consumers, the service has developed and provided training to staff regarding a recently implemented vulnerability screening tool. Management within the HCP program noted they identify risks in alerts which enable reports to be run and have also developed an electronic record of HCP consumers that was demonstrated as being able to run effective reports that identify high-impact, high-prevalence risks including dementia, diabetes, falls risk. Management explained that with both systems newly implemented they are working towards ensuring all consumers are entered into these systems, which will ensure the service has capacity to run vulnerable consumer emergency lists.

In relation to identifying and responding to the neglect and abuse of consumers, the service has a broad Freedom from Abuse, Neglect and Exploitation policy and procedure, a line of enquiry for abuse and neglect of consumers in the vulnerability screening tool, and abuse and neglect training listed for review in the EACH Training Review Matrix 2023. Management further described the service’s development of an elder abuse prevention service guide which demonstrates the service’s increasing capacity to recognise and respond to abuse and neglect. Staff interviewed were able to describe how they would respond to instances of consumer abuse and neglect and identified concerns of elder abuse recorded in the Older Adults Incident Management System have been actioned accordingly. Consumer welcome packs also contain information on advocacy, and staff have access to advocacy services lists to provide additional information if required.

In relation to supporting consumers to live the best life they can, the organisation’s focus on reablement through allied health services, social and community inclusion through social support groups, as well as policies and procedures that promote a balance between consumer safety, choice and support to participate in activities that are of interest to them. Staff explained the various ways they support consumers to live their best life, including through providing care and services in line with their preferences, understanding the consumer and what is important to them and providing information and support to access services that will enhance their quality of life in line with their own goals.

In relation to managing and preventing incidents, the service demonstrated that they are consistently recording incidents in the incident register, with each department having associated risk registers. Management stated the service uses incident management information to reduce risks to consumers care and identify ways to prevent incidents from occurring or to reduce possible harm through ongoing review of the incident data entered into the risk management system, including determining the severity level and undertaking root cause analysis. Management noted that a multi-disciplinary team and the clinical sub-committee review how the incident took place, if there were any gaps, what services had been prompted that may have contributed to that particular incident, and then based on these recommendations an incident report is updated and provided to the Board which includes what happened and the recommendations.

The organisation’s governing body has a clinical governance framework that includes open disclosure and minimising the use of restraint. In relation to a clinical governance framework, management advised the service has a clinical governance policy and framework, which is used in conjunction with engagement with the Clinical Governance Committee comprised of various clinical practice leads, who review the domains within the clinical governance framework. The Assessment Team reviewed the Quality Management System Version 1 policy, as well as cited the draft version of the reviewed policy which provides further information related to clinical governance.

In relation to minimising the use of restraint, management noted that staff refer to the policy for restrictive practice, noting it is not a practice that is employed by the service. In addition, management refer to engaging with the Clinical Governance Committee to ensure practice is in line with minimising the use of restraint. The Assessment Team reviewed the Positive Behaviour Support and Eliminating the Use of Restrictive Practices Policy Version 3.

In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications. However, support workers and nursing staff can visit consumers for medication prompting. All staff are trained in infection control, with a policy available to provide further information (Infection prevention and control procedure review schedule date 10 March 2024) and vaccinated which reduces the need for antimicrobial use. The mandatory online e-learning modules and EACH Training Review Matrix 2023 include training that incorporates considerations related to antimicrobial stewardship.

Management described that open disclosure training is provided as an e-learning module for staff and is informed by the Customer Feedback Procedure Version 5. Further, open disclosure training is identified for review on the EACH Training Review Matrix 2023. The service has an Open Disclosure policy available to staff with a link to the policy available in the Positive Behaviour Support and Eliminating the Use of Restrictive Practices Policy Version 3.

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)