**Performance**

**Report**

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| Name: | Family Home Support Services - PAYNEHAM |
| Commission ID: | 600166 |
| Address: | 64 Fullarton Road, NORWOOD, South Australia, 5067 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3385 Family Home Support Services Pty Ltd  
Service: 26375 FHSS - Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7634 Family Home Support Services Pty Ltd  
Service: 24361 Family Home Support Services Pty Ltd - Community and Home Support

**This performance report**

This performance report for Family Home Support Services - PAYNEHAM (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others, and
* the provider’s response to the assessment team’s report received 2 February 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not 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 Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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.

# Standard 1

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

Findings

The service demonstrated that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives advised they are treated with dignity and their input is valued, and staff were familiar with consumers' individual backgrounds, needs and preferences. Clinical staff described how the service monitors consumers with regular reviews and communication to ensure consumers are treated with dignity and respect.

Staff advised that they have undertaken cultural awareness training and were able to demonstrate how they deliver services that are culturally safe. The Assessment Team observed consumer assessments that routinely capture information around consumers' culture, history, religion, and language. Management advised that where a consumer has specific cultural, language or religious needs, they incorporated this into their services.

The service demonstrated that each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives advised that the service involves them in making decisions about their care and services; and highlighted that the service supports their choice and independence.

The service demonstrated that each consumer is effectively supported to take risks to enable them to live the best life they can. The service demonstrated that consumers are supported to make decisions about their care and services, including when their choice involves elements of risk. The service has appropriate policies and processes related to supporting consumers to engage and minimise risk, and management advised the Assessment Team they are implementing a dignity of risk form and provide education to all staff.

The service demonstrated that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables consumers to exercise choice. Consumers and representatives advised that information is provided to them both verbally and in writing. The Assessment Team’s review of the Family Home Support Services Consumer Handbook that is provided to consumers as part of the welcome pack, identified relevant guidance on the Charter of Aged Care Rights, the Aged Care Quality Standards, and provided consumers with details to contact the service if they require additional assistance.

The service demonstrated that each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives advised that staff are respectful of their personal information, and staff explained that they have access to consumer information that is relevant to their role. The service demonstrated effective systems to protect consumers’ privacy and personal information.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

Based on the information summarised above, I find the provider, in relation to the service, compliant with HCP and compliant for CHSP subsidised services.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The Assessment Team reported that consumer assessment and planning regarding risks to consumer health and wellbeing was effective for consumers receiving HCP services. However, for consumers receiving CHSP services, the Assessment Team reported that consumer assessment and planning was not sufficient to identify risks to inform safe and effective delivery of care. For consumers engaging in CHSP services, relevant medical information was not documented within their care plan to inform safe delivery of care and services. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement. The Provider took immediate and proportionate action to ensure that all consumers engaged in CHSP services are contacted and assessed as a baseline to determine deterioration. These consumers are appropriately monitored for deterioration and the service will engage with consumers to identify appropriate options to support them to live safely and comfortably at home. After considering the Provider’s response and the impact on each consumer, I find the Provider’s findings to be more compelling in regard to consumer assessment and planning including consideration of risk for consumers engaging in CHSP services, and with these considerations, I find the service compliant for both HCP and CHSP services in Requirement 2(3)(a).

The service demonstrated effective assessment and planning that addresses individual consumer needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Consumers and representatives advised that the service engages in discussion with them regarding advance care planning, and clinical staff and coordinators demonstrated effective knowledge of individual consumer medical history, lifestyle choices, cultural and spiritual requirements, and communication preferences as reflective of each consumer’s care plan.

The service demonstrated appropriate assessment and planning that is based on ongoing partnership with each consumer, and others who are involved in their care and services. Consumers and representatives advised that they are involved in decision making regarding the care and services they receive, and coordinators and management highlighted the focus the service takes to ensure consumers and representatives are involved in assessment and planning of care and services. Consumer care planning documents demonstrated inclusion of consumers and their representatives, as well as others involved with assessment and planning such as allied health professionals or external service providers.

The service demonstrated the outcomes of the assessment and planning are effectively communicated to consumers and appropriately documented in their care plan. Consumers and representatives advised of their satisfaction that outcomes of assessment and planning are communicated with them, and that a copy of their care plan is made available to them. Staff and management highlighted that consumer assessment and planning information is documented in the service’s electronic care management system and that personal care workers are supplied relevant information to ensure delivery of the best care and service outcomes for consumers.

The Assessment Team reported that the service was unable to demonstrate that for consumers engaging in HCP and CHSP services their care and services are reviewed regularly, or when circumstances change including after an incident or following discharge from hospital. Consumers and representatives advised that their care and services are not reviewed regularly. In response, clinical staff and management advised the Assessment Team that consumers are reviewed every four months, however, the service was unable to demonstrate the processes used to schedule and monitor reviews for each consumer. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement that highlighted their approach to ensure all consumer monitoring efforts are appropriately recorded in the service’s electronic records management system. This includes an electronic form for all care staff to complete at the end of each shift. The new process is designed to support daily monitoring and evaluation of consumers, and supports timely review of consumer care and services for effectiveness. After considering the Provider’s response and the impact on each consumer, I find the Provider’s findings to be more compelling in regard to regular review of consumer care and services for consumers engaging in both HCP and HCSP services. With these considerations, I find the service compliant for both HCP and CHSP services in Requirement 2(3)(e).

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

Based on the information summarised above, I find the provider, in relation to the service, compliant with HCP and CHSP subsidised services.

# 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 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 | Not 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 safe and effective personal and clinical care for consumers engaged in HCP services. Relevant consumer documentation highlighted that clinical assessments are being undertaken to assess each consumers’ clinical needs and risks during the HCP onboarding process. The Assessment Team reviewed validated clinical assessments and consumer clinical notes that demonstrated that effective care is being identified and provided to improve consumer’s quality and wellbeing. The service was unable to demonstrate however that each consumer engaged in CHSP services receives safe and effective care that is best practice, tailored to their needs, and optimises their health and wellbeing. This included consumers not receiving appropriate care and support to manage existing and serious health concerns. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that each consumer engaged in CHSP services will be contacted to complete a new assessment and care plan. In addition, the service will procure an additional application for their care management system that will create detailed and current care planning documentation for all consumers. I acknowledge the immediate and proportionate action taken by the Provider to remediate non-compliance, however note that these actions will take time to implement and evaluate. As such, at this time, I find the Assessment Team’s finding to be more compelling and find the service non-compliant in Requirement 3(3)(a) for CHSP service offering.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives advised that they routinely receive care and services that supports them to maintain their wellbeing and independence. Service coordinators and management demonstrated an appropriate knowledge of how the service supports and manages consumers to safely engage in risk. Consumer care planning documentation appropriately reflects key high impact and high prevalent risks and how the service provides monitoring and oversight to best support consumers.

The service demonstrated appropriate processes to support the needs, goals and preferences of consumers nearing their end of life. The service provides focus on maximising consumer comfort and preserving their dignity. Staff and management highlighted that consumers’ palliation and end of life wishes are discussed with consumers and their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes.

The service demonstrated that deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition for consumers engaged in HCP services is recognised and responded to in a timely manner. HCP consumers advised that staff assist them with additional services as required and clinical staff advised the Assessment Team that they follow the policies and procedures in relation to managing consumer deterioration. Clinical staff advised that they raise any concerns with management to ensure the best outcome for consumers. The service was unable to demonstrate that deterioration or change in CHSP consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. CHSP consumers advised that they do not hear from the service unless their service is being rescheduled, and clinical staff advised the Assessment Team that CHSP consumers are considered independent. In their response to the Quality Audit Report, the Provider highlighted that the service will implement a new form on their electronic document management system to support a trigger alert to registered nursing staff to follow up with CHSP consumers who may be experiencing deterioration. This action will take time for the service to implement, including development, education for all staff and time for review and evaluation. As such, at this time, I find the Assessment Team’s finding to be more compelling and find the service non-compliant in Requirement 3(3)(d) for CHSP service offering.

The service demonstrated that information about consumers’ needs, goals, preferences and conditions are documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives advised that consumer care is consistent and that they are provided continuity of care. Consumers do not need to repeat their needs and preferences to multiple people, and staff and management highlighted that the service provides focus to support consumers by ensuring effective communication processes within and external to the service.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers. Consumers and representatives advised that they are satisfied with the care and services they receive from other organisations and providers of care. The service demonstrated an active network of other individuals, organisations, health care professionals and providers they can refer to, or collaborate with, to meet the personal and clinical care needs of each consumer.

The service demonstrated they minimise infection related risks through implementation of standard and transmission-based precautions to prevent and control infections. Consumers and representatives advised that the service and staff keep them safe by using personal protective equipment, attending to hand hygiene and by adhering to relevant policies and procedures. Staff are appropriately trained and the service administers effective monitoring processes to prevent and control the risk of infections.

The Quality Standard is assessed as non-compliant as two of the five specific requirements have been assessed as non-compliant.

Based on the information summarised above, I find the provider, in relation to the service, compliant with HCP subsidised services and non-compliant with CHSP subsidised services.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

The service demonstrated consumers receive safe and effective services and support for daily living that meet their needs, goals, and preferences, and optimises their independence, health, well-being, and quality of life. Consumers and representatives advised of their satisfaction in relation to the services and support they received. Staff demonstrated an appropriate knowledge of what is important to individual consumers, and how the services they provide enhance their quality of life. Further, consumers and staff highlighted the positive impact that consumers gain from accessing social support, domestic assistance, transport, and personal care and staff demonstrated how they adapt their services according to consumers’ needs, goals, and preferences.

The service demonstrated that services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers and representatives advised that staff know consumers well and described how the services they receive enhance their emotional and psychological well-being in a positive way. Management and coordinators demonstrated relevant knowledge of individual consumers and highlighted strategies to support consumers emotionally, spiritually and promote positive psychological wellbeing. The Assessment Team reported that the service demonstrated effective consumer care planning documentation that highlights strategies to ensure effective support for consumers.

The service demonstrated effective services and supports for daily living that assist consumers to participate in their community, to maintain social and personal relationships, and to do things of interest to them. Consumers and representatives highlighted their satisfaction with how the service enables them to maintain relationships, meet new people and to engage in activities of interest to them. Coordinators and personal care workers demonstrated their knowledge of how to actively support consumers to develop relationships and participate in activities of interest. The Assessment Team reported that consumer care planning documentation contains a lifestyle support plan which documents consumer social networks, hobbies and includes information about how to support these requirements.

The service demonstrated that relevant information about consumer’s condition, needs, goals and preferences is effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives advised that staff know the consumer and they do not need to repeat information about their needs and preferences, and staff advised that relevant consumer information is appropriately documented and communicated through the service’s electronic documentation system.

The service demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services are undertaken in relation to consumers engaged in HCP services. However, the Assessment Team reported that the service was unable to demonstrate effective systems and processes to ensure an effective network of external providers or care and services they can refer and collaborate with, to meet the needs of consumers engaging in CHSP services. Service management acknowledged that their engagement with CHSP consumers in relation to timely and appropriate referrals needs to improve to ensure compliance with the Quality Standards and in their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement which highlighted immediate and proportionate efforts to update policy documents and provide relevant education to staff. The service now ensures that staff supporting consumers who are engaged with HCHSP services and who require a referral to another provider of care and services will be monitored and that mechanisms are established to ensure the referral outcome is timely. The service actioned relevant updates to their policy and procedures to ensure staff are supported in this process. After considering the Provider’s response and the impact on each consumer, I find the Provider’s findings to be more compelling in regard to consumer services and supports for daily living, and with these considerations, I find the service compliant for both HCP and CHSP services in Requirement 4(3)(e).

The service demonstrated that, where meals are provided, they are varied and of suitable quality and quantity. Consumers engaged in HCP services advised that they are satisfied with the meals provided. Staff demonstrated appropriate knowledge of consumer’s dietary needs, preferences and identified risks relating to consumers’ nutritional and hydration status. Care planning documentation appropriately identifies consumers’ dietary needs and preferences. While the HCP service offer does not currently monitor or review dietary suitability, they do ensure consumers are provided with meal services that provide food that is varied and of suitable quality and quantity.

The Assessment Team reported that in relation to HCP, the service was unable to demonstrate that equipment is safe, suitable, clean, and well maintained. Whilst the service engages with allied health professionals such as Occupational Therapists (OT) to undertake assessment and recommendations for equipment, the service did not demonstrate equipment requested for consumers is suitable, and the service does not maintain an equipment register or manage a cleaning and maintenance schedule. In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement and highlighted that the service has taken action to implement an equipment register along with a routine review of consumer equipment and to ensure discussion around equipment is had with consumers and representatives at the time of care plan review. Further, the Provider has engaged the OT to undertake assessments to ensure suitability of equipment for each consumer. After considering the Provider’s response and the impact on each consumer, I find the Provider’s findings to be more compelling in regard to consumer services and supports for daily living, and with these considerations, I find the service compliant for HCP services in Requirement 4(3)(g).

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

Based on the information summarised above, I find the provider, in relation to the service, compliant with HCP and CHSP subsidised services. Note that Requirements 4(3)(f) and 4(3)(g) were not applicable for CHSP service offer.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

The organisation does not have a service environment. Standard 5 is not applicable.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |

Findings

The service demonstrated that consumers are supported to provide feedback and make complaints. Consumers and representatives advised that they receive relevant information about feedback and complaints processes, and staff and management demonstrated an effective knowledge on how they encourage and support consumers to provide feedback.

The service demonstrated that consumers are made aware of, and have access to advocacy services, language services and other methods for raising and resolving complaints. Management highlighted effective processes to ensure consumers have access to advocacy and language services if required, and the service ensures that consumers are aware of other methods for raising and resolving complaints external to the service.

The service demonstrated that appropriate action is taken in response to complaints received from consumers and representatives, and that open disclosure principles are used when things go wrong. The service administers relevant policies and procedures to provide staff guidance relating to management of feedback and complaints. Clinical staff advised they receive feedback electronically through consumer notes and emails from coordinators, and management advised the service has implemented an incident management system where all complaints and feedback are documented.

The service was unable demonstrate however, that feedback and complaints are consistently captured and reviewed to improve the quality of care and services. Consumers advised their feedback did not improve the delivery of their services, and clinical staff and management highlighted that complaint review is an area of development for the service. The service was unable to demonstrate when feedback was analysed and assessed to improve service delivery. In their response to the Quality Audit Report, the provider highlighted in their plan for continuous improvement that the service will better engage and utilise the established system to capture, manage and analyse complaint and feedback data to ensure improvements to care and services are implemented for consumers. I acknowledge the provider’s immediate response to remediate the non-compliance, however reflect that this will take time to execute and evaluate. After considering the Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to feedback and complaints management, and with these considerations, I find the service non-compliant for both HCP and CHSP services in Requirement 6(3)(d).

The Quality Standard is assessed as non-compliant as one of the four specific requirements have been assessed as non-compliant.

# Standard 7

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

Findings

The service demonstrated a planned workforce, including the number and mix of staff members, that effectively enables delivery and management of safe and quality care and services. Consumers advised that they are satisfied with the number of staff provided by the service to deliver efficient care and services for them. Coordinators and personal care workers advised there are sufficient staffing numbers to deliver services.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers and representatives advised that staff and contractors are gentle, kind and caring when providing care and services, and personal care workers, coordinators, clinical staff and management spoke about consumers in a kind and respectful manner.

The service demonstrated that the workforce is competent and has the knowledge to effectively perform their roles. Management highlighted the service’s robust recruitment processes to ensure staff have the required skills and qualifications to undertake their role responsibilities. Management demonstrated appropriate processes to monitor staff competencies via observation, feedback, and annual performance reviews.

The service demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these Standards. Workforce advised that they are supported to complete relevant training and are routinely supported in their role. Management highlighted the organisational recruitment and onboarding processes, including mandatory training relevant to each role, and ongoing support and training opportunities.

The service was unable to demonstrate regular assessment, monitoring and review of the performance of each staff member and management advised there is currently no formal processes to undertake performance review. However the service does administer relevant policies and procedures that state that performance development reviews are to be conducted annually in consultation with the staff person and their line manager/supervisor using the service’s Performance Development Review form. Management highlighted that the service undertakes regular discussions with administrative and clinical staff regarding staff performance, competencies and capabilities, and personal care workers are provided with an annual performance appraisal as part of their contract renewal processes. In their response to the Quality Audit Report, the provider highlighted in their plan for continuous improvement their focus to ensure formal staff performance appraisals for all staff, including better utilising data and intelligence already available to the service. The Assessment Team reported that consumers did not specifically comment on this requirement. After considering the Provider’s response and the impact on each consumer, I find the Provider’s actions and findings to be more compelling in regard to staff assessment, monitoring and review of performance, and with these considerations, I find the service compliant for both HCP and CHSP services in Requirement 7(3)(e).

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

Based on the information summarised above, I find the provider, in relation to the service, compliant with HCP and CHSP subsidised services.

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

Findings

The organisation was unable to demonstrate their requirement to engage consumers in the development, delivery and evaluation of care and services or that the organisation’s governing body effectively promotes a culture of safe, inclusive, and quality care and services, and remains accountable for their delivery. Staff and management were unable to demonstrate how consumers are actively engaged in the development, delivery and evaluation of care and services beyond that associated with an informal feedback process, and management acknowledged the organisation’s lack of engagement opportunities, planning and evaluation of data and processes to capture ongoing consumer feedback to help improve the care and services delivered to consumers. While the organisation was able to demonstrate an established governance framework, underpinned by relevant policies and procedures, the organisation was unable to demonstrate effective data gathering, reporting, and monitoring systems and processes to enable effective governance oversight and accountability, including clear reporting to a governing body to support analysis, monitoring and trending oversight.

The organisation was unable to demonstrate effective organisational wide governance systems related to information management, continuous improvement, financial management, regulatory compliance, and feedback and complaints. This includes lack of appropriate recording of consumer assessment and care planning information regarding each consumers’ risks, needs and preferences and assurance that this information is communicated within the service for all consumers. Staff do not have access to current and complete consumer information in one system. Further, the organisation was unable to demonstrate established regulatory compliance processes to ensure that appropriate education and training is provided to staff related to legislative updates and regulatory reforms related to consumer care and services.

The organisation was unable to demonstrate effective oversight of management of consumer risks and incidents to ensure that ongoing delivery of services is safe and effective for every consumer. The organisation lacked effective application of risk management systems and practice, including documentation, robust analysis, and trending of consumer incident outcomes, and using this intelligence to inform service improvements.

The organisation was unable to demonstrate effective clinical governance framework including systems and processes to enable delivery of safe and quality clinical care to consumers. This includes effective consumer clinical assessment and care planning to inform safe and quality clinical care for all consumers. The organisation lacks governance to embed monitoring and oversight of clinical care. The organisation demonstrated an antimicrobial framework document and a restrictive practices policy, however lacked the organisational support and obligation to establish processes and systems to administer their requirements on a routine basis.

In their response to the Quality Audit Report, the Provider supplied their plan for continuous improvement which highlighted their immediate efforts to work towards remediating non-compliance in this Standard, including seeking members to participate on their Consumer Advisory Board, efforts to ensure that the Board meets regulatory requirements, and their development of a risk management plan. After considering the Provider’s response and the impact on each consumer, I acknowledge the continuous improvement activities already taking place and highlight that these actions will require time to embed and evaluate. As such, at this time, I find the Assessment Team’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service non-compliant for both HCP and CHSP services in Standard 8.

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