**Performance**

**Report**

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| Name: | Focus Connect |
| Commission ID: | 200365 |
| Address: | 3 Chamberlain Street, CAMPBELLTOWN, New South Wales, 2560 |
| 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: 2309 Macarthur Diversity Services Initiative Ltd  
Service: 17639 Macarthur Multicultural Community Aged Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7774 Macarthur Diversity Services Initiative Ltd  
Service: 23716 Macarthur Diversity Services Initiative Ltd - Care Relationships and Carer Support  
Service: 23717 Macarthur Diversity Services Initiative Ltd - Community and Home Support

**This performance report**

This performance report for Focus Connect (**the service**) has been prepared by M.Waniczek, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives informed the Assessment Team that consumers feel safe, welcomed, supported, and valued by staff. They indicated staff understand and respect consumers preferences and take their background and culture into account when delivering care and services. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s individual identity and background. Staff advised that during the initial assessment of each consumer, their care plan is tailored to accommodate their individual identity and cultural background needs, such as preferences of having a male or female worker, any food needs or preferences or cultural days and beliefs. Assessment and care planning documentation demonstrate consumer involvement in decision making. Care plans outline consumer goals in relation to their physical, cognitive, and psychosocial wellbeing, and include cultural needs and personal care requirements, as well as the things consumers enjoy doing.

Management explained their commitment to being a person-centred organisation which values diversity and promotes respectful relationships. The Assessment Team noted staff orientation training includes information about respecting consumer rights, dignity, choice, and the Code of Conduct for Aged Care. All consumers are provided with a copy of the Charter of Aged Care Rights and the organisation’s code of conduct document. Policies and procedures in relation to the provision of inclusive and culturally appropriate services are in place. Staff and volunteer interactions with consumers at the centre were respectful and demonstrated knowledge of consumers’ needs and preferences.

Consumers and representatives were satisfied that the service encourages consumers to make decisions, maintain relationships, exercise choice, and support their independence. Management explained that consumers are informed of their rights and responsibilities, including their right to make decisions about their own care and be supported by those they wish to involve. Care plans are developed in partnership with consumers and their chosen representatives. Care documentation identifies consumer choices and decisions about care and services. The service has policies and procedures describing risk management, including the use of risk assessment tools.

Consumers and representatives provided examples demonstrating how the service supports consumers to take risks to live their best life. Management processes to support consumers dignity of risk include the consumers’ right to take a risk. Care staff described the support provided to ensure consumers are as safe as possible while living their best life. The service identifies potential risks to consumers and discusses these with the consumer and their representatives. Risk minimisation may include risk assessments and referrals to other services. Case managers and care workers advised the dignity of risk policy and assessment tool is used to develop and support the care plan which articulates the strategies to support consumers and guide care workers.

Consumers and representatives confirmed they receive information about the service through the assessment process, care plans and monthly statements. Management and staff described how they adapt their form of communication to be appropriate for the consumer. Depending on the consumer’s circumstances and consent given, communication may be supported by an advocate, representative or an interpreter service. The service is upgrading its electronic system to provide access for consumers and representatives to real-time information about the consumer’s home care bookings, schedules, and care team. Staff advised consumers are provided with an information folder containing a signed copy of their agreement, which outlines the services to be provided, their budget, the cost of services and service fee policies. The information folder also includes a client handbook, complaints information and documentation on advocacy, privacy, and the Charter of Aged Care Rights. Staff explain these documents to consumers during care plan reviews when needed. Home care package consumers receive a copy of their budget and monthly statements, keeping them informed of any unspent funds. When services are changed, or packages upgraded, a new budget is created and provided to the consumer with a new service agreement.

Consumers and representatives were satisfied their personal information, privacy and confidentiality is handled in a respectful manner. Staff explained that they share consumer information with the consumers themselves or their nominated representatives and provided examples of actions undertaken to maintain consumers’ privacy. Management advised the current electronic system stores consumer information confidentially and staff have access to the database as appropriate to their role. Care workers access via the electronic application is limited to ensure only relevant information is accessible. Documentation review showed consumer information is maintained confidentiality in an electronic password protected database. The service is ISO 27001 certified in information security management. The organisation’s privacy policy outlines the protocol to protect personal information and how information is used. Staff education includes consumer privacy and the code of conduct policy. Subcontractor agreements outline how consumers’ personal information is protected, including privacy and confidentiality.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives provided positive feedback on assessment and care planning processes. Prior to the commencement of services an in-home assessment is conducted which includes a discussion of the consumer’s needs, goals, preferences, and risk management. A home environment safety assessment is also conducted.

Consumers and representatives expressed confidence that the service takes consumers preferences and goals into account when providing care. Staff advised consumers and representatives are offered the opportunity to discuss advanced care planning and end-of-life care, however noted consumers may not wish to discuss these matters. Consumers are offered the opportunity to discuss advance care planning again at care reviews or when their care needs increase.

Consumers and representatives advised they are involved in the consumer’s initial assessment, care planning and on-going review processes, and the service provides each consumer with a copy of their care plan. Most consumers and representatives advised they speak to staff regularly and are provided with the opportunity to discuss anything, including making a change to the consumer’s care plan. Staff advised care plans are reviewed with consumers and representatives at least annually. Care plans for consumers receiving home care package are reviewed quarterly, alternating between telephone and in-home communication. Consumer care files were up-to-date and demonstrated consumer and representative input. Management advised they liaise with other service providers, such as occupational therapists, as needed.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal and clinical care received, advising the service takes time to assess and understand consumer care needs and individual preferences. Staff conduct assessments and, if required, refer consumers to a subcontracted nursing agency. Nursing staff from the agency advised they are provided with consumer information from the service and complete their own assessments using a range of clinical assessment tools to document consumer needs. Nursing staff submit regular records to the service regarding the care provided which are incorporated in the consumer’s care file. The nursing team is provided with information on best practice through their agency and undertake professional development activities to maintain their clinical knowledge. At the time of the assessment visit no direct clinical care was being provided to consumers.

Consumers and representatives expressed satisfaction with the management of high-impact or high-prevalence risks. Care workers described strategies used in consumer homes to minimise risks for consumers which were documented in the consumers’ care plans. Staff working in centre-based services described how they manage consumer risks when out in the community and advised risk assessments have been conducted on all community venues. The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers. The incident management system informs consumer risk profiles and relevant information is communicated to care workers. Incident data is reviewed by management and appropriate action taken to reduce consumer risk and adjust service delivery based on consumer needs. The service has policies and procedures relating to risk management and consumer file review demonstrated consumers are assessed for risks in relation to their overall health and wellbeing and identified risks are documented.

Consumers and representatives are offered information on advanced care directives and end-of-life planning in the information pack and during care assessments and reviews. Staff explained how they provide care to consumers who are receiving end-of-life care, working collaboratively with nursing and hospital staff to provide comfort care in line with the consumers’ family’s request and medical recommendations. Policies and procedures regarding palliative and end-of-life care are in place.

Consumers and representatives were satisfied that care workers knew consumers well and were confident they would identify and report changes to a consumers’ health and wellbeing. Consumers advised that prompt referrals are made to allied health services, as required. Care workers explained they inform coordination staff of any changes to a consumer’s condition. In response to a change, a care review is undertaken, and the outcome documented in the consumer’s file. Care documentation demonstrated regular detailed progress notes including referrals to allied health services.

Consumers and representatives were satisfied with the measures staff take to protect them from infection. Staff have completed training on the use of personal protective equipment and infection control. Management advised meetings include discussions regarding COVID and scheduling processes to monitor the impact on care and services.

The subcontracted nursing agency advised they follow infection control processes when providing clinical care to consumers and have a range of policies and procedures regarding infection control and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives provided examples of how the service helps consumers maintain independence and supports them to participate in activities tailored to their interests and social activities in their community. Staff and volunteers demonstrated their knowledge of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing, and quality of life. Management advised staff report incidents, accidents, hazards or near misses as per their work health and safety policy. They complete and submit incident/accident forms to their supervisor, with details discussed at staff and board meetings. Care plans, assessment reviews and progress notes were customer focussed and included individual consumer interests, needs, preferences, and goals.

Consumers and representatives advised the service and support provided helps meet consumers’ social, emotional, and psychological needs, and improves their overall health and wellbeing. Staff demonstrated knowledge of individual consumer’s needs, personalities and interests and were able to give examples of how they meet consumers’ emotional, spiritual, and psychological needs. Staff and volunteers advised if they have a concern about a consumer they raise this with the coordinator, who arranges a referral if needed. Identified needs are used to develop care plans which are regularly reviewed. Consumers’ care files demonstrated the assessment of emotional, spiritual, and psychological needs.

Consumers and representatives were satisfied with the opportunities consumers have to build and maintain relationships, pursue activities that are meaningful and of interest to them and participate in the community, either individually or as part of a group. Staff and volunteers described relationships important to each consumer and the social activities they enjoy. Coordination staff record information on consumers’ life stories and social needs on entry to the service in care planning documentation. Regular meetings are held with staff and volunteers to monitor consumers’ needs and changes.

Consumers and representatives were satisfied the service had good communication systems in place. Staff and volunteers confirmed they were satisfied with the information they receive and advised they are provided with updated information when care needs change. Care staff have access to consumers’ care plans and complete notes as needed and/or provide verbal feedback to coordination staff. Care staff advised that coordinators are quick to act when consumer changes are reported to them. Coordination staff advised they communicate with the family and other representatives as required and provide information, or make referrals, as needed.

The service demonstrated appropriate referrals occur in a timely manner. Coordination staff outlined referral processes which include regular contact with staff and volunteers. Progress notes on consumer files demonstrated consumers are provided with information, referrals, and assistance to access other services including allied health. Policies and procedures are in place to guide staff. Consumers and representatives confirmed referrals are made with the consumer or their representative’s permission and involvement as needed.

Meals are provided to consumers attending centre-based services. The service has processes in place to ensure food safety. Staff serving food have completed food safety training and were observed using appropriate personal protective equipment.

Consumers and representatives advised the meals provided are usually quite good with several consumers noting they always enjoy the meal. Generally, the quality and sufficiency of the food was described as good, with a range of meal options sourced from the local community. Staff discuss the options with consumers, who are given a choice of what to order. During outings meals are sourced from community venues, audited by the New South Wales Food Authority, where consumers have a large range of food options and can choose what they like on the day. Consumers said if they raise issues staff take their feedback into account and make changes.

Consumers and representatives explained how the service supports consumers in purchasing and maintaining equipment and were satisfied with the quality and range of equipment to choose from. Equipment and aids are listed in the consumer’s care plan and staff receive instructions for safe use. Care staff check equipment for safety and report any issues to the coordination staff. Coordination staff reported that consumer equipment is accessed based on individual needs and provided through individual package funds. If consumers do not have enough funds for purchase, the option to rent is discussed. The service has policies and procedures to guide staff regarding the use of equipment.

# Standard 5

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers attending centre-based activities said the community venues are welcoming, clean and they felt safe. They enjoyed spending time indoors and outdoors. The rooms, furniture and buses are well maintained, clean and comfortable, and they felt safe with the different drivers.

Management advised the service owns the main building and they rent various halls from not-for-profit organisations. Coordination staff conduct venue risk assessments prior to utilising a venue.

Staff advised the environment is easy for consumers to get around independently. Mobility aids are kept nearby enabling consumers to access the bathrooms independently, with staff available to assist when needed.

Staff and volunteers at the centre explained they report safety issues or concerns using the services incident system and appropriate actions are taken. Regular checks are conducted on the equipment and buses. The Assessment Team confirmed maintenance records for the buses, and environment.

The assessment team observed consumers attending a Spanish group session, independently accessing the bathrooms. Care staff described how consumers who wish to assist in the kitchen are supervised by staff and volunteers who have completed safe food handling training. The Assessment Team observed indoor areas were well lit, furniture was of suitable height for consumers and was clean and well maintained. Cleaning wipes and hand sanitiser were freely available for use. Bathroom signage, evacuation plans, fire extinguishers and exit signs were also observed. Coordinator staff advised that regular fire drills are conducted in their premises.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are encouraged to provide feedback or make a complaint and felt comfortable to do so. Consumers advised that staff and management are approachable, and consumers feel they are genuinely listened to. Consumers can complete an evaluation form, contact the service, or inform a staff member of their feedback, with most preferring to call their case manager or the service direct. They are confident their complaint will be resolved in a timely manner. Consumers provided examples of improvements made as a result of complaints.

Care workers described the actions they take if a consumer provides feedback or a complaint. They described the process for actioning feedback and complaints and how they communicate the consumer’s concerns via an electronic application or directly to the relevant case manager.

Management described how the organisation seeks to build a culture of open feedback and transparency through the complaint system. All feedback is reported and responded to within a designated timeframe. All incidents which are related to feedback are referred to the Aged Care Manager. Case managers and care coordinators are responsible for managing complaints in the first instance, and complex complaints are escalated for action, where appropriate. The feedback register showed that feedback and complaints were actioned in line with the services policies and procedures.

Consumers confirmed the service undertakes surveys and seeks consumer feedback. Management advised service improvements are actioned as a result of feedback, complaints, and input from the ‘Consumer and Representative’ forum. Management monitors feedback trends and provides information to the Board.

The consumer handbook and client information kit contain information about complaints and compliments, open disclosure, feedback forms including a QR code, and external supports, such as the Aged Care Quality and Safety Commission and advocacy and interpreter services.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the performance of staff. Consumers explained staff are kind, gentle, caring and treat consumers with respect. Consumers report that staff are responsive to their needs, understand their preferences and take their background and culture into account when delivering care and services.

Management and staff advised rosters are prepared to ensure there are sufficient resources with a mixture of staff members to ensure delivery of safe and quality care and services.

Management described how they ensure staff have appropriate qualifications, including registration and credentials, as part of their workforce planning, competency framework and monitoring process. The service maintains a list of registered staff credentials and monitors the expiry date on the roster. Staff receive notifications via the online portal and from management to remind them to re-register. Subcontractors are required to have the same competencies as staff and regular feedback is sought from consumers and brokered agencies. The contractor’s handbook stipulates their obligations and responsibilities. Mandatory training includes staff code of conduct, professional boundaries, inclusion and diversity, and identifying neglect and elderly abuse. Staff code of conduct is a standing agenda items in team meetings. The Assessment Team viewed position descriptions for various roles within the service and confirmed they outline minimum qualification and competency requirements.

Consumers and representatives were satisfied with staff performance. Management described the processes for identifying staff training needs and staff performance reviews. Staff members confirmed they received induction training and have access to training from the service on a regular basis. Staff advised they felt they were well trained for their roles and felt supported with any changes. The Assessment Team sighted the mandatory training framework for the service which includes a training calendar and an ‘Employee induction’ checklist for mandatory and non-mandatory training. Training is a standing agenda item at staff meetings and the service also engages guest speakers to provide education on topics such as diabetes, medication and dementia awareness and falls risks.

The service has performance related policies and procedures. Management and staff confirmed they were supported in their performance review process. Care staff confirmed they completed an annual performance appraisal and a probationary period review when they started. Performance appraisals sighted by the Assessment Team showed probationary period and annual review discussions were occurring regularly, and staff were completing their goals and development plan and identifying any training needs.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service demonstrated that consumers are engaged in developing, delivering, and evaluating their care and services by seeking input through consumer feedback surveys, consumer focus groups, staff meetings, client satisfaction surveys, and the complaints register. Social groups are also asked to provide verbal feedback.

The service is managed by a Board, sub-committees, management, and staff. The Board provides oversight of all corporate and program delivery governance. The Board meets regularly and reviews finance, program delivery, quality, and human resources governance reports. The service currently subcontracts all clinical care to a brokered agency. The Assessment Team sighted meeting minutes of ‘Clinical Care Partnership’ quality meetings with the subcontractor discussing clinical indicators including review of clients with identified risks and vulnerabilities. These meetings form part of the organisation risk assessment quality report submitted to the Board.

The service is ISO 27001 certified in information security management. Staff and management access consumer information via an electronic system with controls and checks in place.

The service has a Plan for Continuous Improvement (PCI) which is informed by consumer and external consultant feedback, complaints, organisation risk assessment and quality governance reporting. Management advised they are open and welcome feedback from consumers, representatives, and subcontracted service providers.

The Board is responsible for financial management, including organisational financial policy and procedures and monitoring. The finance team provides the Board with monthly reports which includes organisational financial status, the number of packages and unspent funds, and issues or recommendations for improvements. An annual audit is undertaken by a qualified auditor, approved, and appointed by the Board.

The service maintains records of competency and qualifications for staff and sub-contractors, with a system of monitoring and identification of qualifications and registration renewal. All staff have the required credentials, such as national criminal history checks, COVID-19 vaccinations and first aid certificates.

Management advised the serviced receives regular updates from government bodies on regulatory information. The service distributes information to relevant management staff, who disseminate the information to staff through emails, meetings mechanisms and online platforms.

The service has a feedback and complaints process. It partners with consumers, representatives, staff and subcontractors and practices open disclosure.

Risk management systems and practices are in place to monitor and manage risk. A suite of assessment tools is utilised to determine consumer needs, including identifying high-impact or high-prevalence risks. A vulnerable consumer register is in place to monitor and manage high-impact or high-prevalence risks for individual consumers. Risks alerts, and strategies are entered into the electronic care system and available to care workers through their mobile application. Home safety is assessed, and strategies are put in place to ensure consumers are safe while receiving care and services in their homes. Staff are supported and participate in induction and ongoing training on the need to ensure the safety of consumer and themselves. The service has a non-response to a schedule visit procedure to guide actions when a consumer is not responding, or staff have concerns regarding their wellbeing.

The service has a clinical governance framework which has a range of policies and procedures including clinical care, antimicrobial stewardship, minimising the use of restraint and open disclosure.

Clinical assessments and direct clinical care are provided by a subcontracted nursing agency, which utilises a range of clinical tools for consumer assessments, to determine the needs of clients and support care planning. Risks and alerts are entered onto the client electronic system and guidelines are provided for care staff to deliver safe care, in line with best practice. Service and subcontracted staff consult with one another, document and monitor clinical risks to ensure the ongoing safety of consumers. The Assessment Team confirmed these processes through the review of individual consumer files, the vulnerable consumers register and meeting minutes. Clinical care quality reports are reviewed by the Chief Executive Officer and provided to the Board on a quarterly basis.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)