**Performance**

**Report**

**1800 951 822**

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| Name: | Galaxy Home Services |
| Commission ID: | 201516 |
| Address: | Shop 4, 97 Rawson Road, FAIRFIELD WEST, New South Wales, 2165 |
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| Performance report date: | 17 December 2024 |

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

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9921 Galaxy Aged Care Services Pty Ltd  
Service: 28195 Galaxy Aged Care Services Pty Ltd

**This performance report**

This performance report has been prepared by Julia Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 27 November 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 | **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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service.

The Assessment Team found the services demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. This was confirmed by feedback from sampled consumers and representatives. One representative advised the services are tailored to the cultural background of their consumer, including meeting their preference regarding the gender of their carers which has made the consumer feel more comfortable and maintained their dignity and respect. Staff and management interviewed provided several examples of actions undertaken by themselves and staff to ensure consumers felt respected and their individual and cultural identity valued. Care plans for sampled consumers reflected their cultural identity, and preferences.

The Assessment Team found the service demonstrated care and services are culturally safe. Sampled consumers and representatives advised they were satisfied services were culturally safe, and case managers speak their language, including Assyrian, Arabic and Italian. They said that when requested, they have received support workers that speak their language and understand what they require culturally. Consumers’ care plans contained information on their cultural and religious preferences, such as the preference of one consumer of the Muslim faith that staff do not to step on their prayer mat.

The Assessment Team found the service demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, and those involved in their care and to make connections with others and maintain their relationships of choice. Sampled consumers said they tell case managers which family, friends or carers are to be involved in decisions about their care, they are supported to exercise choice and independence and develop and maintain relationships. Case managers explained how they support consumers to make choices and remain independent. Care plan documentation included details of who consumers wanted involved in their care and how they wanted services to be delivered.

The Assessment Team found the service demonstrated consumers are supported to take risks to enable them to live their best life. Sampled consumers and representatives said they were satisfied with the way staff supported them to take risks and enable them to live the best life they can. Care documentation recorded consumers’ risks and mitigation strategies. The service uses occupational therapists to assess consumers’ capacity to safely continue their preferred activities, such as independent showering, and to identify risks and mitigation strategies such as home modifications and equipment, to support their independence and quality of life.

The Assessment Team found the service demonstrated each consumer receives information that is current, accurate and timely, communicated in a way that they can understand and enables them to exercise choice. Sampled consumers and representatives advised they are satisfied with the way information is provided to them and how the service communicates with them. Case managers said that because most of their consumers and staff are from culturally and linguistically diverse (CALD) backgrounds, verbal communication, in the consumers’ language is the main method of communication. During initial assessment the service asks about consumers’ level of literacy in their own language, and if consumers prefer written information, it is provided in their language. Consumers and representatives confirmed they are provided with a Welcome Pack on commencement and their case managers explained it to them in their language.

The Assessment Team found the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Sampled consumers, representatives and support workers confirmed consumers’ privacy is respected and their information is kept confidential. Hard copy consumer files are stored in a locked room at the office and secure logins are used for all computer systems with data password protected and stored in the cloud.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# Standard 2

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

Findings

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

The Assessment Team found the service demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. Sampled consumers and representatives advised they were satisfied the assessment and care planning process is comprehensive, staff understood their needs and individual risks, and their care plans support their health and wellbeing. Support workers were able to describe consumers’ risks and mitigation strategies used to enable safe and effective care and service delivery. Since July 2024, clinical assessments including valid assessment tools have been conducted within the first month of commencing a Home Care Package. The service is in the process of clinically reviewing and assessing all consumers to update their risk profiles and inform care plans. The Assessment Team noted that there were some inconsistencies in care planning documentation. Detailed clinical information including assessment recommendations were not recorded in care plans or progress notes, and service information regarding days, times, duration and frequency of services was not included. Management acknowledged these areas and committed to improvement actions to resolve them. However, the Assessment Team found there was no discernible negative impact on consumers resulting from these issues.

The Assessment Team found the service demonstrated assessment, care planning and review addresses consumers’ current needs goals and preferences including advance care planning end of life planning if the consumer chooses. Sampled consumers and representatives said information about their needs, goals and preferences is kept up to date through regular communication with staff and management. Care plans generally reflected consumers’ individual needs, goals and preferences. Case managers advised they raise advance care planning during assessment and review conversations, and record consumer responses in their care plan. Case managers noted for cultural and religious reasons, consumers typically do not wish to discuss end of life outside of the family unit. Care plans showed no consumers to date have provided this information.

The Assessment Team found the service demonstrated assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Sampled consumers and representatives gave positive feedback about how the service regularly and effectively works with them in planning their care and services. Care documentation showed the

involvement of consumers and representatives in assessment and planning. Managers and case managers described how consumers and families are involved in the development of agreed care and service plans, including who else should be involved in consumers’ care, such as medical practitioners.

The Assessment Team found the service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. Sampled consumers and representatives said they had been given copies of their care plan and the outcomes of assessment were communicated to them verbally by case managers, clinical staff and/or external allied health providers.

The Assessment Team found the service demonstrated care and services are reviewed for effectiveness when circumstances change and/or incidents occur impacting the needs, goals and preferences of the consumer. Sampled consumers and representatives advised they were satisfied care and services are reviewed regularly, and service changes are implemented as needed when consumer needs and conditions change. Case managers said they had reviewed all consumers care and services after July 2024 when they revised the care plan format. There were no reviews outstanding at the time of the quality audit and care plans were current. Review of care and services documentation showed timely annual care plan reviews were conducted for sampled consumers. Care documentation showed where incidents occurred, they were logged in the incident register and consumers needs were reviewed in a timely manner.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

This Quality Standard has been assessed as compliant as 7 of 7 specific requirements are compliant for the service.

The Assessment Team found the service demonstrated each consumer gets safe and effective personal care that is best practice, tailored to their needs that optimises their health and wellbeing. There are currently no consumers requiring ongoing clinical care, with one consumer receiving wound care services through a local hospital. Sampled consumers and representatives said they felt safe during services and the care met their individual needs. including from other external providers such as hospital and community health. Care plans showed personal care instructions were tailored to consumer needs. Staff demonstrated they were familiar with consumers’ individual personal care needs, preferences and safety considerations. Case managers monitor the quality of care by regularly seeking verbal feedback from consumers about the care delivered by support staff and subcontractors. A care staff member described the tasks they perform to support a consumer and their representative with the consumer’s personal care, such as showering, toileting and dressing. They also described the risks associated with each task, when they use personal protective equipment PPE to avoid cross contamination and how they ensure the environment is safe from hazards to mitigate the risk of falls for the consumer.

The Assessment Team found the service demonstrated effective management of high impact high prevalence risks associated with consumers’ care. Sampled consumers and representatives said their care is safe and right and risks associated with their care are managed well, and noted staff are very risk aware. The service has policies and procedures in place to guide management of high impact and high prevalence risks. Support workers were able to describe individual consumers’ risks, the strategies they use to support them and the incident reporting process. Risk assessments are conducted, with regular monitoring of consumer and risk, and care plans contain risk mitigation strategies to safeguard consumers, particularly those living alone. Management identified the main high impact high prevalence risks for the service’s consumers as falls, cognitive decline and living alone. Support staff confirmed case managers ensure they are aware of consumers’ risks and how to manage them by using risk alerts in care plans and ongoing education. Weekly meetings to discuss individual consumer health risks and how they are being managed are held between case managers and management and risk and incident registers are maintained and discussed weekly, including root cause, actions and outcomes. The service has emergency policies and procedures to mitigate consumer risks during emergency and disaster events.

Management said the service is yet to provide services to consumers who are palliative or nearing end of life. Management advised policies and procedures are available to guide staff in end-of-life care, experienced workers would be assigned and clinical staff would coordinate end of life planning, staff education, care documentation and working with palliative care teams, in order to ensure the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved.

The Assessment Team found the service demonstrated 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. Consumers and representatives expressed confidence the service and their staff would identify and respond to consumer deterioration or change. Support workers explained how they check consumers’ health conditions and escalate any concerns to case managers. The representative of one consumer living with cancer said the support worker is very aware of their condition, understands the consumer’s health needs, knows what to look for and makes suggestions to the family to seek medical attention when they can see the consumer is more unwell. The Assessment Team found while changes in condition are reported and acted upon, the service is not routinely documenting this information in progress notes, but found there was no discernible impact on consumers.

The Assessment Team found the service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. Consumers and representatives said staff knew their care needs and preferences and that changes were communicated across the organisation. Consumer information is primarily communicated to care staff verbally by care coordinators and through care plans. Support workers described sampled consumers’ care needs, and said there was sufficient information to perform their role. Regular contact with external providers is maintained, although not consistently documented. One consumer (HCP4) said communication concerning their medical treatments is very good with everyone involved, such as the hospital, and community health. However, the Assessment Team found progress notes are rarely documented verbal feedback from support workers to case managers on consumer conversations, changes in condition, circumstances or behaviour, in line with the service’s policy and procedures. When this was raised with management noting the potential negative impact on continuity of consumer care, they said they expected the implementation of the new electronic care management system (ECMS) would help to address this issue. This was noted in the service’s plan for continuous improvement to be completed by 30 November 2024. The Assessment Team found there was no discernible impact to consumers in relation to this issue.

The Assessment Team found the service demonstrated timely and appropriate referrals are made to other providers of care and services. Sampled consumers and representatives said they are satisfied that when needed, the service assists with making timely referrals to appropriate providers outside the service. Clear referral processes are in place and care and services documentation showed multiple consumer referrals to My Aged Care, and allied health providers, but this information is not routinely captured in progress notes. However, the Assessment Team found referrals were captured in appointment emails and allied health assessment reports located in sampled consumers’ files. One consumer’s care file contained a submission to My Aged Care dated October 2024 to upgrade their home care package based on increased care and support needs.

The Assessment Team found the service demonstrated there are effective processes and practices in place to minimise infection related risks, including standard and transmission-based precautions and anti-microbial stewardship. Consumers and representatives said they were satisfied with the measures taken by all staff to protect them from infection. The service has policies to guide antimicrobial stewardship (AMS), infection control practices and to minimise the spread of infections, including outbreak plans for influenza, gastroenteritis and COVID-19. Staff and consumers are encouraged to be vaccinated and records are maintained, but not tracked in a register. The Assessment Team found most staff were vaccinated against COVID-19 and influenza and the vaccination status of consumers is recorded in care documentation. Management said they will be introducing a vaccination tracking register. In relation to AMS, management advised medication is overseen by medical practitioners and consumers are guided by their advice. Clinical staff demonstrated a practical understanding of AMS principles and practices and described how monitoring may be applied in some circumstances. Staff demonstrated their knowledge of infection control practices and advised they receive infection control training.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant /non-compliant as 6 of 6 specific requirements are compliant for the service, with Requirement 4(3)(f) not applicable.

The Assessment Team found the service demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. Sampled consumers and representatives said they can participate in safe activities and spoke highly of support workers. They advised they are helpful and know what consumers need and want. Supports include domestic assistance, transport, gardening, home maintenance and meal preparation. Social support includes activities such as providing companionship, going to coffee shops and attending church. Support workers described how they assist consumers safely to do the things they like or want to do and demonstrated a sound knowledge of consumer needs and preferences in relation to support for daily living activities.

The Assessment Team found the service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Sampled consumers and representatives advised they enjoy their services and feel comfortable, happy and safe with their support workers when receiving care. Consumer care and services documentation showed consideration of emotional, spiritual and/or psychological needs. Support workers described how they support consumers when they are feeling low, and check how consumers are feeling at each visit, feeding back any concerns to the case manager. Case managers demonstrated a sound knowledge of consumers’ emotional, spiritual and psychological needs, personalities and interests. They noted they make suggestions to families to arrange counselling and psychologist referrals, but they usually decline. When this occurs, the organisation increase support services such as encouraging consumers to go on outings.

The Assessment Team found the service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. Sampled consumers and representatives provided positive feedback about how they are assisted to build and maintain relationships and pursue activities of their choice in the community. Support workers described the relationships important to sampled consumers and the lifestyle and social activities they enjoy. Care plans contained information on consumers’ social needs. One representative said when their consumer who had recently arrived in Australia, was feeling down, the service arranged for an Arabic speaking support worker, in line with their language preference, to accompany the consumer on a tour of the city sights and encouraged them to participate in the community and maintain social relationships.

The Assessment Team found the service demonstrated information about the

consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives expressed confidence that needs and preferences in relation to supports such as domestic assistance, transport, gardening and social support were communicated effectively within the organisation. There is regular verbal communication between support staff and case managers and support staff demonstrated current knowledge of consumer daily living support needs, and said they had sufficient information to complete their work safely. Care and service documentation showed care plans generally reflected personalised daily living needs, preferences and tasks, and information is shared with external service providers. One representative said there are never any issues with communication between the office and support workers, and their systems work well.

The Assessment Team found the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Sampled consumers and representatives said they were satisfied with the referrals made by case managers. Clear referral processes are in place for occupational therapists for equipment prescription and home modifications. Care documentation showed referrals to My Aged Care to seek funding for additional supports and services. One consumer (HCP2) advised that after their assessment, clinical staff had made a timely referral to an occupational therapist to install rails in their bathroom.

Although meals can be accessed through an HCP and some components of them can be claimed, such as administration and delivery, the food component cannot be included under HCP funds, therefore Requirement 4(3)(f) is not applicable

The Assessment Team found the service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Sampled consumers and representatives advised equipment purchased through their package was safe and suitable. Staff said they check consumers’ equipment during services and report faulty equipment to case managers. The service policy is that the responsibility for maintaining purchased equipment rests with the consumer and the service arranges maintenance for leased equipment. However, no equipment has been leased to date. Review of service documentation showed support workers’ vehicles used to transport consumers had current registrations and insurance documents and vehicles are regularly checked. An equipment register is not maintained, due to the limited number of consumers. Case managers said they are currently unaware of what needs to be maintained. This issue is further considered in Requirement 8(3)(c) regarding information management.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), and 4(3)(g), with Requirement 4(3)(f) not applicable.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

The Assessment Team did not assess Standard 5 as the service does not provide services within the organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 4 of 4 specific requirements are compliant for the service.

The Assessment Team found the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Sampled consumers and representatives said they rarely needed to make a complaint but felt comfortable to do so. They advised the service regularly sought their feedback and provided them with information on how to make complaints both internally and externally on commencement, included in the charter of aged care rights, welcome pack and home care agreement provided in their language spoken by consumers. One consumer said at their recent care plan review they were asked again if they had any complaints, but they did not. The service has a feedback form but consumers mostly provide verbal feedback

The Assessment Team found the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Sampled consumers said they can speak directly to staff and were aware how to make a complaint externally, through the Aged Care Quality and Safety Commission. Most consumers speak a language other than English and have access to support workers and case managers who speak their language. Written information (translated into the languages spoken by consumers) provided to consumers includes contact numbers for raising complaints through the Commission and advocacy services such as the Older Persons Advocacy Network (OPAN). Staff said they encourage consumers to use the Telephone Interpreting Service to raise a complaint externally if they do not speak English.

The Assessment Team found the service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Sampled consumers confirmed case managers explain what went wrong, apologise when things go wrong and provided examples of how the case manager addresses and resolves their concerns. Case managers gave examples of feedback received and the open disclosure approach that they used. Open disclosure was also recorded in the complaints register maintained by management. One consumer said when they raised a complaint about their lawn mowing service, the service apologised and visited their home to check the consumer’s concerns about the work. Then the service organised another subcontractor who is now providing the lawn mowing service to the consumer’s satisfaction.

The Assessment Team found the service demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Escalated complaints were discussed with case managers and management as soon as they occurred and were recorded on the register and monitored and tracked until resolved by management. The Plan for Continuous Improvement (PCI) showed actions had been added to address identified trends, such as making sure support workers communicate to consumers through their case managers, purchasing an electronic information system to improve consumer documentation, improving rostering systems and using subcontractors and allied health workers that are culturally and linguistically matched to the consumer cohort.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

The Assessment Team report recommended Requirement 7(3)(d) was not met. The Assessment Team found while the service demonstrated effective recruitment processes, it did not demonstrate the workforce is adequately trained, equipped and supported to deliver the outcomes required by the standards and. The Assessment Team report noted the service has commenced implementation of an ongoing training program for staff covering reporting requirements, incident management, work health and safety, infection control, with further topics, the Serious Incident Response Scheme (SIRS), identifying restraint practices and some clinical conditions such as dementia. New staff complete an induction program and are introduced to the consumers to whom they will be providing services. They are assisted to understand the care plan, which is explained to them in detail. Support workers are accompanied by the case manager on their first visit who trains them on the services and/or supports they need to provide to the consumer.

The Assessment Team recommended this requirement was not met in relation adequate training for the following reasons:

* The Assessment Team report states training has been reactive and training needs analysis has not been conducted with staff. However, I note in Requirement 7(3)(e) the Assessment Team report provides details on the systems in place to review the performance of each staff member, including probation monitoring, regular ongoing performance monitoring and annual reviews, and that case managers receive regular consumer feedback on staff performance. Given the small number of staff currently employed by the service (14 casual support workers that are a mixture of employees and contractors) this level of performance review would be adequate to inform training priorities. I also consider the services training program, delivered since it commenced operations in June 2023, has prioritised legislative requirements such as SIRS, and compliance with the Aged Care Quality standards including topics such, as incident management, reporting, restraint and infection control, and management advised there are still further training programs to be implemented
* The Assessment Team report states there are no mandatory training modules offered, and as the organisation is continuously recruiting staff, not all will staff have had the opportunity to attend the new training program. However, I am satisfied that although the service may not have yet classified its new training program as mandatory, the topics it has delivered are critical to the delivery of safe and effective care and services and have been completed by most staff. Service management confirmed they will deliver the program again to ensure all staff coverage, and the training can be reclassified as mandatory as part of the ongoing training schedule to meet recruitment numbers.
* The Assessment Team report states the service does not have a register of the training attended by staff. However, the Assessment Team noted Management advised they maintain a participant list after each training session (sighted by the Assessment Team) and said they would expand the staff qualifications register to record ongoing training attended by staff. I am satisfied that the lack of a training register for 14 support staff does not mean that they have not received relevant and effective training, nor is this group so large that completions can only be tracked with a register. The lack of a register can be easily rectified, as the service has kept the training attendance information, and management have demonstrated their willingness to amend the current register to do so.
* The Assessment Team report states support workers advised they have not attended support worker meetings. This was acknowledged by management, who said they will offer a comprehensive training program (which they have already commenced) and regular meetings that include tool-box sessions for support workers. I note that to this point support workers have received ongoing monitoring and support from case managers, with a detailed induction and new training program attended by some (the number has not been recorded in the Assessment Team report). The addition of toolbox sessions and further training will improve the development and capability of support workers, but the lack of meetings has not meant that they were not receiving appropriate development and support to deliver safe quality care and services to consumers.

In its response to the Assessment Team report the provider, disagreed with the not met recommendation for Requirement 7(3)(d), and provided a comprehensive plan for continuous improvement to address the issues raised. Their response noted the service only commenced in 2023 and had already provided substantial training to its workforce by the end of 2023 with a training program they would reschedule for newer staff who missed the training. The service acknowledged no staff meetings were held and have addressed this in the PCI.

Based on my review of the Assessment Team Report and the provider’s response, I am not satisfied the report has provided sufficient evidence that the workforce is inadequately trained, equipped and supported to deliver the outcomes required by the standards, for the reasons I have outlined, nor has there been any demonstrated negative impact for consumers.

Therefore, I find the service to be compliant with Requirement 7(3)(d).

The Assessment Team found the service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. All sampled consumers and representatives said there is a sufficient number of staff to provide quality care, the same workers usually deliver their care and services, and their support workers are matched to their cultural background and linguistic preferences. Support workers advised they have sufficient time to complete their required tasks. Sampled consumers and support workers confirmed shifts are rarely missed, staff are allocated to one or two consumers and the consumers receive sufficient services. All sampled consumers and representatives said they are satisfied with the worker assigned to them and if a consumer’s preferred worker is on leave, the service schedules another worker, who is familiar with the consumer’s needs and preferences.

The Assessment Team found the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All sampled consumers and representatives said they were satisfied with their interactions with the workforce, including management, the clinical care staff, case managers and the support workers. One representative said their consumer (HCP2) is happy with their support worker, that they are really good with the consumer and although they speak English, they treat the consumer very kindly and they are respectful.

The Assessment Team found the service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Sampled consumers and representatives expressed confidence in the competency of staff. They said they had confidence in the workforce, they know what they are doing and effectively perform their roles. They provided complimentary feedback about the case managers and support workers.

The Assessment Team found appropriate recruitment and induction processes are in place. Support workers are recruited who match consumers’ cultural and linguistic background and based on their experience and qualifications in aged care and the delivery of support services. Nine of the 14 support workers had relevant qualifications in home and community care, aged care or related areas and two had Assistant in nursing training. All had first aid and CPR credentials. The service has a credentials register for police checks, qualifications and prior experience, first aid and CPR certification.

The Assessment Team found the service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. The organisation has systems in place to review the performance of each staff member, including probation monitoring, regular performance monitoring and annual performance appraisals. The service is in the process of implementing auditing processes to monitor and manage the performance of subcontractors. Sampled consumers described how the case manager calls them after a subcontracted service is delivered and asks them for feedback.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

The Assessment Team report recommended Requirement 8(3)(c) was not met. The Assessment Team found the organisation demonstrated there are effective governance systems in place relating to feedback and complaints, continuous improvement, financial governance. However, it did not demonstrate effective systems for information management, workforce governance, regulatory compliance.

The Assessment Team found the service did not demonstrate effective information management. Care documentation is currently located in hard copy files and staff communicate over the phone direct to case managers. Minimal progress notes are maintained and all changes to care are recorded in care plans. Support workers are employed specifically for consumers, and consequently they know them well and are able to report back to the case manager on consumers’ changing care needs. Care plans are sighted by the support workers when they are first assigned to the consumer The team found, the low number of consumers currently receiving care (22 on the day of the audit, with two consumers in respite) enable the delivery of safe and effective care and services, using the hard copy and verbal communication systems.

However, the Assessment Team noted there is no system to record ongoing monitoring of consumers, agreed upon interventions, and recommendations made by support workers and subcontractors. The service does not receive care documentation completed by subcontractors and has not systems in place to request their care plans, assessments, and progress notes. The Assessment Team found the service does not provide consumers and representatives with a written schedule of services indicating the time and day of services. Case managers interviewed confirmed there is no written roster in place and consumers are informed of the day/time of services by phone. They advised some services, usually cleaning, are regular but there is no written schedule or roster in place. Consumers said they were not dissatisfied with the current system as they were informed verbally, usually weekly, of the times and days of their services. Management acknowledged the current scheduling/rostering approach is working but agreed that more formal systems would be beneficial if consumer numbers increased. They said the new ECMS would include a rostering function and consumers will be provided with a written service schedule.

The service does not maintain a register of equipment purchased for consumers and corresponding schedule of maintenance for each piece of equipment. Management advised it would set up a system to record equipment purchased and maintenance schedule.

In their response the provider disagreed with the Team’s assessment of Requirement 8(3)(c) in the following areas:

* Regarding the lack of a system for documenting ongoing monitoring of consumers, the provider stated they could not see the reason for non-compliance as the Assessment Team acknowledged the service maintains all monitoring notes in a paper consumer file and they were moving to implement an ECMS by the end of 2024. Further, I find the Assessment Team report did not clearly define what constitutes ‘minimal’ progress notes, nor the negative impact for consumers.
* In relation to the issue of no formal records being in place for communications with subcontractors and support workers, the provider stated the Assessment Team report acknowledged that documents of communications with subcontracted third parties is maintained and information is used to update care plans. Based on the evidence put forward in the Assessment Team report, I consider the provider’s response to be correct.
* Regarding consumer information for services provided by subcontractors not readily available because the records remain with subcontractors, the provider stated this was based on one instance where the falls assessment for a consumer, conducted by a ‘subcontracted’ registered nurse was not available because it was not provided to the office. However, the provider clarified the registered nurse is a casual/part-time employee of the service, and not a subcontractor. The provider stated the employee had not yet completed the report at the time of the Quality Audit and will submit the report to the service when completed. I consider the evidence in the Assessment Team report is insufficient to corroborate this identified issue. Further, there was no discernible impact on consumers, mentioned.
* Regarding the service not providing consumers and representatives with a written schedule of services specifying the time and date of services, the provider noted the Assessment Team acknowledged that consumers interviewed were not dissatisfied with the current system of verbal weekly updates provided by the service, and hence no discernible negative impact was established.
* Regarding the service not maintaining a register of equipment purchased for consumers with a corresponding maintenance schedule, the provider, in its response, confirmed a register has now been created with details of purchases by the service, warranty and maintenance schedule for all purchases completed after November 24, and the PCI contains an action to ensure the register includes all equipment purchased prior to the end of November by the end of January 2025. I note the Assessment Team report did not provide evidence of a discernible negative impact for consumers in relation to this issue. Further, there appears to be a contradiction between this requirement and Requirement 4(3)(g) in the Assessment Team report. Requirement 4(3)(g) states the service policy is that the responsibility for maintaining purchased equipment rests with the consumer and the service arranges maintenance for leased equipment. However, the report states no equipment has been leased to date. Given the lack of clarity around this issue, I am unable to consider it in relation to compliance with Requirement 8(3)(c).

The Assessment Team found the service did not demonstrate effective workforce governance. The service employs a chief executive officer, operations manager, compliance manager (subcontracted), two case managers who also roster services, an external accounting team, two subcontracted registered nurses and 18 support workers. Allied health services, cleaning and gardening services are also used to provide consumer care. Staff were aware of their roles and reporting lines and staff files and job documentation showed clear lines of responsibility. The Assessment Team found there are effective processes for the recruitment, induction and support of staff. The Assessment Team identified issues in relation to staff training in Requirement 7(3)(d) and recommended it was not met. However, I found Requirement 7(3)(d) to be compliant. As there are no further significant concerns raised about or negative consumer impacts identified in relation to workforce governance in this requirement, I consider there is insufficient evidence that the service’s workforce governance, is non-compliant.

The Assessment Team found the service did not demonstrate effective regulatory compliance. The Team found regulatory compliance changes are received directly from the Department of Health and Aged Care and the Commission. Changes are discussed in management meetings with the compliance manager, (an external consultant) who advises the organisation on changes to legislation and aged care reforms. However, the team found the organisation does not have processes to monitor and ensure the compliance of subcontracted services. Documentation on insurance, registrations, and police checks are collected, and there are agreements clearly outlining the role and responsibilities of the subcontractors, but their reporting requirements and communication arrangements are not formalised in writing. There were no processes in place to review subcontractor complaint and feedback registers. Workforce compliance checks against the aged care banning orders register had not been completed for staff and subcontractors. The service conducted the banning order checks for its employees during the Quality Audit and gave an undertaking to develop systems to do this for subcontracted personnel. Management agreed on the day of the audit to draft and formally enter an agreement with all subcontracted agencies outlining responsibilities and accountabilities.

In their response to the Assessment Team Report the provider said at the time of the Quality Audit the service had checked staff against the NDIS Banning Register but acknowledged they were not aware of the separate Aged Care Banning Register. The provider confirmed the service immediately checked all staff and support workers, management and subcontractors and found none appeared on the Aged Care Banning Register. The provider acknowledged the need to develop a written agreement to formalise the arrangements for monitoring subcontractor compliance and services, the subcontractor’s reporting requirement for and communications with the service, and processes for the service to review subcontractor complaint feedback registers and assess their performance against the Aged Care Quality Standards. The provider supplied a comprehensive updated plan for continuous improvement that demonstrated its understanding of and commitment to addressing the issues identified in relation to regulatory compliance.

In relation to continuous improvement, the organisation engaged an external consultant to assist with the assessment and improvement of compliance in governance systems and processes and informed the development of the plan for continuous improvement. The service has a quality compliance manager who conducts internal quality audits and implements improvements in systems in line with the aged acre standards. The PCI was updated on the day of the Audit in response to feedback provided by the Assessment Team.

In relation to financial governance, the service has effective financial systems in place. The organisation employs an external finance/accounting team to administer and monitor the financial system, including HCP account management and payroll. The service tracks unspent funds, discusses this with relevant consumers, and works with consumers to develop strategies to spend the funds in a way that will improve their quality of life. Monthly statements with individual line items for each service and equipment purchase are provided to consumers.

In relation to feedback and complaints systems, the Assessment Team found the service responds to verbal feedback and complaints in a timely and appropriate manner. Feedback and complaints from consumers are documented and analysed for ongoing monitoring, trending and analysis, to improve care and services. Management identifies trends from the feedback register to inform continuous improvement.

Based on the considerations above, I find the Approved Provider’s evidence and response to the Assessment Team report to be more compelling in regard to compliance with this requirement. I also find there is a lack of negative consumer impact established for the issues of non-compliance identified in relation to governance systems for information management, regulatory compliance and workforce management. Further, the provider has supplied an amended plan for continuous improvement, covering all the governance issues raised by the Assessment Team report, some already implemented. The provider has acknowledged the need to improve their governance systems to continue to provide safe and effective care and services as the service expands beyond the current consumer cohort of 22.

Therefore, I find the service to be compliant with Requirement 8(3)(c).

The Assessment Team found the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Sampled consumers and representatives said they were involved in developing and reviewing care plans and were in regular communication with the organisation. Consumers and representatives advised they communicate in their preferred language with staff and management, that they are provided information in their language and they are encouraged to provide feedback. The organisation has established a Consumer Reference Committee as required under the aged care governance reforms, of 1 December 2023. Management advised the first meeting will be held in December 2024 or January 2025, with quarterly meetings scheduled thereafter.

The Assessment Team found the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Sampled consumers and representatives said the service is well run and responsive to their needs, and services are culturally safe. Consumers said they are able to make suggestions and propose ideas in relation to the way the services are designed. Regular communication occurs between the management team and staff to assist the organisation to promote a culture of safety and quality improvement. The service has a Quality Committee, a Clinical Advisory Committee and as noted a Consumer Reference Committee has recently been established.

The Assessment Team found the service demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system.

In relation to managing high impact high prevalence risk, the service identified falls and consumers living alone as high-impact or high-prevalence risks for their consumers. Clinical assessments that identify clinical care risks to consumers are conducted by the registered nurse. High-impact and high-prevalence risks for consumers are also identified and monitored by support staff. Care plans for all sampled consumers included ‘Red Alerts for Risk and Medical Conditions’ accompanied by detailed notes for support workers to follow in relation to care and service delivery, including risk mitigation strategies. Staff described mitigating strategies in place to minimise falls such as mobility aides in use and a range of innovative strategies to reduce isolation. A Site Home Risk Assessment is carried out for all sampled consumers to identify inside and outside risks to their health safety and wellbeing and mitigation strategies.

In relation to responding to abuse and neglect of consumers, the service has policies and procedures and provides training to guide staff in responding to abuse and neglect of consumers, including SIRS. Staff could outline processes they would follow if they had concerns about a consumer. Although most were not familiar with SIRS legislation terminology. Management confirmed the organisation had not reported any SIRS incidents to date.

In relation to supporting consumers to live their best life, the organisation has systems in place to support consumers to live the best life they can. All sampled consumers and representatives reported a high level of satisfaction with the supports in place and provided examples of improvements in their life due to the support provided by service staff.

The Assessment Team found the service demonstrated effective management and prevention of incidents. The service has an incident register that staff use to report incidents both verbally and inputting the data. Management track and document outcomes of incidents following investigation. Examples of incidents recorded in the incident register were sighted by the Assessment Team and consumers confirmed recorded actions were taken. Staff and management demonstrated learnings and improvements made following the investigation and analysis of incidents.

The Assessment Team found the service demonstrated where clinical care is provided there is a clinical governance framework in development. However, the service is not currently providing clinical care to consumers. Subcontracted registered nurses undertake clinical assessment of consumers and are assisting the service to develop and implement a clinical governance framework. A clinical governance committee oversees the development of the framework, including subcontracted registered nurses, management and case managers. Minutes of meetings were sighted by the Assessment Team. Staff are not currently collecting clinical indicator data as clinical care is not yet provided by the service. However, clinical oversight of consumers is maintained by the subcontracted registered nurse.

In relation to antimicrobial stewardship, management advised the service does not administer medication, and consumers are guided by their medical practitioner. However, the service has a policy that guides support workers to monitor and track the length of time consumers are on antibiotics and to inform clinical care staff if they have concerns regarding ABS. The clinical staff would liaise with the consumer and follow-up with the relevant medical practitioner, if required.

In relation to minimising the use of restraint, the service currently does not have any consumers with restrictive practices in place. Restrictive practices training for the community services context was recently delivered as part of SIRS awareness education, safe practices and reporting requirements. One staff member who commenced 2 weeks before the Quality audit will attend the next program. Case managers interviewed demonstrated awareness of restraint practices and the risk discussion process to be followed with consumers and representatives.

In relation to open disclosure, the complaints register and interviews with staff confirmed open disclosure is implemented when incidents and complaints occur. Sampled consumers and representatives expressed satisfaction with complaint handling outcomes and confirmed the open disclosure approach was followed.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)