**Performance**

**Report**

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| Name of service: | Gallipoli in-Home Care |
| Service address: | 15-19 Gelibolu Parade AUBURN NSW 2144 |
| Commission ID: | 201459 |
| Home Service Provider: | Gallipoli Health Services Limited |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 7 August 2023 |
| Performance report date: | 21 September 2023 |

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

**This performance report**

This performance report for Gallipoli in-Home Care (**the service**) has been prepared by F.Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Gallipoli in-Home Care, 27753, 15-19 Gelibolu Parade, AUBURN NSW 2144

**CHSP:**

* Care Relationships and Carer Support, 27975, 15-19 Gelibolu Parade, AUBURN NSW 2144

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

Consumers and/or representatives described staff as kind, caring and respectful, and said they knew their individual preferences and cultural background; and described how this is considered when delivering services. Consumers said they also felt respected and valued by all staff when preparing meals or taking them out shopping or in the community. Consumers are informed of their right to be treated with respect and their identity, culture and diversity valued. This is recorded in their Service Agreement and through the Charter of Aged Care Rights, which is provided to all consumers. It is acknowledged and maintained in sampled consumer files which was viewed by the Assessment Team.

Consumers and representatives confirmed management and staff understand the consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. A review of care plans demonstrated the service documents if a consumer has specific cultural needs and culturally specific care requirements in relation to this. Interpreter services are available as needed. Where appropriate, services are provided to consumers from staff with the same cultural background.

Consumers said they felt supported to exercise choice and independence. They are able to communicate who they wish to be involved in their care and services. Where the consumer has nominated others that they wish to be involved, the service communicates with representatives on an ongoing basis. Management described how they encourage consumers to exercise choice and independence in service delivery, such as determining days and times of services. They said consumers are comfortable to advise them of their preferred support worker if they have any.

Consumers sampled expressed satisfaction with how the service supports them to live the best life they can and did not report concerns relating to this requirement. Consumers indicated that they would communicate this to the manager if there was something they wanted or did not want to do. Coordinators conducted reviews regularly and responded to changes in consumers’ conditions or circumstances. They communicated with consumers and/or their representatives to determine the support required to meet consumer needs. During this setting, risks associated with their decisions are discussed.

Consumers and representatives said the service communicates information that is current, clear and easy to understand. Consumers demonstrated their understanding of statements with reference to the cost of each service they receive. Staff demonstrated an in-depth understanding of the consumers they work with and how they tailor communication styles to consumer’s needs. Staff described how they take time to listen to consumers to understand where information might not be understood and provide clarity to ensure understanding.

Consumers and representatives said staff are respectful and respect their privacy when delivering services. They were confident their personal information is kept confidential and said they have never had to raise concerns of this nature. Support workers described how they respect the personal privacy of consumers when delivering services, including when they assist consumers with their invoices or taking them out into the community.

# Standard 2

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

Findings

The service demonstrated assessment and planning, taking into consideration the risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. The initial assessment process is completed by the coordinator in consultation with the consumer, and their representative if required. Information gathered includes consumer background information, medical history, medication, allergies, treating doctor, environmental risks, emergency contact, natural disaster support contact, power of attorney, safety alerts, skin integrity and pressure care, list of external services.

Consumers interviewed confirmed services meet their care needs. Consumers are helped with advance care planning, however staff said discussions in relation to end of life planning is not always appropriate. Support workers said they are provided information by coordinators in relation to the care needs of consumers and are provided with access to care plans that include clear instructions. They access electronic progress notes on their phone, are updated in relation to changes and have regular staff meetings.

Consumers/representative confirmed the service has organised additional services and that other referrals are made as required. Progress notes evidenced communication with other services as required such as physiotherapy services, occupational therapists and general practitioners for health summaries or referrals. Sampled consumer documentation reviewed provided evidence of the assessments undertaken with the consumer.

Consumers and representatives interviewed confirmed they participate in assessments and ongoing reviews and were involved in the development of their care plan. They said they were well informed by the coordinator of the services they could access. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their care files. Most consumers said the services they receive are in accordance with their needs and preferences and were agreed upon by them. Consumers/representatives confirmed they were provided with a copy of their current care plan.

Consumers confirmed their services are reviewed and that support workers usually see the same consumers. Support workers said that they are able to identify deterioration in consumer’s physical and mental wellbeing, and escalate any changes to their coordinator, who follows up and informs them of any updates. Detailed coordinator and clinical coordinator’ notes were also sighted in the service’s database; these recorded the changes in consumer’s care needs based on assessment reviews. Sampled care plans sighted were current, with reviews conducted annually, or as circumstances/health conditions changed.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

The service demonstrated personal and clinical care is individually tailored for each consumer based on an assessment of the consumer’s individual needs, goals, and preferences. Consumers said they are satisfied with the care and services they receive and did not have any issues or concerns to raise. They said the service takes time to assess and understand their care needs and support workers consider individual preferences when providing direct care. Support workers or coordinators did not raise any particular issues around providing personal or clinical care. Support workers were able to provide examples of when consumers were deteriorating and how they felt the processes in place helped them safely provide services to consumers.

The service was able to demonstrate that it effectively manages high-impact and high-prevalence risks associated with the provision of care and services to each consumer. Positive feedback was received from consumers/representatives in regard to consumer’s individual risks. Support workers interviewed advised the service is good at following up on any incidents or hazards they report. They also have a process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow is on the consumers’ information they receive. Support workers interviewed were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences as they near the end of their life. Consumers said advance care directive are discussed and are in place. Coordinators advised they do have one consumer who is on an end-of-life pathway, and they have included palliative team and representative conference as care needs increased due to this. Services are provided in line with the consumer’s and representative’s wishes and/or based on any cultural preferences.

The service was able to demonstrate deterioration or change to a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives said support workers knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. They said they had contact numbers to ensure after hours coverage also. Support workers confirmed they update the coordinator regularly about consumer’s overall health and wellbeing and note any changes as needed.

The service demonstrated that care and services respects the consumer’s choices ensuring that safe, effective and consistent care is provided. Consumers/representatives confirmed their needs and preferences are effectively communicated to the service and that they did not have to repeat information to new support workers. They also confirmed support worker usually know if anything has changed regarding their care. Consumers/representatives gave positive feedback about support workers providing their care and services. They were also complimentary about office staff, coordinators and clinical coordinators.

The service was able to demonstrate that timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. Referrals occur in a prompt manner and although support workers are not responsible for consumer referrals to other health professionals, they generally knew when referrals had been made by care managers and when care plans had been amended.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevention and control practices. Consumers interviewed confirmed support worker take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information from the provider regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices kept them safe. Support workers advised they had received training on COVID-19 and use of personal protective equipment.

# 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through My Aged Care or OTs as needed, who may recommend equipment or home modifications to help them stay safely at home. Consumers provided positive feedback regarding support workers helping them do the things they want to do through the in-home social support service. All consumers felt they have a better quality of life due to the services they currently receive.

Consumers and representatives advised they enjoy services and feel comfortable, happy, and safe with their support workers while receiving care. They said support workers check how they are on each visit and if they have any concerns will report this to the coordinator. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular support worker, which helps meet their emotional and psychological needs and improve their overall health and wellbeing.

Consumers/representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have opportunities to do things that are meaningful to them, and that the support workers will take them wherever they wish during their social support sessions. Support workers were able to give descriptions of relationships important to consumers or activities that they enjoy, such as seeing family and friends, attending a mosque or going for walks or drives in the local community.

Consumers and representatives were satisfied the service had good communication systems in place to ensure support workers knew their needs and when changes occurred with their care. They confirmed they have regular contact with their coordinator. Support workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change.

Consumers/representatives said referrals are made from time to time with their permission. Support workers advised they have frequent contact with the coordinator regarding consumers and their increasing needs and report back after each service. Progress notes on consumer files included information, referrals, and assistance to access other services, this was evidenced in progress notes sighted in electronic consumer files.

Consumers/representatives advised they had received equipment through their package funds to assist with their mobility, were satisfied with the quality of the equipment and that they had a choice of equipment to choose from. The service also provides consumers with personal alarms to alert emergency contacts if the consumers fall. Support workers confirmed that equipment is safe, clean and well maintained and management advised equipment is accessed based on an individual needs basis.

# Standard 5

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

Findings

The service was able to demonstrate that the service environment was welcoming, easy to navigate, and optimised consumer’s sense of belonging, independence, interaction, and function. Consumers said they felt that the environment was welcoming and allowed them to move around independently. They also said they felt welcomed by staff when attending the group activities at the service environment and that staff referred to them by name.

The service was able to demonstrate that the group activities room and other facilities such as exercise equipment, tables and chairs used by consumers were well maintained, comfortable, safe, clean and enabled consumers to move around freely. Consumers expressed that they felt the service environment was clean and well maintained and expressed that it served its purpose well. The Assessment Team observed the environment to be clean and well maintained and consumers were observed to be moving freely around the centre, outdoors and to the amenities provided.

The service demonstrated that the fittings and equipment in use for the group activities were safe, clean, well maintained, and suitable for each consumer. Consumers expressed that they felt the service provided a safe and comfortable group activity room and the exercise equipment chairs and tables provided by the service was clean, comfortable, and well maintained. Staff were satisfied the equipment is clean and checked regularly. They said the room, chairs, tables and exercise equipment are cleaned at the end of each day by the centre staff.

# 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

All consumers and representatives interviewed said they know how to provide feedback and make complaints to the service and would feel comfortable providing feedback or raising a concern with the service. Most consumers said they preferred ringing their care coordinator or ringing the service directly rather than filling in forms or sending emails. Consumers and representatives said they are encouraged to contact staff or the office at any time if they are not happy with the care and services provided.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives interviewed by the Assessment Team said they felt comfortable to raise any complaints or provide feedback to the service as they find all staff are approachable. Most of the staff are able to speak their languages which makes it easier for consumers/representatives to raise any concerns. The service currently has various mechanisms to provide feedback, including contacting the service directly, filling in feedback forms or sending an email.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers were able to discuss actions taken and the use of open disclosure when they raised a complaint. Consumers and representatives interviewed said they had not had to raise any issues or concerns but felt comfortable to do so and felt management would act on any issues quickly. Staff described the process for actioning feedback and complaints and how they communicate consumers concerns via the workforce application or via direct feedback to the relevant care coordinators.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers discussed improvements made by the service as a result of their complaints. Management described how the service records, acts, and analyses complaints to inform systemic improvements. Most consumers said that they currently have no complaints or issues about the services they receive but if any concerns were raised, they felt that management would work closely with them to ensure feedback is actioned promptly and service improvements are identified and implemented due to the feedback received.

# Standard 7

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

Findings

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. Consumers and representatives confirmed staff are not rushed when delivering services and they receive a phone call or a text message if staff are running late. Management and staff advised when preparing the rosters, sufficient resources and mix of members are deployed to ensure delivery and management of safe and quality care and services.

The service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives interviewed confirmed, in various ways, that staff are kind and caring. They said staff treat consumers with respect, they are responsive to their needs and understand their preferences and interests. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elder abuse.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce are competent to perform their role. Recruited staff must have relevant qualifications specific to their roles and must be the right fit for the service. All consumers and representatives provided positive feedback to the Assessment Team that staff members know what they are doing and how they like their services delivered.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and their induction. The service has an initial induction process that includes mandatory and non-mandatory training based on job roles. Buddy shifts are allocated to staff until they are confident to deliver the care and services on their own in line with best practices. A dedicated educator supports with onboarding and guides staff though the onboarding process.

The service was able to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal and development process for newly employed and existing staff. Staff confirmed they were supported in their performance review process. Staff members interviewed confirmed they have completed an annual performance appraisal and completed a probationary period review when they started.

# 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 | Not applicable |

Findings

The service demonstrated how consumers are engaged in developing, delivering and evaluating their care and services by actively seeking input from consumers through the feedback mechanisms such as feedback forms, consumer advisory committee discussions, management and annual satisfaction surveys. Consumers and representatives are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. Consumers confirmed with the Assessment Team that they were happy with the responsiveness of the service incorporating their suggestions and feedback.

The service was able to demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service was able to demonstrate how the governing body has the right experience and organisation structure to govern a service providing care and services to vulnerable consumers. Staff and consumers were satisfied that the service promotes a culture of safe, inclusive and quality care. Consumers and representatives interviewed outlined interactions with staff and complimented their responsiveness and indicated they were satisfied with the service they received.

The service was able to demonstrate effective organisation wide governance systems relating to information management, continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance.

Information management

* Staff and management interviewed said they can readily access the information they need including policies and procedures, staff communications and resources which inform best practice care delivery.
* All consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems and are reviewed regularly.

Continuous improvement

* Management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, feedback from the consumer advisory committee, suggestions from the annual surveys and complaints and incidents data trends from the Risk and Governance Manager. All improvements from the incidents data is escalated to the General Manager and is discussed during management meetings every Tuesday. The service has strategic and operational business plans and continuous improvement processes in place to discuss issues such as risks and opportunities for improvements.

Financial governance

* Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services.
* The Finance Manager has oversight of the service’s income and expenditure, this is reviewed regularly and discussed by the governing body. The financial assistants enter the data into financial system for the coordinators, finance managers review and prepare a monthly report to the general manager, this is then reviewed by the managing director and signed off by the board.

Workforce governance

* Management described the systems used to manage the workforce. Position descriptions specify staff responsibilities, conditions of employment and accountabilities.
* Consumers stated they were satisfied with the skills of the staff providing the services.

Regulatory compliance

* Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months.
* Management receives regular updates from government bodies such as The Aged & Community Care Providers Association (ACCPA), the Commission, New South Wales Health and Dementia Support Australia on regulatory information, which is monitored by the General Manager. Information is fed down to relevant program managers who disseminate the information to staff through emails and regular meeting mechanisms as well as other online platforms.

Feedback and complaints

* The organisation has a feedback and complaints system that supports the pursuit of improved outcomes for consumers. Management described how feedback and complaints are received, reviewed, and actioned. The service has a feedback and complaints policy, and a feedback and complaints register.

The service demonstrated that effective risk management systems and practices are in place to monitor and manage risk to consumers.

High impact or high prevalence risks

* A suite of assessment tools is utilised for all consumers at the initial case conference, such as validated clinical and care risk assessment tool to help determine the needs of consumers and support care planning including identifying all high impact or high prevalence risks. Clinical and care risks alerts, and strategies are entered onto an electronic system that assists all staff to deliver care and services in line with best practice.
* Support staff interviewed advised how they can access all the information they need on the application and the care plans to be able to deliver the care and service required. They advised how there can see risk alerts and strategies to mitigate those risks.

Live the best life

* Staff and management confirmed that the service has processes to ensure consumers’ services are reviewed regularly, including when changes to consumer’s circumstances including clinical changing needs.

Abuse and neglect

* Staff can identify and report any neglect and abuse and inform management who manage any incidents, and report to authorities. The Assessment team sighted staff training records for completion of training on identifying abuse and incident reporting.

The service has a Clinical Governance Framework in place that guides staff to provide clinical care as part of a holistic consumer directed approach, to optimize consumer wellbeing. The framework outlines the clinical governance structure and defines the roles and responsibilities of all stakeholders. The framework has been developed in line with the National Model Clinical Governance Framework and Clinical Governance Framework (2019) published by the Aged Care Quality and Safety Commission, which is an integrated component of the broader system of corporate governance.

Antimicrobial stewardship

* In relation to antimicrobial stewardship, there is organisational policy and procedures on antimicrobial stewardship and minimising the use of restraint. The service has an Infection Control and Bug Control manual for community which incorporates policies and procedures on infection control and outbreak management.

Minimising the use of restraint

* There are policies and procedures on minimising the use of restraint, and training for care staff is included as part of mandatory training modules. The service aims to provide an environment that is free from restrictive practices as possible. Each individual consumer’s rights to freedom of movement and safety is respected and supported. Currently the service does not use any restrictive practices.

Open disclosure

* There are policies and procedures on open disclosure that is used to guide communication with consumers when a complaint or feedback is received or when an incident occurs that results in harm to consumers.

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)