**Performance**

**Report**

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| Name: | Group Homes Australia |
| Commission ID: | 201312 |
| Address: | Level 2/3, 425-429 Pacific Highway, CROWS NEST, New South Wales, 2065 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3428 Group Homes Australia Pty Ltd  
Service: 26454 Group Homes Australia

**This performance report**

This performance report for Group Homes Australia (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# 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

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

Consumers and/or representatives reported consumers are treated with dignity and respect, and their identity, culture and diversity are valued. The service provider has a philosophy and policies promoting the dignity of consumers, and staff are trained to always treat consumers with respect and value their identity, culture, and diversity. This was confirmed by staff and the Assessment Team observed staff spoke about the consumers in a respectful manner. Initial interviews and assessments, with the consumers and/or their representatives, identify how the consumer is unique. Staff described how they respect consumers and uphold their dignity, and displayed a detailed knowledge of the consumers to whom they provide care and services.

The service demonstrated that care and services are culturally safe. The service provider promotes inclusivity and has policies and procedures in place relating to culture and diversity, which includes cultural safety, gender, and diversity.

Management stated cultural safety forms part of annual mandatory training for staff, and staff spoke about how they respect consumers and support them by creating a safe environment for them, enabling consumers to feel at home. Staff were aware of the diverse backgrounds of consumers and gave examples of accommodating different cultural preferences in relation to food, music, and religion.

Consumers and/or representatives stated consumers are free to choose how they spend their day and staff respect their choices. The service provider has a policy and procedure for decision making, dignity, choice, and independence, which promotes consumers’ right to exercise choice and independence. The service has a policy called What does flourishing mean to our residents, which relates to understanding the individual and supporting consumers living with dementia. Management stated that consumer choice is at the centre of services provided. Choices are often determined during the assessment process which is conducted in collaboration with the consumer and/or representative and are documented in their care plan.

Following the initial assessment of the consumer, the service provider considers their personality, background and interests, and consumers are offered a place in a home that best suits their needs. This process enables consumers to make connections with others who share similar backgrounds, interests, and needs. Consumers are also enabled to maintain relationships with family and friends by being able to have visitors at any time.

The service provider recognises dignity of risk, and processes for managing this are outlined in the policy relating to decision making. The process includes a risk assessment and a discussion with the consumer and/or representative to consider the risks and benefits, as well as any strategies that could eliminate or minimise the risks involved in the activity. Informed consent is noted in the consumer’s care plan and staff support consumers with the agreed strategies. Consumer representatives stated consumers are supported to live the life they chose and confirmed that where this involves some risk they are consulted and in collaboration with the service and the consumer will identify how to support the consumer.

Management explained the house supervisors have ongoing informal communication with the consumers in their house to explain the choices and options available daily, such as the menu for the day and options for leisure activities. Consumers and/or representatives are involved in collaborative decisions such as where to go for outings and what they will have for meals.

Consumers and/or representatives stated they are kept fully informed about the care provided to consumers. This includes daily updates, with photographs, on a social media group, calls whenever there is a change or incident involving the consumer, involvement in the assessment and planning of care and services, case conferences, clear and detailed statements of accounts, meetings, and emails. They reported satisfaction with the information provided, and stated that information is current, accurate and timely.

The service provider has a privacy policy and processes to ensure each consumer’s privacy is respected and personal information is kept confidential. Consumer’s personal information is only collected with informed consent and is stored on a secure electronic system. The system has tiered access, so staff only have access to the information they need to perform their role.

Staff receive training in respecting consumer’s privacy and confidentiality. Staff explained how they maintain consumers’ privacy, for example, not speaking about consumers with other consumers and/or their families. Consumers have their own room and staff confirmed personal and clinical care are provided in private. Privacy arrangements are outlined in the consumer agreement, and consumer representatives are satisfied the privacy of consumers is maintained and information is kept confidential.

# 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

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

The service provider demonstrated that assessment and planning consider risks to the consumer and informs delivery of safe care. The thorough assessment of consumer care needs is completed, using validated tools and includes falls risk and skin assessments. This holistic assessment process is conducted by the clinical team assisted by a social worker.

When risks are identified, the clinical team review the risks and develop risk mitigation strategies. The care plan is updated accordingly, and these changes are communicated to the team via notes and tasks within the organisations electronic clinical management system.

New staff members are orientated to each individual group home and provided guidance and informed of any risks and mitigation strategies for each consumer in their allocated group home and introduced to each consumer. This ensures that all staff have a knowledge of the consumer and individual risks, before providing services. Staff confirmed that this assists them to have a greater understanding of the consumer and their risks and enables them to provide safe and effective care.

The service provider was able to demonstrate that assessment and planning meets current needs, goals, and preferences of consumers. The initial assessment captures information about the needs of the consumers, and ongoing communication between homemakers, neighbourhood managers, neighbourhood clinical managers, social workers, and the clinical team, ensures that individual consumer preferences are kept up to date.

Advanced care planning is addressed at the initial assessment visit and when care plans are reviewed. Consumers and/or representatives are provided with information on advanced care planning if they do not yet have a plan in place. Homemakers were able to confirm that consumer needs, goals and preferences inform the services they receive.

The service provider was able to demonstrate that assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Care includes private services and other organisations who provide services to meet the needs of the consumer.

The service provider demonstrated that outcomes of assessment and planning are communicated to the consumer and/or representative at the time of assessment and available in the care plan. Regular care plan reviews are completed annually by the clinical team in collaboration with the consumer and/or representatives or following any change in the consumer. Consumers and/or representatives are familiar with the contents of their care plan and have access to them when requested.

Evidence was available demonstrating care plans have been shared with the consumer and/or representatives to communicate updated information. Staff receive notification when information is updated, as well as notes and tasks within the electronic care management system when changes occur. There is an information exchange at the end of each shift, called a huddle where any changes noted by staff, or changes directed by care plan or medication updates are discussed. Each group home also has a diary for updating any planned visits or appointments for consumers.

The service provider demonstrated that care and services are reviewed regularly for effectiveness and when circumstances change. Care is reviewed at least every three months and when circumstances change, including incidents. Staff, consumers and/or representatives were all able to describe how they communicate with the clinical team when changes occur impacting the needs of the consumer.

# 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

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

The service provider demonstrated that consumers receive safe and effective personal care that is best practice, tailored to their needs and optimises their health and well-being. Best practice is embedded into policies and procedures and when changes to legislation and information is received, the policies and procedures are updated. Care services are tailored to the needs of the consumer and optimise their health and well-being.

The service provider demonstrated that high prevalence risks associated with the care of the consumers is effectively managed. Consumers and/or representatives expressed satisfaction related to risks associated with care and services are managed effectively. While the service provider is specialising in effective dementia support, the service provider has identified seizures, falls, and choking as their high impact/high prevalence risks for consumers within the service. All staff are provided with education to improve their knowledge, receiving training in dementia care and skin integrity, as well as training in falls management, seizures, and minimisation of choking. Consumers with behaviours related to dementia and mental health conditions, have an unmet needs section located in their care plan to address their needs.

When wounds are identified, they are escalated to management and clinical staff who complete an assessment and advise on initial wound management. Ongoing wound care is provided by homemaker staff suitably trained in simple wound dressings and reviewed by a registered nurse.

While the service provider is not currently managing any consumers with end-of-life care needs, the service provider communicates with the consumers and their representatives around their needs, goals, and preferences regarding end-of-life care. The service provider has policies around care planning, care of consumers of different faiths, expected and unexpected death of a consumer, and an essential guide for high quality end-of-life care.

The service provider’s policy promote discussion about end-of-life goals and preferences upon commencement of services. Advanced care directives and plans are discussed, and information is provided to the consumer and/or representatives if they do not have a current plan in place. This is revisited at each care plan review to encourage consumers to have plans that will meet their goals and preferences when the time comes. The service provider has neighbourhood clinical managers trained in end-of-life care.

The service provider demonstrated that deterioration of consumer’s health and condition is recognised and responded to in a timely manner. The service provider has a deterioration guide to support staff to recognise and manage deterioration. Changes observed by homemakers are documented and escalated to the neighbourhood manager and neighbourhood clinical managers. Weekly management meetings, involving clinical and medical staff, review consumer changes and deterioration to assist with further care planning.

The service provider demonstrated that information about the consumers condition, needs and preferences is documented and shared within the organisation where responsibility of care is shared. The organisation utilises an electronic care management system with an online version available for staff to access while providing care and services to consumers. The electronic care management system includes information about the consumer including contacts, progress notes, clinical documentation including care plan, and risk information including allergies and identified risks such as falls.

Management holds weekly meetings to discuss care needs and ensure appropriate escalation when issues occur, including clinical risks and incidents. The organisation’s wider clinical team is available to provide advice when acute clinical changes occur. The service provider demonstrated that referrals to other services are made in a timely manner, including referrals to medical specialists, dieticians, podiatrists, physiotherapists, and occupational therapists. The state clinical manager was able to explain the process of communicating with the consumer and staff that lead to referrals to meet consumer needs.

The service provider demonstrated the minimisation of infection related risks through the implementation of precautions to prevent and control infection. Consumers and/or representatives were satisfied with the measures taken by the homemakers to protect consumers from infection. Homemakers are provided with infection control training, personal protective equipment, and infection control protocols are implemented in alignment with the local public health unit advice.

Homemakers stated they have received training on infectious diseases, how to prevent infection, how to properly use personal protective equipment, minimise the risk of spreading infection, anti-microbial stewardship, and preventing cross contamination. Homemakers are trained in infection control during orientation, and advised they promote hydration for consumers to assist in the management of infections.

Management advised they are continuously monitoring the care and services consumers receive through seeking feedback. The state clinical manager regularly speaks to consumers and/or representatives and ask if they are satisfied with infection control practices. Homemakers have been instructed to advise the service if they are feeling unwell and are instructed to conduct a rapid antigen test.

# 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

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

Consumer and/or representatives stated they are satisfied with the services provided to support the independence, health, wellbeing, and quality of life of consumers. Consumer files reviewed showed the needs, goals and preferences of consumers are clearly identified. The care plans included individualized strategies for purposeful and meaningful engagement. Staff described ways they engage with individual consumers to support their independence and wellbeing, including regular activities such as daily exercises and walks, encouraging consumers to participate in activities of daily living such as meal preparation, and supporting consumers to engage in activities of interest to them such as gardening and music.

The service provider employs social workers to support consumer’s emotional, spiritual, and psychological wellbeing. Symptoms of anxiety, depression, helplessness, and social isolation are identified through assessment and recorded in the consumer’s care plan. The service provider uses a social model to provide services and staff provide ongoing support to consumers. Staff turnover is low, and staff build supportive relationships with consumers. Staff can refer consumers to the social workers when unmet emotional or psychological needs emerge.

Spiritual and religious needs are identified through the assessment process. Staff explained they can support consumers with spiritual needs by arranging with family or friends to take consumers to church services or assisting them with connecting to television or online religious services.

Consumers and/or representatives stated they are very satisfied with the services provided to support consumers, and that consumers can have visitors at any time. Consumer representatives stated staff know consumers well and they support consumers’ individual interests. The service provider supports and encourages consumers to participate in their community and encourage visitors. The service arranges regular outings within the community to shops, cafes, clubs etc. Consumers attend the local community individually if they are able or with assistance from family, friends, or staff if they require assistance. Consumers are invited to reside at the group home that is best suited to their needs, this includes sharing a group home with other consumers who are compatible and where relationships may readily grow. Individual interests are identified through assessment and are recorded in the consumer’s care plan. Staff explained how they support consumers to do things of interest to them.

Information about the consumer’s condition is communicated amongst staff through huddles at the commencement of each shift. Staff record progress notes about consumers at least once each day and files reviewed by the Assessment Team showed they are recorded more frequently. Staff knew consumers well and described their individual needs and the ways staff support them.

The service provider does not provide services through brokered services. However, management explained consumers do engage external services, such as hairdressers and massage therapists, which are not provided by the service provider. Staff liaise with the external services and communicate critical information, such as illness or infection, to the external services. Consumers and/or representatives confirmed staff knew the consumers’ needs and preferences and were satisfied they were providing appropriate care.

The service provider has processes in place for the timely referrals to other providers of care when required. Management explained the service provider supports consumers to access external services as needed, including services such as hairdressing, massage therapy, and the community visitor’s scheme. Details of these external services are included in consumers’ care plans. The social workers have processes for referring consumers to psychologists or counsellors, but currently no consumers are accessing these services. Staff support consumers in using other services by ensuring consumers are ready for their appointments. Feedback from consumers and/or representatives confirmed consumers are referred to other services as needed.

The service provider supports consumers to make decisions about the purchase or hire of equipment. Management explained, where a need for equipment is identified, consumers are advised of reliable suppliers and appropriate models. Consumers then purchase or hire the equipment required. Equipment is monitored monthly to ensure it is suitable and safe. Staff are trained in the use of equipment, including consumers private equipment. Equipment is cleaned and if they need repairs, staff alert the neighbourhood managers who will contact the supplier. Consumers and/or representatives confirmed consumers have the equipment they need to meet their needs.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service provider demonstrated there is a system in place that encourages consumers, their representatives, family, friends, and others to provide feedback and make complaints. Consumers and/or representatives stated they feel supported to raise concerns, make complaints, or provide feedback and are aware of the different methods the service provider has in place to support this.

Consumers and/or representatives described how they provide feedback verbally and directly to staff, at resident and representative house meetings, via emails and during monthly family catch ups. Homemakers, homemaker supervisors, neighbourhood managers and the support team were able to explain how they support consumers and/or representatives to provide feedback and complaints.

Information about the feedback and complaints process is captured in the resident handbook and admission pack provided to consumers and/or representatives upon admission. Information on the complaints process is also featured on the organisation’s website and review of documents and information displayed shows consumers are encouraged to give feedback and raise concerns.

The service provides information on advocacy, language services including translation services and external complaints mechanisms in their admission pack, consumer agreement, and consumer handbook. Consumers and/or representatives stated they felt comfortable to raise any complaints or provide feedback with the service provider directly. Consumers and/or representatives confirmed they have been made aware of advocates, language services and other methods for raising complaints, and that this information was provided on admission.

The service provider demonstrated feedback and complaints are recorded along with any action taken in response to the matters raised within a register. The management team oversees the process to ensure appropriate action is taken in response to complaints, and that a process of open disclosure is used when things go wrong. Consumers and/or representatives stated the management team are responsive to any matters they raise.

The management team discussed their process for open disclosure and provided examples of how they implement this process with everything they do. When a complaint is made or if there is an incident, they will phone the consumer’s representative and apologise for the incident, an investigation will be undertaken, and feedback will be provided to the consumer and/or representative. This feedback includes the changes the service provider had implemented as a result of the complaint, or the incident and how the implemented strategies will be sustainable.

Management demonstrated feedback and complaints data is used to improve the quality of care and services. Complaints data is reviewed at meetings throughout the organisation to drive improvements. Consumers and/or representatives described improvements to the consumers care and services as the result of feedback or complaints made.

Consumers and/or representatives confirmed feedback and complaints are used to improve the quality of care and services. Consumer representatives reported the resident and relative meetings were effective ways to provide ideas on how to improve the quality of care and services.

Management reported there was no significant trends identified and explained to the Assessment Team how feedback and complaints are incorporated into the plan for continuous improvement. The process is overseen by the management team and progress of the innovation are reported and discussed in all meetings, until the innovation is fully embedded into the home. Serious complaints or incidents are escalated to the Board to ensure effective support and monitoring at senior management levels.

The Assessment Team reviewed the feedback and complaints register and the service provider’s plan for continuous improvement, with both containing evidence of capturing complaints and actions taken to address the complaints resulting in improvements made to care and services for consumers.

# 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

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

Consumers and/or representatives stated homemakers are meeting the care needs of consumers and confirmed they are satisfied with the staffing levels. The service provider could effectively demonstrate the workforce is planned and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Management explained they monitor the care needs of consumers to determine the number and mix of homemakers to deliver the care required. Consumers and/or representatives did not identify any issues regarding the adequacy of homemaker numbers. They were satisfied with the homemakers in the homes and that they attend to their needs in a respectful and timely manner.

The management team reported there is a system within the organisation to fill unexpected unfilled shifts. The service provider has a culture of staff supporting each other to ensure that shifts are always filled for the benefit of consumers and ensure their delivery of care is consistent. It was explained, it is the homemaker’s responsibility to cover their unexpected leave, it will only be the responsibility of the neighbourhood manager when the homemaker is not successful in filling the shift themselves. The neighbourhood manager can use homemakers from other homes within the same neighbourhood.

Consumers and/or representatives stated the staff are kind and caring and consumers are treated with respect. The support team explained the organisation has a vision, mission and values that promote kind and caring interactions and respect for consumer’s identity, individuality, culture, and diversity. The Group Home Australia philosophy of ‘doing dementia differently’ underpins the operations of the organisation and provides a person-centred, effective, integrated, and safe approach to the care of all consumers. Staff demonstrated they knew the consumers well and spoke about them in a respectful manner.

The service provider demonstrated the workforce has the necessary qualifications to effectively perform their roles and described its orientation program for all new staff. Through the recruitment process staff are chosen who have suitable qualifications and knowledge to effectively perform their roles. Management explained the organisation has position descriptions which set out the responsibilities, necessary qualifications, and skills required for each role. Staff are required to complete annual skills and competency assessments for a range of different tasks required to effectively complete their role.

The organisation has a comprehensive recruitment process which includes value-based questions during interview, reference checks, professional registrations, and police checks. The organisation has an orientation process which includes buddy shifts, code of conduct training and performance reviews. The buddies are experienced team members identified as mentors by the neighbourhood managers and management. The service delivers training using an online training platform and face to face training which is provided by educators from the organisation and external service providers.

The service provider demonstrated the workforce is adequately trained, equipped, and supported to deliver the safe care and service to consumers. The service provider has a current training schedule and processes in place to identify training needs of staff. Consumer and/or representatives indicated homemakers know what they are doing and are satisfied with the care they receive. They did not identify any areas where they thought homemakers required additional training. The service provides an ongoing training program for staff which includes annual mandatory training, additional training in response to identified needs, training by external trainers, and on the job training.

The service demonstrated there is a formal process in place to review staff performance. The service provider has systems in place for the regular assessment, monitoring, and review of the performance of each member of the workforce. There is a performance catch up conducted annually or when required due to staff requiring a review of their skills and knowledge.

All staff have an initial performance catch up during their probationary period and then on the anniversary of their employment. Performance catch-up reviews are conducted by the homemaker’s supervisor/ neighbourhood manager and members of the management team. Management stated staff performance is also reviewed using consumer and/or representative feedback, staff feedback, incidents, review of clinical data, staff meetings, and observations by senior staff. At the time of the site audit, there were no overdue performance appraisals. Staff confirmed they have had their performance catch-up, and this is conducted annually or as needed. Staff confirmed it is an interactive process where the management team and staff have input into the review.

# 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

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

The organisation demonstrated effective engagement with consumers and/or representatives in the development, delivery and evaluation of care and services. Consumers are supported to maintain engagement through a broad range of consultative strategies. The service provider encourages feedback and complaints, incident reporting and management, care planning and general improvement processes to engage consumers in improving care and service delivery. Consumer and/or representatives indicated overall they felt the service is well run.

Resident and relative meetings are held in each home, formally once a month and impromptu when required, and during the meetings feedback and suggestions are encouraged. Minutes for these meetings were reviewed and reflected, discussion about what is happening at the service, including feedback and complaints, improvements, opportunities for suggestions, and a practice of open disclosure relating to all aspects of the service management is used, not just when things go wrong.

Management provided examples of the organisation’s engagement, development, delivery, and evaluation of care, including a recent email sent by the management team introducing a consumer and representative advisory group and inviting consumers and representatives to consider joining, and that a following email will be sent seeking expression of interest in joining the group. The terms of reference have been written and are currently sitting with the Board awaiting approval.

Consumers and/or representatives provided examples of times they have provided feedback to the service provider, both informally and formally and the service provider could demonstrate when they have used this feedback to develop and improve services. Information is primarily gathered from consumer satisfaction surveys, formal complaints, and informal feedback. The Assessment Team sighted complaints and feedback records.

The organisation’s governing body demonstrated it promotes a culture of safe and inclusive care and services. It is accountable for the delivery of care and services by the engagement in, and the changes it has made, as a result of consumer feedback, experience, or significant safety incidents experienced within one of their homes.

The Board members brings a diverse range of backgrounds, skills, and knowledge, such as experience with financial services, clinical expertise in health and age care services, governance and strategic planning, and risk management. The management team bring experience in technology, project management, strategy and quality improvement, extensive knowledge of contemporary nursing practice and infection control.

The Board is accountable and satisfies itself that the Quality Standards are being met within the service through the reporting structures that include key performance indicators, clinical data, complaints, incidents, high impact and high prevalence risks, recruitment, staffing and rostering, continuous improvements, clinical indicators, auditing and benchmarking results, and education. Board meetings are held regularly where they review the reports and data provided to them by each of the homes.

The organisation has effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It demonstrated it has sound local governance systems that feed into and are supported by the overall organisational governance framework and accountability structure.

The organisation has information systems to ensure all stakeholders have the information they need. Consumers and/or representatives are provided an information pack with information about what to expect when they first move into the group home and the ongoing care and services they will be provided. During the Performance Assessment several consumers and/or representative requested interviews with the Assessment Team as a result of receiving information via email with the notification of the Assessment Team being onsite.

The management team stated they have the resources available for the delivery of safe and effective care and services. A budget and a delegation authority for discretionary spending is given to the management team, and they can approach the Board and seek authorisation for further spending as required. The organisation conducts regular reviews to track the service provider’s budget and spending.

Finance members of the management team provided an overview of its financial governance within the corporate governance policy. The Board oversees investment activities and ensures that there are appropriate programs and funds in place for the purchasing of new properties and the cost involved for renovation of the properties. The Board is provided with a financial governance report each month. The report includes operating performance overview, occupancy percentages, rostered hours, prudential funds management and liquidity management.

The organisation monitors changes to aged care regulation and legislation. The organisation has a system to identify relevant legislation, regulatory requirements, and guidelines, and has established links with external organisations to ensure they are informed about changes to regulatory requirements. Where changes occur, the organisation updates the service provider’s policies and procedures. The organisation provides the service’s management team and staff with regular updates and training on legislative and policy changes and any new or updated organisational policies.

The service provider has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff demonstrated how they apply the framework in their day-to-day practice. The organisation’s risk management framework and guidelines have been implemented across the service. The framework and guidelines incorporate a risk matrix and rating scale. Accountabilities for tracking risk are outlined in the guidelines, including the need to track identified risks on a risk register, for risk reporting to include investigation and documented responses to the identified risks.

The service provided a documented risk management framework as part of its overall governance framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to under the Serious Incident Response Scheme, consumers are supported to live the best life they can using recognised best practice processes.

All staff at the service have received training on the Serious Incident Response Scheme and incident management. Staff demonstrated a sound understanding of the legislation and the policies and procedures implemented at the service. All staff have completed online and face to face education to support them to understand their responsibilities under the Serious Incident Response Scheme legislation and restrictive practices.

The service provider demonstrated it has a clinical governance framework which outlines the responsibilities, structures, and expectations regarding the provision of quality clinical care to ensure the safety, health, and wellbeing of consumers.

The service was able to provide a documented organisational clinical governance framework that included, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restrictive practices, an open disclosure policy. Staff confirmed they had been educated about the policies and were able to provide examples to the Assessment Team of the relevance to their work.

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