**Performance**

**Report**

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| Name of service: | Hawkesbury City Council Multi Service Outlet |
| Service address: | 320 George Street WINDSOR NSW 2756 |
| Commission ID: | 200521 |
| Home Service Provider: | Hawkesbury City Council |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 10 July 2023 |
| Performance report date: | 4 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 Hawkesbury City Council Multi Service Outlet (**the service**) has been prepared by A. Grant, 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

**CHSP:**

* Community and Home Support, 23959, 320 George Street, WINDSOR NSW 2756

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Applicable |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Applicable** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Not Applicable** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Not applicable** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Not applicable** |
| 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 Assessment Team noted discussions with management and documentation analysed during the desk assessment contact showed the service has implemented additional processes to ensure consumers are informed of the service’s commitment to respond to their complaints in a timely manner and in line with open disclosure principles. For example:

* Revised complaint reporting form and response form now includes questions regarding open disclosure and lessons learnt;
* Opened access to the complaints and feedback system on MS Forms to managers to ensure open complaints can be monitored and followed up by managers;
* Revised policy and procedures for Complaints, Compliments and Feedback;
* Consumers invited to join Client Advisory Group – first group meeting scheduled for August 17th, 2023;
* Consumer handbooks updated to include information about open disclosure and indicate correct CEO response timeframes for complaints;
* Open disclosure training completed by CEO, manager, coordinators, support staff and drivers; and
* Plan for Continuous Improvement (PCI) register reviewed and updated on a regular basis.

The Assessment Team noted it is evident that the service has a clearer system to monitor and follow up complaints and report them up the hierarchy of the organisation. Staff when interviewed confirmed recently completing training on open disclosure and were able to explain open disclosure principles in practice and confirmed they now have a better understanding of their responsibilities regarding open disclosure, which was evident in their responses to negative feedback.

The Assessment Team observed the service’s complaints and feedback register, which contained notes evidencing the practice of open disclosure. The register detailed feedback until July 2023 which also demonstrated complaints are being promptly responded to with consumers informed of the outcomes.

The Assessment Team noted discussions with management and documentation analysed during the desk assessment contact showed that feedback and complaints are reviewed and used to improve the quality of care and services. In particular, the service has implemented the following:

* Core organisation wide training on complaints handling and consumer outcomes;
* Trend analysis and reporting processes commenced. First complaints report provided to the Board in June 2023;
* Quality review meeting established to review complaints. The Assessment Team noted quality review team meetings are scheduled monthly from July 2023;
* consumer surveys implemented, new survey is conducted for each quarter which will be for discussion at the new client advisory group meetings; and
* PCI register reviewed and updated on a regular basis.

One of the consumers interviewed by the Assessment Team confirmed recently completing a survey where they were able to provide input into the service functions. For example, requesting to have the same gardening contractor to do their lawn as the consumer felt they did a thorough job and were really good and made sure that the consumer was satisfied with their work before they left the premises. The consumer was very pleased by the service’s response in ensuring that they get the same contractor to provide the lawn mowing service. The consumer confirmed that they are very happy with getting consistent staff following their feedback.

The Assessment Team noted management is committed to continuously improving the current systems with the implementation of new centralised client management system (Alaya-Care) which is currently going through User Acceptance Testing.

The service quality management framework in addition to the continuous improvement policy provides assurance of how all team members play an important role in actively identifying areas for improvement and implementing approved change. The quality management framework provides practical means of driving performance improvements across the organisation and ensures that service excellence is always strived. This supports the core processes to run smoothly and efficiently, with minimal non-compliance whilst ensuring maximum consumer/participant, staff and stakeholder satisfaction and maximum staff morale.

# Standard 7

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| Human resources | | 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. | **Not applicable** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Not applicable** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Not applicable** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Not applicable** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

The Assessment Team noted discussions with management and documentation analysed during the desk assessment contact showed regular assessment, monitoring and review of the performance of each staff member. The service ensures that the process is occurring in line with their HR09, support, recognition, and performance policy and guided by their HR09 performance appraisal procedure.

In response to the non-compliance identified during the Quality Audit on 10 February 2023, the service provided evidence to show that the performance appraisals for their managers, coordination staff and support staff have now been completed and the drivers’ annual reviews have been scheduled. In addition, probationary reviews for their three new drivers have been completed and signed in the past six months, which was also evidenced in the provider’s response to the assessment team’s report received on 7 March 2023. Drivers have also been provided with supervision to develop a practice of meeting with their supervisors.

The service has also now implemented the following improvements in their processes:

* The new performance appraisal process captures consumer feedback prior to a review;
* Development of a contractor handbook for the lawn and garden contractors; and
* Meeting with lawn and garden contractors is now documented as evidence of supervision.

Staff confirmed having conversations with their respective managers in the last twelve months about their performance, goals, achievements and identifying any training needs to support further development in their career.

Staff files reviewed by the Assessment Team showed performance reviews have been undertaken in the last twelve months which included staff goals and training completed.

# Standard 8

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| Organisational governance | | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Not applicable** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Not applicable** |

Findings

The Assessment Team noted discussions with management and documentation analysed during the desk assessment contact showed the service has effective organisational wide governance systems relating to but not limited to, continuous improvement and feedback and complaints.

*Continuous improvement*

Management discussed their continuous improvement processes, these include; staff suggestions, consumer and representatives’ feedback, compliments, complaints and feedback, incidents, results of audits, organisational projects and initiatives and survey results.

In response to the non-compliance identified during the Quality Audit on 10 February 2023, the service has undertaken a number of improvements in completing a review of its Continuous Improvement system including policies, procedures and reporting systems from front line staff through to the board. In particular, the service has implemented the following:

* PCI register reviewed and updated on a regular basis;
* Trend analysis quality report process commenced. Quality report provided to the Board in June 2023;
* Trend in driver behaviours addressed through supervision and performance discussions;
* Quality management and continuous improvement policy reviewed and improved on;
* Core mandatory training developed to cover complaints and quality management systems – offered twice per year.

Additional evidence is provided under Requirements 6(3)(c) and 6(3)(d) for continuous improvements.

*Feedback and complaints*

In response to the non-compliance identified during the Quality Audit on 10 February 2023, the service has implemented significant changes to monitor complaints, follow-up and report trends up the hierarchy of the organisation to inform continuous improvements in service delivery. Staff confirmed they have a better understanding of their responsibilities regarding open disclosure which was evident in their responses to negative feedback. Improvements made by the service since the previous Quality Audit include:

* Core organisation wide training on complaints handling and consumer outcomes;
* Trend analysis and reporting processes commenced. First complaints report provided to the Board in June 2023;
* Quality review meeting established to review complaints. The Assessment Team noted quality review team meetings are scheduled monthly from July 2023;
* Consumer surveys implemented, a new survey is conducted for each quarter which will be for discussion at the new client advisory group meetings; and
* PCI register reviewed and updated on a regular basis.

Additional evidence is provided under Requirements 6(3)(c) and 6(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)