** Performance**

**Report**

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| Name: | Help at Home by Montefiore |
| Commission ID: | 200856 |
| Address: | 36 Dangar Street, RANDWICK, New South Wales, 2031 |
| Activity type: | Quality Audit |
| Activity date: | 25 June 2024 to 26 June 2024 |
| Performance report date: | 5 August 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 901 Sir Moses Montefiore Jewish Home  
Service: 19349 Montefiore HomeCare  
Service: 19348 Montefiore HomeCare Northern Sydney  
Service: 28300 Sir Moses Montefiore Jewish Home

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7439 Sir Moses Montefiore Jewish Home  
Service: 25008 Sir Moses Montefiore Jewish Home - Community and Home Support

**This performance report**

This performance report for Help at Home by Montefiore (**the service**) has been prepared by G Cherry, 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Other relevant matters:

Sir Moses Montefiore Jewish Home provides aged care services for 240 consumers under Home Care Packages (HCP) across levels 1 to 4 including 67 who self-manage their HCP, and Commonwealth Home Support Programme (CHSP) for 25 consumers receiving allied health and therapy services from a Day Therapy Centre in Hunters Hill operated as a joint venture with another approved provider.

Services offered for consumers assigned a HCP include personal and clinical care, allied health, respite, companionship, social support, community access, domestic assistance, light gardening, supply of assistive equipment and transport provided by both employees and subcontracted staff. Standard 5 was not assessed under the HCP program as the service does not provide services within the organisation’s environment, nor requirement 4(3)(f) as the service does not provide meals/food within the organisation’s service environment.

CHSP services including a variety of exercise classes, hydrotherapy, music and art therapy/armchair travel, and seminars on topics of consumer interest are conducted on site at the day therapy centre. Requirement 3(3)(c) was not assessed for CHSP program as the service does not provide care for consumers nearing the end of life.

# 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

For both programs, sampled consumers/representatives’ express satisfaction and consider management and staff treat consumers with dignity and respect. Interviewed staff spoke of consumers in a respectful manner demonstrating they value cultural diversity. Consumers gave examples of receiving wonderful care and participating in a program specifically designed for consumers living with cognitive impairment.

Interviewed staff demonstrate awareness of consumer’s cultural backgrounds describing how they deliver culturally safe supports/services specific to the needs of consumers they support.

Sampled consumers/representatives consider care and services meet consumers cultural needs/preferences. Cultural backgrounds are identified via assessment processes and recorded in the service’s electronic care management system (ECMS) to ensure appropriate care delivery. Examples include staff communicating with consumers in their language of choice and staff orientation/on-boarding processes including education relating to aspects of life history/cultural background relevant to the consumer cohort.

The service’s care planning policy outlines procedures for staff to ensure that consumers’ preferences, values, and lifestyle choices are respected and supported when determining required services/supports. Interviewed consumers/representatives’ express satisfaction consumers are supported to make decisions and exercise choice about care/services they receive. Management and staff gave examples of supporting consumers in decision making and maintain connection/friendships. Staff describe supporting choice by offering different services and supports that align with consumer’s needs and involving them in decisions.

Sampled consumers/representatives consider the service supports consumers to engage in activities with an element of risk enabling them to live the best life they can. Examples include support to attend a day centre close to home enabling independence/autonomy. Policies guide staff in conducting assessment, care planning and risk management. Interviewed staff demonstrate awareness of risk management processes applicable to services/supports they provide.

Processes ensure information provided to consumers is timely, accurate, current, and effectively communicated. Consumers and representatives’ express satisfaction with provision of appropriate information, explained in a manner to enable understanding. Documents are provided in multiple languages. A variety of methods are used for information provision dependent on consumer’s preference. Care coordinators use various methods of communication to ensure consumers understand monthly budgets and other essential information including face-to-face meetings for those experiencing communication difficulties and/or living with cognitive impairment.

Consumers/representatives consider consumer’s privacy is respected, expressing satisfaction relating to confidentiality of personal information; guided by policies/procedures. Staff demonstrate knowledge of how to ensure consumers’ privacy is respected and personal information kept confidential. Consumers’ personal information is maintained via a secure computer application controlled via password access. Third-party providers/contractors receive information relevant to the services and supports they are providing, requiring consumer consent prior to provision of information.

# 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

Systems ensure assessment and planning includes risks relevant to consumer’s individual needs. For HCP assessment/planning occurs via home visits, and CHSP assessment/planning occurs via telephone, with additional input sought from case managers upon commencement of services. Care workers identify consumer’s risks and guidance on required care delivery is received through roster information/telephone communication to ensure relevant changes are documented and accessible to staff when changes occur. Care documents contain assessments relevant for service type, including validated tools for falls risk assessments and cognitive function assessments, home environment assessments and emergency response procedures. Via review of documents the service demonstrates appropriate documentation to convey consumer’s current care needs and sampled representatives’ express satisfaction with care delivery noting staff delivering services demonstrate an understanding of individual consumer’s needs. Interviewed care workers described strategies used to support consumers’ needs advising receipt of education from physiotherapist regarding use of equipment for transfers.

A consumer intake policy/procedure, plus templates guide assessment/planning of activities for consumers receiving CHSP services at the day centre. The CHSP coordinator advised consumer information is gathered via initial assessment and ongoing. Sampled consumers/representatives advised assessment included discussions of needs/goals, and changes in care delivery relevant to current needs/preferences. Review of documents detail for consumers receiving HCP, assessment/planning tool captures information relating to advance care plan if they choose. For consumers receiving CHSP services a case management policy provides clarity in the procedure of setting/managing consumer goals regularly reviewed. The assessment team observed staff scheduling appointments considering consumer preferences.

Consumers and representatives consider appropriate engagement in discussions regarding care and services expressing satisfaction in the process and encouragement for decision making. Care documents include input from medical officers, clinical and allied health services. Policy documents guide staff in relation to service expectations relating to consumer/representative involvement. Consumers/representatives described services received including frequency and satisfaction of staff providing these and representatives acknowledge receipt of care plan regularly updated. Care workers consider receipt of appropriate information at point of care/service delivery to provider care/complete tasks via phone access and review instructions daily to ensure currency.

The service demonstrated care and services are regularly reviewed and when consumer needs change. Assessment/planning and reviewing process/frequency is guided by organisational policy/procedures. A system monitors scheduling of care plan reviews including during fortnightly meetings with care coordinators, a care plan register monitored on a weekly basis and calendar reminders/alerts. Documents detail care plan review for a consumer following hospitalisation because of a fall, resulted in additional services for personal care plus reassessment of pain.

# Standard 3

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

Findings

Consumers/representatives express satisfaction consumers receive safe personal and clinical care. The clinical advisor, registered nurses and care workers demonstrate knowledge of individualised personal/clinical care needs. Sampled documents reflect effective individualised consumer care tailored to specific needs/preferences. Policies/procedures guide/support delivery of care. Representative feedback includes regular contact by registered nurses when concerns are identified, appropriate management of skin tear and physiotherapist instructions for staff relating to mobility equipment use. Documents detail issues/actions aligned with feedback. Monitoring of skin integrity occurs via regular discussion with care coordinators. Positive representative feedback was received regarding wound management. Interviewed staff describe actions to ensure appropriate skin integrity, documentation required and notification to registered nurses. Documents demonstrate evidence of healing. Policies provides guidance on skin tear classification and preventative measures. Representatives gave positive feedback in relation to pain management noting effective non-pharmacological strategies. Staff at the CHSP day centre describe several allied health therapies available including tai chi, hydrotherapy, remedial massage, art, and music therapies resulting in positive consumer outcomes.

The service demonstrates high prevalence risks for consumers including falls, unmet behaviours, and vulnerability (including elder abuse) are effectively managed. Sampled consumers/representatives’ express satisfaction risks are effectively managed. Interviewed staff gave examples of strategies used in preventing/managing consumer falls and care planning documents identified effective individualised strategies to manage key risks. A risk analysis is conducted following falls to determine probable causes. Representatives express satisfaction of consumer care post fall, including OT, physiotherapy review and pain assessment post hospital discharge, plus implementation of strategies to prevent further falls and massage therapy to assist in mobility. The assessment team observed staff aiding consumers to support their mobility at the day centre. Interviewed Management and staff explained the processes for recording/reporting suspected elder abuse and training received relating to this. The senior coordinator provided an example of contacting the public guardian relating to one consumer’s safety/well-being. Dementia training is provided to all staff and interviewed care workers gave examples of supporting consumers’ needs. Intake and assessment processes capture information about dietary needs/allergies, any disabilities, vaccination status and health summary from medical officers. The CHSP coordinator said this information informs care delivery.

Requirement 3(3)(c) is not applicable for the CHSP program. Not all consumers/representatives recall when discussions relating to end-of-life care occurred however Management and clinical staff explained processes for supporting consumers nearing end of life to ensure their needs, goals and preferences are known and comfort/dignity maintained. Referral to medical officers occur when required, and the registered nurse demonstrated knowledge of networking to providers of community palliative care services.

Consumers/representatives express satisfaction with care, including recognition of deterioration or changes in consumers’ conditions and representatives advise of notification from Management and staff. Interviewed staff gave recent examples of recognising/responding to a change in a consumer’s skin integrity. Documents demonstrate deterioration in a consumer’s health, capacity and function are recognised and responded to. Management advised processes to ensure compliance with this requirement include dedicated care coordinators whose responsibility is to review progress notes daily. The CHSP coordinator advised progress notes are completion for all consumers who attend the day centre; reporting triggers include changes in behaviour, mood, and appetite.

The service demonstrated information regarding consumers’ care is documented/communicated within the organisation and with others where responsibility of care is shared. Interviewed consumers express satisfaction care staff knew their personal and clinical needs. Care workers have access to detailed information via the electronic care documentation system which is regularly updated. Care workers use a mobile application to obtain previous notes and to get current information and alerts. Documents for one consumer detail wound chart/progress notes guiding current care requirements plus registered nurse and medical officer directives. The senior care coordinator advised progress notes are viewed in real time and information shared with those responsible for care. The CHSP coordinator advised detailed assessment information via the electronic management system is available to staff providing care at the day centre.

Timely and appropriate referrals to individuals, other organisations and providers of care/services occurs. Consumers/representatives are satisfied with care. An active network of individuals, organisations, health care professionals and providers are available for referral/collaboration. Documents contain evidence of timely referrals to health care professionals, examples include allied health professionals, OT, Vision Australia, and registered nurses advise they receive regular, relevant, and timely referrals from care coordinators.

An infection control policy identifies roles, responsibilities, and staff requirements, including standard precautions, hand hygiene, personal protective equipment (PPE) and COVID-19. Management advise strategies to support this requirement include staff training and competency assessment plus regular communication regarding best practice. Consumers/representatives consider appropriate use of PPE by staff. The CHSP volunteer handbook details a list of infection control practices when engaging with consumers and handling food. Coordinators document antibiotic use via the electronic care management system. Registered nurses administer antibiotic medications when required.

# 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 | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant | Compliant |

Findings

Initial assessment processes identify consumers’ goals and preferences, and services are documented in care plans. Policies guide management and staff and requirements to monitor consumer satisfaction. Overall, consumers/representatives from both CHSP and HCP programs express satisfaction of services/supports regarding daily living. They provided examples of self-management and provision of occupational therapist to review their home and provide services/support of benefit. The service monitors consumer satisfaction via a formal, periodic review process and through informal, regular conversations with consumers/representatives.

Processes exist to support consumers’ emotional, spiritual, and psychological well-being. The service provider is a Jewish faith-based organisation with a considerable proportion of Jewish consumers. Interviewed consumers/representatives’ express satisfaction with support. Policies guide management and staff relating to assessment processes to identify consumers’ goals/preferences and chosen services are documented in care/service plans. Examples include supporting consumers to attend nearby day centres via arranged transportation; regular phone calls/communication for a consumer post hospitalisation and development of a booklet completed by staff to assist a consumer in recalling activities they participated in.

Consumers and representatives consider consumers receive support to participate in the community and activities of interest, plus maintain social/personal relationships. Policies guide staff in supporting consumers to participate in the community, maintain relationships, and initial assessment processes identify consumers’ goals/preferences in relation to these. Chosen services are documented in care/service plans; examples include support to independently travel to observe family members perform at concerts and regular attendance at day programs enabling consumers to make new friends and attend outings.

Policies guide staff in information management and established systems enable sharing of information within the organisation and others who share responsibility of care. Overall, consumers/representatives’ express satisfaction. Examples include a care coordinator taking extra time to ensure a smooth transition when a replacement worker provided care due to regular staff leave. Care staff receive current information to guide care/service delivery via the service’s ECMS to a specialist application accessed via mobile phone requiring password protection. Care coordinators advise relevant consumer information is shared with external providers to enable further assessment in meeting consumer’s needs/preferences. Staff at the service’s day centre explain consumer information recorded via password protected ECMS, separate to that used by HCP to enable confidentiality. Lifestyle employees’ access CHSP files to record daily progress notes. Relevant information is provided to allied health and contractor staff as required after receipt of consumer and/or representative consent.

Timely and appropriate referrals occur to other organisations/providers of services to support consumers’ daily living preferences. Consumers/representatives are satisfied consumer preferences are supported; examples include attending exercise classes, meal delivery, taxi, and transport services.

Although the service provides meals to consumers who attend the day centre program under CHSP, meal delivery is not applicable for HCP program. The Day Therapy Centre is located on the campus of the Montefiore residential aged care facility, and as such, food is prepared by the main residential kitchen facility. The campus is a ‘KA Certified’ kosher facility catering for dietary requirements/preferences; food is prepared/consumed on site. Consumers receiving CHSP services attending the day centre are provided with meals and staff have appropriate food safety qualifications. Management gave an example of facilitating one consumer’s enjoyment of specific food when attending the day centre. The assessment team observed consumers enjoying morning tea and consumers gave positive feedback.

The service provides equipment sourced from a range of specialist aged care suppliers. All equipment supplied by the service is inspected by an occupational therapist. Consumers who request/require specialist equipment receive an OT review to ensure purchased equipment is appropriate for their needs and fit for purpose. Examples include the service supporting a consumer to purchase a massage chair providing pain relief. Invoices are retained to ensure warranty guarantees and specialist equipment suppliers contacted for repair work. Management explained staff receive training regarding equipment use, maintenance, cleaning and reported issues are addressed.

# 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

This standard does not apply to the service’s HCP.

The assessment team observed the service environment (used by CHSP consumers for group day centre activities) has easy access for people living with various levels of mobility. Consumers attending the centre can undertake multiple activities of their choice, including socialising and physical activities. Consumers who visit the service describe enjoyment of activities and satisfaction with the environment. The assessment team observed consumers eating morning tea and participating in activities. The service day care centre is located within the grounds of the Montefiore residential aged care campus, appears warm and welcoming with easily located wayfinding signage and decorated with several consumer artworks, most referencing Jewish faith/heritage. The centre comprises of one large, multi-purpose room, kitchenette, and accessible bathrooms. Documents detail results from a consumer satisfaction survey noting 100 per cent of consumers satisfied with this environment. Consumers and representatives who visit the day care centre environment express satisfaction with cleaning and maintenance. Management described processes to ensure the environment is clean, well maintained and monitored for hazards. Staff explained maintenance is managed by the Montefiore residential aged care maintenance department. The assessment team observed the community centre to be clean, uncluttered, well maintained and easily accessible. An outdoor courtyard attached to the day centre is scheduled for renovation and currently inaccessible. Furniture, fittings, and equipment was observed to be clean and well maintained. Staff described the cleaning/maintenance program and knowledge of process to request maintenance, plus planned refurbishments to the centre includes installation of carpets/window coverings, repainting, and procurement of new chairs and tables.

# 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

Effective systems/processes exist for consumers, representatives, and staff to provide feedback/make a complaint. Consumers/representatives consider they are encouraged and supported to do so and staff (for both programs) describe avenues available/processes when an issue is raised. Consumer/representatives express feeling comfortable in raising feedback as care coordinators frequently make contact to ensure services are meeting expectations and Management/staff are responsive/encouraging. Information relating to feedback processes is provided to consumers at commencement of services. Policies/procedures guide staff in organisational expectations in responding/management of complaints. Management described formal and informal methods of seeking consumer feedback includes surveys and frequent contact. Interviewed consumers/representatives consider they have access to differing methods to raise complaints, acknowledging awareness of advocacy services and the Older Persons Advocacy Network (OPAN). Staff demonstrate awareness/understanding of advocacy policies and language services available, describing how they assist consumers living with a cognitive impairment and/or communication barriers. Brochures (available in a variety of languages) detailing complaints processes are provided to consumers receiving HCP via their file and posters/brochures are on display at the CHSP day centre. Information includes internal/external complaint avenues, advocacy services, organisational and service contact details, details for the Aged Care Quality and Safety Commission and OPAN. Staff demonstrate knowledge of supporting consumers who speak a language other than English including involvement of interpreters. Consumers consider the service satisfactorily addresses/resolves their concerns/complaints advising receipt of an apology from Management and staff when they make a complaint or when things go wrong and are satisfied with action taken in relation to feedback provided. Staff describe processes followed when receiving feedback/complaints including escalation to Management for investigation/follow-up, plus an understanding of open disclosure practices. Management explained an open disclosure process is applied following an adverse event, and complaints management/resolution process. Policies/procedures guide staff through this process. Management described, and documents detail an open disclosure process was followed for a recent complaint resulting in satisfactory outcome.

Consumers/representatives consider feedback is sought via frequent telephone contact and home visits from their care coordinator. The CHSP program seeks feedback from consumers following each visit to the day centre. The organisation conducts consumer experience surveys inviting responses to questions, providing an opportunity for feedback. Management explained how this information is used to gain insight regarding quality of care/service provision. Feedback/complaints are documented, action taken, reviewed/evaluated/trending and analysis resulting in improvement activities. Management gave an example of adjusting the size of the service agreement in response to feedback and ongoing communication with HCP consumers relating to inclusions/exclusions resulting in a planned development of additional information for consumers upon commencement of services. Both programs have regular meeting forums incorporating feedback/complaints.

# 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

Effective systems/processes result in appropriate workforce numbers/skill mix sufficient to deliver safe, quality care/services. Management described consideration of consumer needs/preferences/locations when planning care and service times for the HCP program and staffing ratios for the CHSP day centre program. Consumers/representatives gave positive feedback regarding staff, expressing satisfaction with care coordinators and care workers. Staff for both programs describe having sufficient time to attend their allocated duties and care provision. The service demonstrated processes for replacing unplanned leave to ensure consumers services are met. The service trends admissions, discharges, and hours of service provision, use of brokered staff to ensure sufficient staff capacity to deliver care/services.

Consumers/representatives consider management and staff are kind, caring, respectful, responsive, and demonstrate knowledge of what is important to each consumer. Management and staff described various methods to provide person centred care/services to consumers receiving both programs. Recruitment processes and position descriptions detail organisational expectations. The assessment team observed staff interacting with consumers in a kind and caring manner, clearly demonstrating knowledge of consumer preferences, and an understanding of consumers diversity, describing how they incorporate important aspects of consumers’ culture and identity into activities/care provision. Monthly reports and meeting transcripts contain positive consumer feedback regarding care/service delivery.

The provider demonstrates systems/processes to ensure a competent workforce with appropriate skills, qualifications, and knowledge to effectively perform their roles. Management described recruitment/initial onboarding processes aimed to ensure a competent workforce ready to perform their roles and ensure staff possess relevant qualifications. Feedback is sought from consumers relating to the provision of care and services by both employed and brokered staff. Qualifications are monitored for currency and brokerage agreements have clauses relating to qualifications/knowledge required by subcontracted personnel. Representatives consider staff to be knowledgeable and competent and documents reflect consumers positive feedback relating to staff competency.

Appropriate systems/processes exist to ensure recruitment of trained/skilled staff to deliver quality care/services for both programs. A formal recruitment process includes interviews, referee, qualification, and compliance processes. Management explained ongoing staff training and participation is monitored. Staff acknowledge receipt of training during orientation and support to participate in ongoing training. Online training platforms cover all aspects of care/service provision and competency-based training exists for relevant duties including manual handling and infection prevention/control. Staff training needs are identified via consumer/representative feedback, incident analysis, specific consumer needs, and staff request. Staff are supported to identify and request training via regular staff meetings. A process ensures recruitment, qualifications, skills, and personal attributes/preferences are used to align suitable care workers to consumer needs/preferences. Training includes Aged Care Quality Standards, SIRS and Infection Control.

The service demonstrates workforce performance is regularly assessed, monitored, reviewed and an ongoing performance review process occurs. Management demonstrated regular assessment and review of performance via frequently seeking consumer and coordinator feedback. Documents detail performance improvement discussion due to feedback resulted in improved outcomes. Policies guide processes for regular assessment, monitoring, and review plus guidance for staff practices in line with organisational expectations. Feedback is regularly sought from consumers/representatives regarding subcontracted/brokered staff and issues addressed. Brokerage agreements are renewed annually and contain clauses relating to performance of personnel.

# Standard 8

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

Findings

Consumers/representatives advise they provide ongoing input into how care and services are delivered, consider their input is sought, they are included in discussions relating to care/service delivery and are supported to provide feedback/evaluate quality of care. The HCP program developed a consumer advisory body (CAB) with inaugural meeting in June 2024. Two consumers note planned attendance, receipt of terms of reference/information relating to the CAB purpose and offered transport to support attendance. The CHSP program has a consumer reference group in a similar capacity to the CAB. Interviewed consumers/representatives consider the service to be well run, Management is responsive to feedback and gave examples of service delivery meeting needs. Management consolidates, analyses feedback which is escalated to the governing body for review/action.

The provider demonstrates the organisational governing body promotes a culture of safe, inclusive, quality care using collated information to monitor/identify compliance with the Quality Standards. The organisation drives improvements and innovations using data from internal audits, incidents and consumer/staff feedback and complaints. Strategic planning, policies, and other documents are published to guide management/staff and inform consumers and others. A governance framework establishes accountability from the general manager to quality and safety advisory body, chief executive officer and governing body. Annual reports outline strategic, business/other planning, and report on implementation. The governing body includes independent nonexecutive members with relevant qualifications/experience relating to financial, legal, business, quality, aged care, and clinical expertise. The CHSP day centre operates as a joint venture with another provider. The executive manager described the ‘joint operating committee’ consists of members from each provider’s governing body with dual reporting processes.

Via document review and senior management/staff interviews the service demonstrates effective organisational governance systems relating to continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Consumers/representatives consider feedback received is used for continuous improvement. Policies/procedures detail requirements of governance systems and guide staff practice. Effective information management systems exist. Password protected access to electronic systems is in accordance with role responsibilities; secured consumer information requires consent prior to sharing and established policy/procedures guide collection, use and management of personal information. Staff receive training in privacy/confidentiality and information management. Consumers, representatives, and staff were satisfied that they could access information as needed.

Management has responsibility for continuous quality improvement activities created from a variety of sources. Both programs have a Continuous Improvement Plan detailing planned improvements, personnel responsible, completion date, action status, and outcome/evaluation relevant to the Quality Standards. Management demonstrated financial governance systems. The HCP general manager compiles monthly reports and communicates regularly with the executive team. Information is overseen by the finance department and reported to the governing body. Financial outcomes are monitored to ensure ongoing sustainability in the provision of quality care and services. The CHSP executive manager demonstrated reporting requirements for grant funding management is compliant and up to date. This is monitored and reported to the governing body. At the HCP service level, care coordinators discuss HCP fund utilisation with consumers on an ongoing basis and report to the general manager. Several consumers are considered to have high unspent funds and a process ensures regular communication/discussion/recording relating to fund utilisation with relevant consumers.

Management advised a process to ensure staff receive position descriptions to ensure understanding/explanation of roles and responsibilities. Interviewed staff demonstrate awareness of their roles, accountability, and responsibilities, noting receipt of training plus attendance at regular meetings to ensure delivery of safe/quality care and services. Processes ensure monitoring of subcontracted services via an agreement detailing contractual obligations, plus a system requires brokered staff attending service provision for self-managed consumers submit statutory declarations to increase oversight of workforce governance. The service monitors staff compliance with legislative regulations. Consumers who self-manage their HCP are required to enter into contract agreements outlining compliance checks with staff who attend service provision. Industry and regulatory updates are provided to staff. Management demonstrate knowledge regarding SIRS reporting, minimising use of restrictive practices, governance reforms, and planned changes to home services programs. Systems/processes ensure consumer/representative, and staff feedback is captured and used to inform/improve services. Consumers/representatives are invited, encouraged, and supported to provide feedback via formal and informal processes. Information is discussed at various organisational meetings and communicated to the executive and governing body.

A comprehensive suite of policies/procedures include a risk management framework to inform management of high impact/prevalence risks, identification/response to abuse/neglect, management of incidents and supporting consumers to live the best life they can. Staff receive education on these topics and gave examples of relevance to their work, demonstrating knowledge of risk minimisation strategies/interventions documented in consumer care plans. Staff described reporting responsibilities relating to incidents and suspicions of abuse, noting frequent discussion of care/service provision for consumer risks which are identified, analysed, and evaluated. Documents detail frequent contact with consumers identified at risk. The electronic incident management system gathers data relating to incidents guiding reporting requirements/definitions relating to the Serious Incident Response Scheme (SIRS). Operational staff and management demonstrated their knowledge, understanding, and compliance with these requirements.

A clinical governance framework includes antimicrobial stewardship, minimising the use of restraint, and open disclosure practices. The service uses this framework for the relevant aspects of providing the HCP program and the CHSP program uses the clinical governance framework of the joint venture partner. Both frameworks have clearly defined roles and responsibilities, plus key structures, systems, and processes to guide implementation and policies/procedures to guide staff. The organisation demonstrates commitment to ensuring adequate supervision/advice for operational staff when clinical or personal care is provided. Support for antimicrobial stewardship and minimising use of restraint is available when necessary. Use of open disclosure practices is evident throughout service and organisation documentation and staff knowledge. The clinical governance frameworks monitor/evaluate clinical indicators, feedback/complaints, and audit performance overseen by the quality care advisory body reporting to the governing body. Staff were aware of antimicrobial stewardship, minimising the use of restraint, and open disclosure. Executive staff and members of the governing body have clinical qualifications/experience, providing clinical oversight for whole of organisation.

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)