**Performance**

**Report**

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| Name: | Helping Hand Aged Care |
| Commission ID: | 600369 |
| Address: | 34 Molesworth Street, NORTH ADELAIDE, South Australia, 5006 |
| Activity type: | Quality Audit |
| Activity date: | 16 July 2024 to 18 July 2024 |
| Performance report date: | 27 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 182 Helping Hand Aged Care Inc  
Service: 22930 Country Community Care  
Service: 22929 Country Community Care - Mid North  
Service: 23522 Helping Hand Metro South Home Care Packages  
Service: 18511 Home Based Services  
Service: 18512 Home Based Services EACHP (Dementia Specific)  
Service: 18513 Home Based Services EACHP (Dementia Specific)  
Service: 18538 Mid North Community Care  
Service: 18539 Mid North Community Care EACHP (Dementia Specific)  
Service: 18540 Mid North Community Care Packages  
Service: 18558 Northern Community Care Program  
Service: 19402 Northern Community Care Program Metro East  
Service: 18598 Whyalla Home Support Program  
Service: 18597 Whyalla Home Support Program  
Service: 18599 Whyalla Home Support Program (EACH)  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7423 Helping Hand Aged Care Incorporated  
Service: 24992 Helping Hand Aged Care Incorporated - Community and Home Support  
  
Services not included:  
Service 22928 (Country Community Care – YLNB) was recently closed and,   
Service 24991 (Helping Hand Aged Care incorporated – Care Relationships is inactive.

**This performance report**

This performance report for Helping Hand Aged Care (**the provider**) has been prepared by K. Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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
* The provider acknowledged the Assessment Team’s report for the Quality Audit.

# 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 | **Compliant** |
| **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 in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

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

Consumers in all services consistently stated they are treated with respect and valued as an individual. Staff confirmed receiving training on diversity and inclusion, and demonstrated and described the importance of understanding each consumers’ lived experiences. Management expressed a commitment to creating a safe and inclusive environment for consumers and staff alike with the development of a diversity, inclusion and belonging strategy. Documentation reviewed show consideration to each consumer’s preferences and needs are recorded to ensure staff have a good understanding of the consumers they are providing care and services to.

Consumers and their representatives in all services confirmed staff provide culturally safe care to consumers. Staff advised, and training records confirm, the completion of mandatory cultural awareness training. In addition, staff demonstrated an understanding of the importance in working in partnership with consumers to ensure service delivery is culturally appropriate and safe. Management described how each consumer’s cultural background and preferences are discussed during assessment processes to ensure care and service delivery are trauma informed and culturally appropriate. Documentation reviewed include policies and procedures that guide staff in considering each consumer’s cultural safety when planning and delivering care.

Consumers in all services confirmed staff involve and respect them and others they wish to involve in making decisions about their care and services. Staff advised consumers are provided an opportunity to involve family or friends in decision-making processes. Staff described how consumers and their representatives are consulted prior to service delivery to confirm current needs and preferences. Documentation reviewed reflect consumers’ choices about who should be involved when decisions are made and how and when information will be provided to them.

Consumers and their representatives in all services said consumers are encouraged to do things independently and staff support them and respect the decisions they make. Staff described processes in place to discuss and record identified risks and mitigating strategies with consumers. Documentation reviewed show records of risks evaluated, control measures implemented, and summary of outcomes agreed upon and documented in care plans.

Consumers and their representatives in all services consistently stated they receive information that is timely, clear and accurate and are comfortable seeking clarification if required. Staff described how information is communicated to consumers and their representatives via phone calls, electronic and postal mailouts and newsletters. Management advised interpreter services are available for staff and consumers, and written information provided is also available in different languages. Documentation reviewed confirm consumer communication needs and preferences are assessed and recorded during initial intake.

Consumers and their representatives in all services said staff providing care respect consumer privacy and advised consent is obtained prior to sharing of information within or external to the organisation. Staff confirmed completion of training in privacy and confidentiality and described practical ways this is maintained. Documentation review confirmed consumers are provided a copy of the privacy policy and sign consent to release information forms. Access to consumer information is password protected and only available to relevant staff on a need-to-know basis.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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

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

Consumers and their representatives in all services confirmed consumer needs are assessed prior to implementation of care and services. Management described a collaborative assessment process completed with consumers and their representatives involving the use of validated clinical assessments. Assessment and care planning documentation reviewed, confirm the identification of consumer risk and development of mitigating strategies made available to guide service delivery.

Consumers and their representatives in all services expressed satisfaction with care and services received that are reflective of consumer’s current needs and goals. Consumers and their representatives also confirmed advanced care and end of life planning is discussed. Staff advised they have access to consumer needs goals and preferences via the electronic management system on their mobile phone application. Management described assessment and planning processes that included the identification and recording of consumer’s current needs, goals and preferences. Documentation reviewed confirm an advance care planning policy is in place, which include requesting and recording advance care directives. In addition, care planning documentation reviewed consistently described each consumer’s needs, goals and preferences.

Consumers and their representatives in all services confirmed consumers, and those they wish to involve, are supported to make decisions about consumer’s care and service needs. Staff and management interviewed, described a collaborative assessment and planning process with consumers and others the consumer wished to involve. Documentation reviewed show a multi-disciplinary approach (including consultation with appropriate medical professionals) is practiced.

Consumers and their representatives in all services consistently reported outcomes of consumers’ assessment and planning are discussed with them prior to commencement of services. Staff verified they have access to electronic consumer care plans. Management advised outcomes of assessment and planning are discussed with consumers and a physical care plan is supplied. Documentation reviewed confirm each sampled consumer file included a current agreed upon care plan in place.

Consumers and their representatives in all services expressed confidence that if consumers’ needs or preferences changed their services would be suitably adjusted. Staff and management interviewed described, and documentation review confirmed, review processes in place to formally, and as needed, review the currency and effectiveness of consumer care and services.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# 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 | 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 | 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

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

Consumers and their representatives in all services expressed satisfaction with the individualised and competent personal and clinical care provided to consumers. Staff were knowledgeable on the individualised personal and clinical care needs of consumers and described competent, best practice care delivered. Care planning documentation reviewed confirm comprehensive assessments are completed and care directives developed and recorded.

Consumers and their representatives in all services expressed satisfaction with the identification and effective management of high-impact or high-prevalence care risks, such as falls, social isolation and wound care. Staff described the device and implementation of risk mitigating strategies used during care and service delivery. Management advised, and documentation reviewed confirm, processes in place to ensure the identification and management of high-impact and high-prevalence consumer risks. These processes included the maintenance of an incident register, clinical risk policies and procedures, and use of a dedicated high-risk consumer coordinator.

Consumers and their representatives in all services confirmed advanced care and end of life planning are discussed and recorded during assessment and planning processes. Consumer representatives expressed satisfaction with external palliative care services organised on behalf of consumers. Staff described adjusting care and service delivery to ensure consumer comfort and dignity are maximised and maintained. Management explained, and documentation reviewed confirm, liaison with external palliative care providers to ensure consumers’ receive appropriate end of life supports when required.

Consumers and their representatives in all services consistently expressed confidence in staff’s ability to recognise and appropriately respond to consumer deterioration. Management described, and staff demonstrated, their responsibilities in reporting and documenting consumer deterioration or change. Documentation reviewed confirm consumer deterioration is recognised and responded to in a timely manner. In addition, deterioration and emergency management decision guidelines in place facilitate the early recognition and appropriate response to the clinical deterioration of consumers.

Consumers and their representatives in all services were satisfied that consumer needs, preferences, and choices are effectively communicated with all relevant staff as required. Management described, and staff and documentation reviewed confirm, access to contemporaneous electronic consumer information (including comprehensive service delivery task lists).

Consumers and their representatives in all services expressed satisfaction with referral processes to access relevant health professionals, such as nursing and allied health staff. Staff and management interviewed described referral processes in place that ensure consumer consent is obtained prior to sharing of information. Documentation reviewed confirm timely and responsive referrals based on consumer needs are made and appropriately followed up.

Consumers and their representatives in all services confirm staff follow infection control practices, such as hand hygiene and the use of personal protective equipment. Staff interviewed confirm completion of infection control training and described how this is practiced during service delivery. Management advised processes in place, such as the use of donning and doffing kits by staff to provide safe and effective services to infected consumers. Documentation reviewed confirm an infection prevention and outbreak management plan and associated community services specific protocols are in place to guide staff infection control practices. In addition, information and evidence in Requirement (3)(e) of Standard 8 show antimicrobial stewardship training is provided to all staff and clinical staff discuss the safe use of antibiotics with consumers.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 3, Personal care and clinical care.

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

Findings

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

Consumers and their representatives in all services stated consumers receive safe and effective services that optimise their independence and quality of life. Staff provided examples of tailoring services and supports for daily living to fulfill consumer’s current needs, goals, and preferences. Management described the development of case studies and staff resources to provide guidance on how to optimise consumer independence, well-being and quality of life. Documentation reviewed show care plans highlight consumer’s daily living needs, goals and preferences and are used to inform service delivery.

Consumers and their representatives in all services stated that staff are empathetic, would be able to recognise when consumers are feeling low, and have employed strategies to improve consumer’s emotional and psychological well-being. Staff described a variety of strategies used to promote consumer’s emotional and psychological well-being. Management provided examples of liaising with external organisations to help provide psychological well-being assistance to consumers. Documentation review evidenced consumer emotional, spiritual and psychological well-being needs are assessed to inform service and supports for daily living. In addition, review measures in place monitor when external interventions (such as the use of social workers) are required.

Consumers and their representatives in all services stated consumers are supported to participate in the community, form and maintain social relationships, and do things of interest to them. Staff described facilitation of consumers to do activities that are meaningful to them via equipment provision, transportation services and encouragement to participate in social support groups. Care planning documentation reviewed outline communities, personal relationships, and other things of value to the consumer. Metrics of social support and engagement are also captured within review tools and used to inform service delivery.

Consumers and their representatives in all services advised staff are aware of consumer’s condition, needs and preferences in relation to supports for daily living. Staff said they can access and update the organisation with information relating to the consumer’s condition, needs and preferences. Management described how the electronic client management system and mobile phone application allow for real-time access and updating of consumer information. Documentation reviewed include work instructions for subcontracted staff to be provided a copy of consumer care plans prior to service delivery. In addition, subcontracted staff are also reminded of their responsibilities to report changes in consumer well-being.

Consumers in all services advised they have been made aware of other external lifestyle services and supports available and are satisfied with referral processes in place. Staff and management interviewed, described the process for making referrals and provided examples of appropriate referrals to external social, lifestyle, and psychological services. Documentation reviewed include home care referral guidelines that provide guidance to staff on external referral processes.

Consumers and their representatives in all services expressed satisfaction with the suitability, variety, quality and quantity of food provided. Staff stated consumers value meal delivery services provided to them and are given choice in their meals. Management described consultation with dieticians and meal service providers to ensure food is varied and of suitable quality and quantity. Documentation review showed information about consumers’ dietary needs and preferences are considered and recorded to inform the provision of meal services.

Consumers and their representatives in all services stated equipment provided is safe, suitable and well maintained. Staff advised equipment is reviewed after delivery to ensure it is safe, clean, well maintained, and meets the consumer’s needs. Management described the use of an equipment checklist within the client safety assessment and faulty equipment reporting processes to ensure ongoing review of equipment suitability and safety. Documentation reviewed include evidence of risk and occupational therapy assessments conducted prior to the provision of equipment.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# 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. | Compliant | 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for each service.

Consumers interviewed in each service environment reported they found service environments to be safe, welcoming, and easy to understand. Staff and management described strategies used to ensure service environments are easy to navigate and appear welcoming to all consumers. This included staff guidance material available, which provide instructions on assessing the physical, emotional, and social features of service environments. Observations of service environments included clear directional and accessibility signage and consumers comfortably interacting with others. A sense of belonging was observed to be created with the encouragement of consumers to design and place their own desk name tags.

Consumers interviewed in each service environment confirmed service environments are clean, comfortable, and enabled them to move around freely. Staff described regularly performing cleaning and quarterly safety inspections of service environments. Staff explained how identified maintenance issues are managed before becoming a hazard. Management provided records and arrangements for the cleaning and maintenance of service environments. Observations of service environments show they are clean, well maintained and enable free movement, both indoors and outdoors.

Consumers interviewed in each service environment stated, and observations confirm, furniture, fittings, and equipment available is safe, clean and well maintained. In addition, consumers interviewed in each service environment expressed satisfaction with the suitability and comfort of furniture provided. Staff described the use of risk assessments and routine cleaning processes to ensure the cleanliness, maintenance and suitability of furniture and equipment. Documentation reviewed include evidence of reporting, registering and rectifying faulty furniture and equipment. In addition, risk assessments were observed to be performed following purchase of new and high-risk equipment used in service environments.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# 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

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

Consumers and their representatives in all services stated they were encouraged and supported to provide feedback and make complaints. Staff explained how they encouraged consumers to call their coordinator if they had any concerns. Management described, and documentation review showed how consumers are provided with information about how to make complaints and provide feedback. In addition, a new digital feedback system implemented was observed to encourage and support consumers and their representatives to provide anonymous feedback.

Consumers and their representatives in all services said they knew how to raise complaints through other mechanisms and had been supported to access external advocacy agencies. Staff described how consumers were supported with language services, and external complaints and advocacy groups. Management explained, and documentation reviewed confirm, information about advocacy and external complaint services is included in consumer welcome packs and their home care agreement.

Consumers and their representatives in all services reported being satisfied by the way in which the organisation responded to their complaints. Staff and management described, and documentation reviewed confirm, open disclosure practices are used to resolve consumer complaints. Policies and procedures in place guide staff practice in addressing consumer complaints in a timely manner.

Consumers and their representatives in all services confirmed their feedback and complaints are reviewed and used to improve the quality of care and services. Management described how feedback and complaints were analysed, trended, and used to inform service improvements. Documentation reviewed show a feedback and complaints register is maintained with regular reports provided to the Board produced from the system.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and 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

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

Consumers and their representatives in all services expressed satisfaction with timely and consistent services provided by regular staff. Staff described scheduling processes in place to prioritise continuity of high-risk consumer shifts. Management explained the policies and processes in place to assess and review workforce capacity to ensure sufficiency of qualified staff to plan and deliver care and services. Ongoing recruitment strategies in place include the implementation of a graduate home care program for care workers and home support workers.

Consumers and their representatives in all services described staff as kind, caring and respectful. Staff interviewed spoke about consumers in an empathetic and compassionate way, and described and were observed to provide respectful care and services. Management advised, and documentation reviewed confirm, staff training include cultural awareness and diversity.

Consumers and their representatives in all services confirmed staff are knowledgeable and competently perform their roles. Staff advised their competency is assessed prior to commencing work independently. Subcontractors confirmed receipt of annual prompts to provide updated qualifications and competencies. Management described, and documentation reviewed confirm, position descriptions specify qualification and knowledge required to perform roles and screening processes in place check and track staff qualification and certification. Furthermore, information and evidence in Requirement (3)(d) of this Standard show a competency framework in place outlines the knowledge, skill and specific characteristics required for care and nursing staff through various stages of competency.

Staff advised they were satisfied with induction and ongoing role specific face-to-face and online training provided. Management advised staff have access to a dedicated clinical educator. Management described, and documentation reviewed confirmed, an online training portal is in place, which allocates staff with role specific training to complete monthly. A training matrix and training records evidence the workforce is up to date with their training needs. In addition, an annual professional development budget in place supports the ongoing training and development required to maintain best practice for allied health staff.

Staff and management interviewed confirm completion of annual performance reviews where staff can raise any issues they have or request additional support or training. A central contact monitors services provided by external contractors. Management described the tailoring of staff performance plans to reflect staffing requirements and additional training required from issues identified. In addition, management advised complaints and feedback on poor behaviour or performance result in staff disciplinary action and performance management. Documentation reviewed confirm policies and procedures in place for performance monitoring and assessing are available to guide management.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# 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

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

Consumers confirmed they were engaged in the development, delivery and evaluation of their care and services by completion of regular surveys and face-to-face feedback opportunities. Management described how consumers were engaged in feedback opportunities including surveys and consumer bodies. Documentation reviewed evidence consumer engagement in development, delivery and evaluation of care and services.

Consumers advised they felt confident the organisation was run in their best interests and their views and needs helped shape the organisation’s strategic direction. Management explained how the governing body is accountable for reviewing data gathered from various committees to maintain oversight of service delivery. Processes in place ensure the Board is composed of suitably qualified members with relevant experiences to govern the organisation. Review of documentation confirm the Board meets monthly and receive reports from the financing property committee, clinical care committee, governance committee, quality care advisory body and consumer advisory body. In addition, consumer risks related to subcontracted staffing arrangements are also considered and discussed.

Effective organisation wide governance systems are in place including, but not limited to:

Information management

* Consumers and their representatives in all services confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role and are adequately provided updated information.

Continuous improvement

* The organisation has continuous improvement processes in place, which are sought from evaluation of consumer feedback and monitoring of consumer care and services provided. Review of the continuous improvement register clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and status against the Quality Standards.

Financial governance

* Monthly monitoring of budgets with profit and loss statements and any variances are reported to the Board, finance and executive committees and managers.
* Consumers with high unspent funds are regularly monitored and actively encouraged to access the care and services they have been assessed for.

Workforce governance

* The organisation has effective systems and processes in place that oversee workforce recruitment, staff performance and education.
* Staff were evidenced to have current job descriptions that included clear responsibilities and accountabilities.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications. This information then appropriately flows down through the organisation to ensure systemic training and learnings update and staff upskill.

Feedback and complaints

* The organisation has policies and procedures in place to encourage and record consumer feedback. Complaints and feedback are evaluated, reported to the Board and used to improve quality of care and services for consumers.

Effective risk management practices and systems were demonstrated, for example:

* Processes are in place to identify consumer high-impact or high-prevalence risks via the use of validated assessment tools. Documentation review confirmed a dignity of risk approach is used to support consumers to live the best life they can.
* Staff advised, and training records confirm, completion of the identification and reporting procedures for elder abuse.
* An incident management system is in place which includes the review, investigation and analysis of all incidents to identify strategies required to address individual or trending consumer or staffing needs. In addition, staff were familiar with the processes to be followed when an incident occurs.

The service has a clinical governance framework in place, including:

* Antimicrobial stewardship training is provided to all staff. Management advised clinical staff talk to consumers about the safe use of antibiotics, however, not all consumers have been provided this information. Management advised as part of continuous improvement an information brochure will be considered to be included in all consumers’ welcome packs.
* Restrictive practices policy and procedures are in place and no consumers were identified to be subjected to restrictive practices at time of Quality Audit. However, management advised staff had not received training on the identification and reporting responsibilities on the use of restrictive practices. Management confirmed as part of continuous improvement a restrictive practice training course would be delivered to staff and information disseminated in staff meetings and newsletters.
* The organisation has open disclosure policy and procedures in place to guide staff practice when responding to consumer complaints. Staff demonstrated, and described, practical understanding of open disclosure principles.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 8, Organisational governance.

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)