**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Hervey Bay Day Care and Respite Centre |
| Commission ID: | 700324 |
| Address: | 11 Fairway Drive, PIALBA, Queensland, 4655 |
| Activity type: | Quality Audit |
| Activity date: | 1 May 2024 to 2 May 2024 |
| Performance report date: | 28 June 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7299   
Service: 24993 Hervey Bay Day Care and Respite Centre Incorporated - Community and Home Support

**This performance report**

This performance report for Hervey Bay Day Care and Respite Centre (**the service**) has been prepared by J Durston, 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 Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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.

# Standard 1

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

Findings

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

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found all sampled consumers said staff and management treat them with respect and they feel their dignity is maintained during service delivery. Consumers noted staff and management are approachable and said they understand their cultural background, consider their personal circumstances and preferences. Staff and management were able to provide examples of how they respected consumers’ individual identities, culture and diversity and how this information is included in care planning, assessments and reviews.

Requirement 1(3)(b)

The Assessment Team found all sampled consumers advised staff understand their needs and references and deliver services in a culturally safe manner that makes them feel safe and respected. Staff and management were able to describe how they ensure the care and services they provide to culturally and linguistically diverse (CALD) consumers are culturally safe.

Requirement 1(3)(c)

The Assessment Team found sampled consumers said the service informs them about the care and service options available to them. They said they are encouraged to make their own decisions about the services they receive, such as who they want to be involved in their care. Consumers said the service encourages them to maintain relationships with people who are important to them. Staff advised consumers living with cognitive decline are supported to exercise choice through close consultation with consumer representatives. One sampled consumer said the monthly social group calendar makes it easy for them to decide what they want to do and the range of scheduled activities are based on their own and other consumers’ suggestions.

Requirement 1(3)(d)

The Assessment Team found the service supports consumers to take risks to live their best life. Sampled consumers said staff actively listen to them, understand their priorities and respect the choices they make. Their care files include personalised emergency plans according to each consumer’s preferences and risk assessments. One sampled consumer described how the service supports them to continue playing their favourite sport – ten pin bowling. The consumer’s care documentation includes a dignity of risk plan to support them to continue bowling, which includes their identified falls risk, consequences, mitigations strategies and the consumer’s preferred way to manage the risk.

Requirement 1(3)(e)

The Assessment Team found consumers are provided with current accurate and timely communication. Sampled consumers confirmed information is delivered in formats that are clear and easy to understand, enabling them to be actively involved in making informed choices about their care and services. Consumers advised they were provided an information pack on entry to the service and the aged care administrator takes the time to discuss information during assessment and care plan reviews. Sampled care documentation noted consumer preferences regarding how information should be provided to them.

Requirement 1(3)(f)

The Assessment Team found consumers’ privacy is respected and their personal information is kept confidential. Sampled consumers said staff respect their personal privacy, they are informed about how their personal information is used and the service obtains their consent before their information is shared with others involved in their care. The Assessment Team observed the service stores information in an electronic management system that has appropriate access controls. Staff and management explained how they maintain privacy and confidentiality of consumers’ information consistent with relevant policies and procedures.

* Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), 1(3)(f).

# Standard 2

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

Findings

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

**Compliant Requirements**

Requirement 2(3)(a)

The Assessment Team found the service demonstrated assessment and planning considers risks to consumers’ health and safety and informs the delivery of safe and effective care and services. Sampled consumers advised they are happy with their care and services and said they were involved in the assessment and planning process. Care staff explained how one consumer’s care and support plan contained information on their falls risk and provided guidance on how to deliver safe and effective care to the consumer, including falls mitigation strategies and appropriate use of their walking aid when they get on and off the bus. This was consistent with the consumer’s care documentation reviewed by the Assessment Team. A consumer’s profile and support plan is developed in the initial planning meeting and is also informed by their medical documentation and/or treating doctor’s medical summary (obtained with their consent). It includes an emergency response plan that indicates what to do when there is a medical concern, incident, or an emergency and who to contact.

Requirement 2(3)(b)

The Assessment Team found the service demonstrated assessment and planning identifies and addresses consumers’ current needs, goals and preferences. Sampled consumers confirmed the assessment and planning processes identified their current care and service’s needs, goals, and preferences. Management advised there is no process in place to speak to consumers about advance care and end of life planning as part of their attendance at the day centre.

Requirement 2(3)(c)

The Assessment Team found sampled consumers advised they are involved in planning and deciding on their care and services and they are able to involve their family and/or representative in assessment and planning and their annual service review. One consumer said they chose not to have anyone involved in their decision making, except for a nominated family member as their medical decision maker. This was reflected in the consumer’s care and service plan. The consumer’s plan also included an email to their HCP coordinator recommending an assessment by the Aged Care Assessment Team (ACAT) as the consumer had raised some concerns to staff.

Requirement 2(3)(d)

The Assessment Team found the service demonstrated the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and staff at the point of care. All sampled consumers confirmed they had a profile and support plan, they were confident their plan contained accurate information, and they felt comfortable contacting the service to discuss any changes as required. Management said consumers and/or representatives receive information about the assessment process, including its purpose and possible outcomes, and the process is explained at the initial meeting and when finalising consumer supports to be included in the plan.

Requirement 2(3)(e)

The Assessment Team found the service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change or incidents affect consumers’ needs goals or preferences. Consumers confirmed their services are reviewed quarterly, or when their circumstances change. Review of care planning documentation showed quarterly reviews are conducted and reviews were attended when consumers circumstances and needs changed, in instances such as increased memory loss due to dementia.

* Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e).

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

**Compliant Requirements**

Requirement 3(3)(a)

The Assessment Team found the service demonstrated consumers get safe and effective personal and clinical care. One consumer described their comprehensive fortnightly physiotherapy and home exercise program to strengthen their shoulders and increase their mobility. The Assessment Team found the service has effective management systems in place to ensure physiotherapy services provided to consumers are aligned with best practice, tailored to consumers’ needs, and optimise their health and wellbeing.

Requirement 3(3)(b)

The Assessment Team found the service demonstrated effective management of high impact high prevalence risks associated with the care of each consumer. The service advised most of the consumers who attend the service have a high falls risk and/or are diagnosed with a cognitive impairment. One-on-One support is provided to consumers on their first two occasions the centre to support and observe them, otherwise there is a three to one consumer staff ratio to minimise risks to consumers. Care documentation included detailed behaviour support guidance for a consumer who attends the support group and is diagnosed with advanced dementia who can exhibit behaviours of concern. The organisation’s incident register showed the service trends, analyses and responds to consumers’ high impact high prevalence risks with mitigation strategies.

Requirement 3(3)(c)

The Assessment Team was advised by the service it does not have any consumers nearing end of life or palliating. The service advised if a consumer was nearing end of life, the service would assess their needs, goals and preferences, provide the services they could, and would then deliver care and services in partnership with the consumer’s family, community palliative care service and the consumer’s GP and/or other medical professionals.

Requirement 3(3)(d)

The Assessment Team found the service demonstrated change in a consumer’s mental cognitive or physical condition is recognised and responded to in a timely manner. Consumers said they feel confident staff would be able to identify any changes or deterioration that could lead to a medical emergency. Care documentation identified the consumer’s signs and symptoms of deterioration for staff to monitor, and provided guidance and instructions on what to do when signs of deterioration are observed.

Requirement 3(3)(e)

The Assessment Team found the service demonstrated information about consumers’ condition, needs and preferences is communicated within the organisation and to others sharing responsibility for the consumer’s care. Care documentation included comprehensive referral information for consumers referred by their HCP providers to the service for physiotherapy services, and the physiotherapist confirmed the service provides consumer progress reports to the referring service.

Requirement 3(3)(f)

The Assessment Team found the service provided timely and appropriate referrals to individuals and providers of other care and services. Staff were able to describe the service’s referral process. Care documentation showed timely and effective identification of increased pain and lower back and knee tightness for one consumer who was then diagnosed by the treating doctor with osteoporosis and a fracture. The consumer was referred to and received a timely comprehensive physiotherapy treatment program for one month and at review decided not to continue treatment due to the improvement in their condition.

Requirement 3(3)(g)

The Assessment Team found the service demonstrated it minimised infection-related risks. Consumers advised staff and management wash their hands and use gloves while providing care and services. Staff said they had completed training on correct PPE use, infection control and COVID-19. They were able to describe standard and transmission-based practices for infection control, including hand sanitising, hand washing, correct PPE use and use of additional PPE when required. The service has a COVID safe plan and policies and procedures on infection control and the service has processes in place to ensure staff have the required vaccinations.

* Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

This Quality Standard has been assessed as compliant as six of seven specific requirements are compliant for the service, with Requirement 4(3)(g) not applicable and not assessed**.**

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found the service demonstrated consumers get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. Consumers said the service made them feel safe and their services enabled them to remain as independent as possible in their homes. They explained how attending social activities and outings prevents loneliness for them. One consumer said they look forward to the social interaction with others. Another consumer’s profile notes they like bowling and they attend the service’s ten pin bowling activity with their own bowling ball.

Requirement 4(3)(b)

The Assessment Team found the service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers said they feel all staff know them well, and described how the services they receive enhance their emotional and psychological wellbeing. One consumer said if they have a headache or do not engage in activities as usual, staff take them to a quiet room to lie down until they feel better or they have a quiet conversation with them. The Assessment Team observed the general manager checking on a consumer as they had not attended the social support group. All consumer care documentation showed consumers’ emotional, spiritual and psychological needs had been assessed.

Requirement 4(3)(c)

The Assessment Team found the service has community partnerships and networks with other organisations to enable the provision of activities for consumers to access and participate in the community, to maintain their social and personal relationships and to do things they are interested in such as tenpin bowling, monthly social night at the RSL and themed celebration days at the centre. Consumers confirmed this was the case and one advised sing they enjoyed the social nights at the RSL including dancing with staff.

Requirement 4(3)(d)

The Assessment Team found the service communicates information about consumers’ condition, needs and preferences within the organisation and with other who share responsibility for their care. Consumers advised staff know the care and services they need and liaise with others, including their families, when required. The Assessment Team observed the daily meal list in the kitchen that informed staff of consumers’ dietary requirements.

Requirement 4(3)(e)

The Assessment Team found the service makes timely and appropriate referrals to individuals, providers of other care and services. Management and staff were able to describe the referral process, including obtaining consumer consent to share their relevant details with other services, and provided evidence of referrals including to physiotherapy services.

Requirement 4(3)(f)

The Assessment Team found the service demonstrated the meals it provides consumers are varied and of suitable quality and quantity. Consumers receiving meals said that they were happy with the meal service, and advised they can choose to order Meals on Wheels. Consumer care planning documentation was located in the kitchen at the activity centre and consumers' preferences and dietary requirements are accessible to staff.

Requirement 4(3)(g)

This requirement is assessed as not applicable as the service does not provide equipment to consumers.

* Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(f)

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

**Compliant Requirements**

Requirement 5(3)(a)

The Assessment Team found the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers said the environment was welcoming and safe, allowing them to move around independently. They said, they always feel they belong, and staff make them feel welcome at the centre. Those attending the social support group said they enjoyed interacting with staff and other consumers and the centre and buses are very clean. The Assessment Team observed the environment was free of obstacles, had appropriate entry and exit signage, level ground, and wheelchair and scooter access, and the bathrooms were accessible, clean and easy to locate.

Requirement 5(3)(b)

The Assessment Team found the service environment was safe, clean, well maintained and comfortable which was confirmed by consumer feedback. Staff confirmed maintenance issues are promptly attended when raised. The Assessment Team observed the service’s transport buses had wide aisles and an extendable lower step to assist consumer access, their maintenance logs showed they were serviced by the dealership, they were clean and had first aid kits. Consumers were observed to move freely around the centre, to the outdoors and the amenities.

Requirement 5(3)(c)

The Assessment Team observed the fittings, equipment and furniture at the community hub for group activities and the social support centre are safe, clean, well-maintained and suitable for consumers. This was confirmed by consumers. Equipment was appropriately stored. Staff said there is enough furniture, fittings, and equipment to meet the needs of consumers and for activities.

* Based on the information summarised above, I find the service compliant in Requirements 5(3)(a), 5(3)(b), and 5(3)(c).

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found the service encourages consumers, their family, friends and carers to provide feedback and make complaints. This was confirmed by consumers who said they felt comfortable to make complaints directly to staff or management if required. One consumer advised they received information about providing feedback and complaints and said they could telephone the service or speak to staff at the social group to provide feedback. Management said on commencement consumers and representatives are provided with an information pack containing the service handbook, service agreement and other brochures. These contain information on how to make internal and external complaints, compliments, feedback and a complaint form and pictographic complaint information.

Requirement 6(3)(b)

The Assessment Team found consumers are informed about how they can access advocacy and language services and other methods for raising and resolving complaints. The commencement information pack considered in Requirement 6(3)(a) covers these areas. Sampled consumers said they are aware of different ways to raise complaints if required. Staff were able to describe advocacy services, how to make complaints to the Commission and how to access translation and interpreter services.

Requirement 6(3)(c)

The Assessment Team found the service demonstrated it takes appropriate action in response to complaints and uses an open disclosure process when things go wrong. All sampled consumers said they are happy with the service, they have had no complaints, but felt confident the service would take prompt and appropriate action if they needed to make a complaint in the future. Staff were able to describe the service’s complaints handling system. They also displayed an understanding of open disclosure and how they maintain transparent communication with consumers and representatives throughout the complaints process. The service’s complaints and feedback register shows the last complaint regarding meal quality (sourced from an external provider) was actioned and documented appropriately. Management noted the service has not received a complaint in several years.

Requirement 6(3)(d)

The Assessment Team found feedback and complaints are reviewed and used to improve the quality of care and services. Consumers said they have had no reason to raise a complaint, but when they provided feedback, the service took steps to improve care and services in response. Consumers advised the service regularly seeks their feedback and suggestions for service improvement, and particularly regarding group activity options. Review of the service’s continuous improvement register showed no entries have been made for some time. However, a Board member said holistic complaints, feedback and continuous improvement discussions are held during Board meetings in relation to consumers of the service and other aged care programs.

* Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), and 6(3)(c) and 6(3)(d).

# Standard 7

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

Findings

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

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found the service demonstrated the workforce is planned and deployed to enable the delivery of safe and quality care and services. Consumers advised staff are punctual and do not make them feel rushed during service delivery, and they receive quality services by competent staff. One consumer noted staff always arrive on time. Staff said they feel they have enough time to complete tasks. The Assessment Team sighted regular rosters designed to ensure consumers have their preferred/requested care workers. If their care worker is unable to attend the consumer is given as much notice as possible and the option to request a different/time or a different care worker. Management advised there have been no unfiled shifts in the last month and staff are cross trained to fill unfilled shifts. The service has a recruitment strategy to offer students on placement permanent roles if they have performed well.

Requirement 7(3)(b)

The Assessment Team found the service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers advised they are treated with dignity and respect by staff. One consumer said they are treated very well by staff and they are able to say what they want to do with the social group. Staff were able to explain what they would do if they observed other staff being disrespectful to consumers and how they would escalate the matter to management. Staff and management were observed by the Assessment Team to be respectful and caring when talking to consumers in person and by telephone. Staff and management demonstrated their awareness of consumers’ individual identity and preferences.

Requirement 7(3)(c)

The Assessment Team found the service demonstrated the workforce is competent and staff have the qualifications and knowledge required to effectively perform their roles. All sampled consumers said they were confident in the competence and that they had the qualifications and knowledge required for their roles. Records confirmed staff meet their job qualification and skill requirements. The service provided a sample brokerage agreement for subcontracted staff with an accompanying statutory declaration which also declared staff were qualified and suitable to work in aged care. (The Assessment Team noted the service is not currently accessing brokered services). The service provided qualification and licencing records, including staff acknowledgements they have received training, policies, and procedures to support performance of their roles.

Requirement 7(3)(d)

The Assessment Team found the service demonstrated the workforce is trained, equipped and supported to deliver the outcomes required by the standards. Training and Human Resource records showed staff completion of training and acknowledgement of relevant policies and procedures The service advised staff undertake training prior to commencing service provision to consumers, including induction, orientation, mandatory training, and buddy shifts to ensure staff readiness for their roles. Ongoing mentoring is provided, and management is consistently available for support. Staff said they felt supported to undertake training and to develop their professional skills.

Requirement 7(3)(e)

The Assessment Team found the service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. Staff confirmed they felt supported through their annual performance review and could explain the performance review process. Consumer feedback on staff performance is sought while attending social group activities. Sampled staff performance reviews and a performance improvement plans showed formal staff performance reviews, linked to training needs, are held annually.

* Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d), 7(3)(e).

# Standard 8

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

Findings

This Quality Standard has been assessed as compliant as four of five specific requirements are compliant for the service with Requirement 8(3)(e) not applicable and not assessed.

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found the service actively engages consumers in the development, delivery and evaluation of care and services. Consumers said the service is responsive to feedback. Staff advised they regularly seek feedback from consumers to inform service delivery including developing a range of social group activities. Management said consumers are encouraged to evaluate and provide input to the development of care and services through annual consumer surveys. However, management said consumers prefer to send thankyou cards instead of completing the surveys.

Requirement 8(3)(b)

The Assessment Team found the service’s governing body promotes and is accountable for a culture and delivery of safe, inclusive and quality care and services. The governing body stays informed of services delivered and key consumer risk trends. Effective formal governance structures, leadership communication channels, and reporting pathways ensure the governing body remains well-informed. Additional systems, processes, policies and procedures are developed as needed to respond to identified risks. Regular review of risks enables the governing body to ensure risk information is up to date and sufficient mitigation strategies are in place to address any risks to consumers’ health safety and wellbeing.

Requirement 8(3)(c)

The Assessment Team found the service has effective organisation wide governance systems in place to ensure the delivery of safe and effective care and services.

**Information management**

The service has effective information systems, processes and procedures including a range of electronic software programs maintained to facilitate communication between those responsible for consumers’ care and services, and data privacy and security. Staff access levels are granted based on their roles and responsibilities Hard copy consumer files are securely stored onsite for access by staff during service delivery.

**Continuous improvement**

The service actively pursues continuous improvement through various channels. Although the service’s continuous improvement register did not contain recent entries, management confirmed the register had not yet been updated with recently completed and planned improvements, but they are discussed in meetings and documented/formally reported to the Board. Management undertook to update the continuous improvement register.

A board member who visited the service during the Quality Audit confirmed continuous improvement discussions are held during board meetings. Board meeting minutes for 21 February 2024 evidenced this was occurring.

**Financial governance**

The service demonstrated it has financial governance systems and processes to oversee finances. CHSP balances are actively monitored and managed in collaboration with each consumer, ensuring transparency and accountability in financial management.

Management demonstrated they have oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body, evidenced by relevant reports and meeting minutes.

**Workforce governance**

The service demonstrated their workforce is planned, supported and equipped to ensure there are sufficient, competent and qualified staff to manage and deliver safe, respectful, quality care and services. Consumers and representatives confirmed staff are punctual, reliable, competent and understand their needs. The service has systems and processes in place to record and track staff training, staff have the required qualifications, certifications and registrations that are current. The service has strategies in place that minimise the occurrence of unfilled shifts, such as cross training of staff. The effectiveness of these strategies was evidenced by the service having no unfilled shifts in the last month.

**Feedback and complaints**

Review of the service’s complaints and feedback register shows the last complaint received regarding meal quality (sourced from an external provider) was actioned and documented appropriately. Staff provided examples of feedback received from consumers and resulting service improvements. The complaints and feedback register showed only complaints are documented. Management acknowledged the resulting impact on holistically tracking and trending of complaints and feedback data to inform continuous improvement and committed to update the register. I encourage the service to holistically track and use feedback and complaints information to strengthen its quality improvement strategy. However, I acknowledge the service is small (with less than ten consumers) and there is no evidence of negative impact for consumers. On balance, it would be disproportionate to find the service non-compliant in this area of organisational governance.

Requirement 8(3)(d)

The Assessment Team found the service demonstrated it has effective risk management systems and practices to manage high impact high prevalence risks associated with the care of consumers. The service’s incident management system includes a current incident register. Mandatory reporting obligations to the Commission are referenced throughout policies and procedures in relation to abuse and neglect of consumers, but there is no specific reference to the Serious Incident Response Scheme (SIRS). The Commissioner wrote to all home care providers on 27 June 2023 outlining their obligations under SIRS. SIRS expanded to home care services on 1 December 2022, as set out in Part 4B of the Quality of Care Principles 2014 or under relevant funding agreements. I urge the organisation to update its systems, processes and practices to ensure it is fulfilling its obligations and responsibilities in line with the legislation and to maximise the health safety and wellbeing of its consumers. I note that management committed to updating its policies and procedures to incorporate SIRS.

On balance, I find this requirement compliant, but strongly encourage the provider to fulfil the commitment it has made to fully embed the Serious Incident Response Scheme in its systems, processes, policies and staff and management practices.

Requirement 8(3)(e)

The service is not funded to provide clinical care and services. Therefore, this

requirement was not applicable and not assessed.

* Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d)

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)