**Performance**

**Report**

**1800 951 822**

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| Name of service: | Holdsworth Street Community Centre Woollahra Inc |
| Service address: | 64 Holdsworth Street WOOLLAHRA NSW 2025 |
| Commission ID: | 200677 |
| Home Service Provider: | Holdsworth Community Ltd |
| Activity type: | Quality Audit |
| Activity date: | 4 July 2023 to 6 July 2023 |
| Performance report date: | 7 September 2023 |

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

**This performance report**

This performance report for Holdsworth Street Community Centre Woollahra Inc (**the service**) has been prepared by Katrina Sharwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Holdsworth Community Ltd, 26393, 64 Holdsworth Street, WOOLLAHRA NSW 2025

**CHSP:**

* Community and Home Support, 24970, 64 Holdsworth Street, WOOLLAHRA NSW 2025

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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’s response to the assessment team’s report received 14 July 2023

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings. The Assessment Team found that consumers are treated with dignity and respect and can maintain their identity. They provided examples to support that consumers can make informed choices about their care and services and live the life they choose.

Consumers and representatives said they felt respected and valued by their coordination staff, community care officers and support workers. They said they appreciated care workers were matched to their cultural and linguistic backgrounds and preferences. Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of tailored services to the individual consumer. Management interviewed outlined how the service provider guides and monitors the coordination staff, community care officers and support workers daily work practices and implements policies and procedures, induction and training, and the providers commitment to person centred support which values diversity and promotes respectful relationships. The Assessment Team noted staff orientation includes information about respecting consumer rights, dignity, and choice.

Coordinators and community care officers develop in consultation with the consumers/representatives a plan that includes information on a consumer’s culture and traditions they wish integrated into their care. Staff interviewed were able to describe what culturally safe care was and provided examples that demonstrated they tailor services to the individual consumer. Management interviewed demonstrated staff and care workers are trained to deliver culturally safe services, and in accordance with consumer’s preferences and choices. The Assessment Team reviewed care plans and noted these demonstrated the service documents if a consumer has specific cultural needs and culturally specific personal care requirements in relation to this. Interpreters are also used as needed.

Consumers said they felt supported to exercise choice and independence. They can stipulate who they wish to be involved in their care. Where the consumer has nominated others, they wish to be involved, the service communicates with representatives on an ongoing basis. This also occurs where the consumer may have reduced cognition. Coordinators and community care officers described how they encourage consumers to exercise choice and independence in service delivery. Support workers said all services delivered are based on the consumer’s wishes. They felt the care planning documentation has sufficient detail on consumers’ choices and preferences for them to provide services. Management said consumers are encouraged to be independent and to make decisions about their lifestyle.

Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their dignity of risk assessment tool. Management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of the consumers’ right to take a risk. They described individual care plan supports for a consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life. The Assessment Team were satisfied that the relevant policies and procedures provide sufficient guidance to staff about how to encourage consumers to engage with risk safely.

Coordinators and community care officers outlined the information provided to consumers at commencement and ongoing. The information folder handed to the consumers includes client handbook, complaints information and brochures on advocacy, privacy, and services. Coordinators and community care officers advised the consumers also received their signed copy of the Home Care Package Agreement which outlines the service to be provided, cost of services, the service fees policies, budget, and other relevant information like the charter of aged care rights. These documents are reviewed and explained to the consumers during care plan reviews or annually. Consumers and representatives interviewed confirmed they received information verbally through the assessment process in addition to the above-described documents and monthly statements which include a total of any unspent funds. When services are changed, or packages upgraded a new budget is created and provided to consumers. Management and staff described how they adapt their form of communication with consumers, especially when speaking with those with reduced cognitive capacity or with people from a CALD background. Depending on the consumer’s circumstances and consent given, communication may be through an advocate or representative or an interpreter service.

Consumers said staff and support workers respect the consumer’s privacy when delivering services and they are confident the consumer’s personal information is kept confidential. All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information such as only discussing consumer information with relevant office staff and not disclosing a consumer’s identity and personal information to anyone outside of the service. The Assessment Team noted policies and procedures are in place in relation to this requirement, consumer privacy is maintained by staff, and only relevant staff have access to electronic files, and these are password protected.

In their response, the Approved Provider agreed with the Assessment Team’s findings.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as all five of the five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings. They found that consumers partner with the service in ongoing assessment and planning and are facilitated to get the care and services they need for their health and well-being. The Assessment Team are satisfied that the organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

At entry to the service, Coordinators and community care officer’s book an appointment for an in-home assessment to complete the assessment such as service agreement, initial assessment, risk assessment, and home safety checklist form’ to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. During assessment risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented in alerts, and the individual safety plan. Sampled consumers described how the service identifies their care needs and any risks. Consumer documentation reviewed by the Assessment team included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation.

Support workers said they are provided information by coordinators and officers in relation to the care needs of consumers and are provided with access to the care plan, that includes clear instructions. They access electronic progress notes on their phone and are updated in relation to changes and discuss at regular staff meetings.

Policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. Sampled consumer documentation reviewed provided evidence of the assessments undertaken with the consumer and/or their representatives.

Consumers described how they felt that they were well informed by the coordinator/officer about the services they could access. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers said the services they receive are in accordance with their needs and preferences and agreed upon by them. Consumers/representatives confirmed they were provided with a copy of their current care plan. Support worker interviewed said they have access to consumers’ care plans through the app on their mobile phone and the folder in each consumers’ home. Those interviewed felt they get enough information on the needs of the consumers and how to deliver care.

Policies and procedures guide staff in relation to review and reassessment. Coordinators/officers said they review the individual care plan with each consumer every year or as needed. Support workers said they tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to their manager, who follow-up and keep them informed of any changes. Detailed coordinators and officers’ notes were also sighted in the database that reflected changes in needs based on reviews, upgrading to a higher-level package and discussions with care workers. Consumers confirmed their services are reviewed. Sampled care plans sighted were current, with reviews, conducted at least yearly, and as circumstances changed.

In their response, the Approved Provider did not dispute the findings of the Assessment Team.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as compliant as all seven specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings. They are satisfied that the organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Many consumers receiving personal care and/or clinical care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the support workers providing them. They said the service takes time to assess and understand their care needs and support workers consider individual preferences when providing direct care. Management advised their clinical team to participate in professional development to ensure the clinical care they provide is best practice and reviewed for effectiveness. They said they are supported by the organisation to access any training needed. The service engages with a range of peak bodies and other organisations to support best practice, such as dementia Australia and receives alerts from the government bodies and accesses the commission’s website. A comprehensive assessment is conducted for all consumers and clinical needs are assessed by a clinical team and any identified needs are included in the care plan and reviewed regularly. Sampled consumer files included individual preferences for consumers receiving personal care services, including their preferred level of independence and directions for support workers when providing care.

Positive feedback was received from consumers/representatives with regards to individual risks identified regarding consumers. Some examples included minimisation of falls risk and failure to respond when a care worker attends. Support workers interviewed described the process in place to manage the risks of a consumer not responding to a scheduled visit and the process to follow. Support workers interviewed were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with what was detailed in the consumers’ care plans. The Clinical service manager provided examples of where high impact and high prevalence risks were identified for consumers. These included mobility/falls, skin integrity/wounds, pain management/medications or issues around the consumer’s overall health and wellbeing. The registered nurse completes assessments to check eligibility for the dementia supplement where required. The incident management system informs consumer risk profiles and relevant information is communicated to support workers. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. Policies and procedures were sighted relating to risk management that includes how to manage consumer risks such as illnesses, when they fall (or other incidents), and where consumer responsive behaviours are present that may pose a risk. All sampled consumer files contained home safety checklist assessment and risk assessment with follow up where issues were noted. Consumer file review showed consumers are assessed for risks in relation to their overall health and wellbeing with any risks documented in their assessments and their care plans containing strategies to manage the risks noted. These are identified at initial assessment and through regular care reviews.

Some consumers/representatives interviewed could not recall whether advanced care directives and end of life planning was discussed as part of their assessment. Some consumers said they were discussed, and advance care directive is in place. Support worker demonstrated an awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community.

Consumers and representatives said support workers knew consumers well and were confident they would identify any changes to overall health and wellbeing and report it back appropriately. They said they had contact numbers to ensure after hours coverage also. Support workers confirmed they inform coordinator/officers regularly about the consumer’s overall health and wellbeing and note any changes to this. They said managers follow up quickly when things are reported. Following care reviews, they are then notified of any changes in care. They said they are updated by the managers when changes are made to needs or services following care reviews. Risk Management policy also includes identification and management of consumer risks such as illnesses, when they fall and other incidents, which may indicate a deterioration in condition of the consumer. No sampled consumer files showed any evidence of deterioration that seemed to be unnoticed or not responded to.

Consumers sampled felt that staff understand their condition, needs and preferences. Care plans reviewed confirmed that this information is contained in the care plan. Support workers confirmed they are given enough information on a new consumer to provide suitable care and access their care plan through their phone apps and also available in the consumers’ home. This includes information on individual needs and preferences. They said they don’t have any issues contacting the coordinators/officers to discuss any issues or concerns about the consumers. Support workers also said they complete dated notes through their phone app. They also receive regular phone contact from the team leader and coordinators/officers regarding new consumers and any changes to care or services as the result of care reviews or consumer/representative requests. Management described the process for how changes in a consumer’s care and services are communicated within and outside the service and with those sharing care of the consumer.

Most consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and medical specialists. Support workers were not responsible for consumer referrals to other health professionals, however, generally knew when referrals had been made by case manager as care plans had been amended. Coordinator said they assist consumers with referrals back to My Aged Care for a higher-level package when this was needed due to a change in care needs. Review of sampled consumer files showed referrals to allied health services such as occupational therapists, for equipment and home modification services. Referrals were also noted to physiotherapists, podiatrists, and vital call. In cases where referrals were made the consumer’s file evidenced uploading of allied health reports. Referrals were often made in a quick timeframe such as on the same or the next day.

Consumers interviewed confirmed support worker take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information from the provider regarding safe practices for them during COVID-19. Support workers advised they had received training on COVID and use of PPE. They have also been kept up to date with the changing COVID-19 situation. They described safe practices such as hand sanitising, handwashing and using gloves, masks and additional PPE when required. They conduct self-checks on their health and check the health of consumers when attending to provide care. Any issues are reported to their coordinator.

The Approved Provider confirmed in their response that they are not disputing the findings of the Assessment Team.

When I consider all evidence before me, I am satisfied that the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The Assessment Team spoke with consumers, representatives, staff, and management as well as reviewing documentation relating to Services and supports for daily living. They were satisfied that consumers are getting the services and supports for daily living that are important to them for their health and well-being and enable them to do the things they want to. Also, that the organisation provides safe and effective services and supports for daily living that optimise the consumers independence, health, well-being and quality of life.

Consumers and representatives said they are encouraged to stay active to maintain their physical independence. They provided positive feedback regarding support workers helping them do the things they want to do through the in-home social support service. All consumers felt they have a better quality of life due to the services they currently receive. Support workers gave examples of individual consumer needs and preferences and how they assist consumers in daily living. Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers and representatives advised that support workers check how they are on each visit and if they have any concerns will report this to the case managers. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular support worker, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. Support workers demonstrated a good knowledge of individual consumers’ needs, personalities, and interests, as did the coordinators/officers and team leader interviewed. Sampled consumers’ files demonstrated the assessment of emotional, spiritual (religious affiliations) or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual, or psychological wellbeing, with care plans updated as required. Some examples were sighted of changes to needs for emotional support and monitoring of this.

Consumers/representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them, and the support workers will take them wherever they wish during their social support. Support workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending communal church, going for walks or drives in the local community.

Consumers and representatives were satisfied the service had good communication systems in place to ensure support workers knew their needs and when changes occurred with their care. They confirmed they have regular contact with their coordinators/officers. Support workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change.

Where meals are provided, consumer and representative feedback confirmed that the meals they receive are of suitable quality and quantity and that a variety of meals from different cuisines are provided. They are provided with menus and details of costs of meals, and this helped guide them when choosing their orders. Consumers said the food met their dietary needs and individual preferences. Coordinator meal service said menu choices are provided to consumers a month in advance. She said she inform suppliers of individual allergies and food preferences of consumers. The coordinators said there is always plenty of food available to meet the needs and preferences of the consumers.

Several consumers/representatives advised they had received equipment through their package funds to assist with their mobility and were satisfied with the quality of the equipment and that they had a choice of equipment to choose from. The service also provides consumers who need life alarm, which is used to alert emergency contacts if the consumer falls. Manager advised equipment is accessed based on individual consumers’ needs and provided through package funds. They said support workers are advised to check equipment regularly and report any issues. Referrals to OTs are organised to ensure equipment is the best fit for individual consumers’ needs. Support workers confirmed equipment is safe, clean, and well maintained.

In their response, the Approved Provider agreed with the Assessment Team’s findings.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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

The Quality Standard is assessed as Compliant as all of the three specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Based on the analysis by the Assessment Team of evidence presented during the Quality Audit the team was satisfied that consumer’s feel that they belong and are safe and comfortable in the organisations service environment. In addition, that the organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

Consumers provided positive feedback about the centre environment. They felt it was generally comfortable and easy to get around independently and except for those consumers who were supported by their support worker. They said they always feel they belong at the centre and the staff make them feel welcome whenever they come. The assessment team observed the hall where the group activities are held is large with level access. Consumers were escorted by staff and their carers from the car/bus into the hall and lift to ensure their safety. Clear signage on emergency exits were marked.

Consumers who attend the centre said they find the environment to be safe, clean, and well maintained. Community care officer said the centre is suitable for many different activities as tables and chairs are able to be moved around easily and it is a large hall. They said the consumers always enjoy their time spent there and are able to move around. Staff described the cleaning procedures at the service, including increased cleaning due to the COVID-19 pandemic and daily cleaning of high touch point areas.

Community care officer and team leaders interviewed said that the furniture, fittings, and equipment met their consumers’ needs, was accessible and well-maintained. Community care officer and team leaders described how they report any maintenance issues about furniture, fittings, or equipment at the centre to the management who is responsible for the upkeep of the facility. Observation of the furniture table etc used by the service confirmed all equipment being used was safe, clean, well maintained, and suitable for the consumer. The Community care officer and team leaders confirmed that they regularly check equipment especially before each session. The service had 4 fleet car and 5 buses as a vehicle suitable to accommodate consumers with varying levels of mobility issues and programs like group social outings, group, or individual transport need. Vehicles used for transporting groups had steps for entry, entry handrails and grab rails on the aisle side of each seat for support.

In the absence of any conflicting information provided by the service in their response, when I consider all evidence before me, I am satisfied that the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Based on the analysis of evidence reviewed by the Assessment Team, they are satisfied that consumer’s feel safe and are encouraged and supported to give feedback and make complaints. Where they do, they are engaged in processes to address their feedback and complaints and appropriate action is taken. There is sufficient evidence to support that the organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Management advised all consumers receive a “welcome pack” which includes client handbook, complaints information and brochures on advocacy, privacy and service and explains the complaints, compliment, and feedback process. Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues. Consumers and representatives interviewed advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by the client liaison staff or management. Support workers advised if they receive feedback from consumers, they bring it to the attention of the coordinators, team leaders and or community care officers whether it be positive or negative. They advise if asked, they have knowledge and can discuss with consumers and family the consumers’ rights, how to make a complaint or give feedback. The Assessment Team noted that service also held feedback forums and events in conjunction with the Woollahra Municipality Council to source feedback from the wider community within their catchment area.

Consumers and representatives said they have received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed but those interviewed had not required this service. Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly, as the service staff are all approachable.

Support workers said they were aware of access to an advocate or external bodies such as the commission and advocacy services for the aged. Coordinators, team leaders, community care officers and transport/meals staff and management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management shows staff are educated on the role of external agencies including aged care advocacy and the Commission.

Some consumers said they received an immediate response for example in response to a query on rostering or change of a support worker or transactions on their statement generally to their satisfaction. The service registers all complaints and compliment feedback through in their feedback register which is monitored by the Head of Community Care. All feedback and complaints are logged, acknowledged, and prioritised based on severity, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints reviewed by the Assessment Team show there was contact with the consumers/representatives to find the ‘root cause’ and consider options to resolve the complaint. Staff receive information and training in complaints management during their orientation and at their regular staff meetings. Staff involved in complaints management including support workers were able to describe the concept of open disclosure and transparency.

Consumers and representatives said the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer and family/representative surveys or verbally during care planning meetings. Coordination and management staff advise due to minimal number of complaints received about the services, there have not been any trends identified, however they do have a process to monitor feedback through other means. Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Senior management receive monthly reports on complaints management. Assessment Team sighted the monthly reports and the continuous improvement register.

In the absence of any information from the provider to contradict the teams finding, when I consider all evidence before me, I am satisfied that the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The Assessment Team was satisfied that consumers are receiving quality care when required, from people who are knowledgeable, capable, and caring and that the organisation has a workforce that is sufficient, skilled and qualified to provide safe, respectful and quality care and services. Consumers and representatives confirmed care staff deliver the support and assistance when they expect them and at a time suitable for them. Management advised there is a set staffing establishment and staffing profile for each program. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. The service aims for a diverse staffing mix of differing cultural backgrounds and genders. Management described how their workforce strategies are presented at their workforce planning meetings between the Head of Community Care, People and Culture Manager and Workforce Officer to address recruitment, training and staff turnover and manage these risks, including the utilisation of the expertise of the registered nurse.

Consumers and representatives interviewed said their case management and coordination staff and care workers treat them with kindness and respected them as individuals. Several consumers said the support staff were always friendly and cheerful when providing services and knew them well. Coordinators, team leaders, community care officers, transport/meals staff and support workers said they listen to their consumers and respect their privacy, cultural values, and decisions. The Service Values encourage staff to build kind and caring relationships which respects professional boundaries, and this is embedded in the services recruitment process. Internal audits are conducted quarterly which looks at care plans and shift notes and consumer and staff interactions.

Consumers and representatives interviewed provided positive feedback regarding their coordinators, team leaders, community care officers, transport/meals staff and support workers. They advised they are satisfied with the knowledge and skills of the support workers for example in the safe use of equipment per personal care and support. Management advised the skills and knowledge required of each position are identified and documented together with the responsibilities, scope, and limitations of each position for example those staff providing personal care are required to have as a minimum certificate three. People and Culture Manager and Workforce Officer advised recruitment processes in place assess workforce credentials.

Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff interviewed said they do online training through “Ausmed” for their professional development and received regular emails from the management with information from Department of Health and changes to their work practices. The service has professional development discussions between staff and managers to establish individual staff training plan to ensure staff meet criteria for their role. Records of worker pre-employment checks, qualifications and experience are maintained. Training is available for staff via e-Learning platform Ausmed Learning and through partnership with ARC Training. Completion of training is recorded via a database which is monitored by the managers. Evidence was sighted of staff training records as confirmation of their competency and knowledge. Senior management outlined a range of personal development training goals for management and staff in the areas of clinical training, team development, leadership, and wellbeing. Coordinators, team leaders, community care officers, and support workers interviewed said they felt supported with the training opportunities and learning plan.

Consumers and representatives confirmed they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. Staff confirmed there is a performance appraisal system in place and confirmed they received ongoing feedback. They also confirmed having conversations on their support needs and opportunities for training with their manager. Management advised managers and coordinators are required to provide timely supervision, support, and resources to staff relevant to the scope and complexity of supports delivered. Staff are provided with supervisions and required to participate in their performance management process which helps supervisors to evaluate and develop their staff through assessment, review, and coaching. The Assessment Team sighted sample of staff performance appraisals.

Based on this evidence and the Approved Provider not disputing the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

The Quality Standard is assessed as compliant as all five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The Assessment Team was satisfied that the organisation is run well and that consumers can partner in improving the delivery of care and services. There was evidence to support that the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Consumers and representatives provided examples of how they are involved and encouraged to provide ongoing feedback to the service, including through consumer satisfaction surveys. Staff stated the service is well run and advised community care staff is responsive to consumer feedback in relation to assigning support workers and flexible with visit schedules seeking to ensure consumer preferences are met based on individual consumer circumstances. Management said the service facilitates focus groups and feedback forums to gather information. The Social Impact Committee support and guide the senior management. The trends and themes from the survey results are analysed and together with feedback and complaints data, from the centralised register and any initiatives and indicators coming out of these are provided to the executive and to the board through various governance sub-committees.

Consumers and representatives were satisfied that service promotes a culture of safe, inclusive, and quality care and service is accountable for their delivery. Coordinators, team leaders, community care officers, transport/meals staff and support workers advise management is always careful about the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Based on discussions with the chairperson of the board of directors and senior management and an analysis of the information provided by management, including minutes of meetings, copies of reports and quality improvement plan; the governing body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive, and quality aged care services.

The Assessment Team reviewed documentation, spoke with staff, consumers and management about the governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team were satisfied that the service is supported by effective organisation wide governance systems and processes that underpin the governing body’s responsibilities relating to quality care and services across the organisation. The governing body is supported by the Clinical Governance Committee and Risk and Audit Committee collectively. They are responsible for monitoring risk and quality in relation to care and services. Reporting processes occur through the meeting structure to provide information and advice to the governing body to meet responsibilities and to maintain oversight.

These discussions also supported the finding that the organisation has effective risk management systems and practices. Management was able to outline their risk management framework and policy which underpin their operations and strategic planning process. Risks are identified in a timely manner through numerous channels including home safety assessments, incident reporting, complaints, audits, and consumer/staff surveys. Strategies are implemented to mitigate and manage the risks. These strategies are monitored and evaluated to ensure effectiveness. Management advised the Assessment Team that the risk rating and treatment strategy classification system is used by the service to identify the response required to the incident or risk. All incidents with a risk rating of ‘E’ (extreme) and ‘H’ (high) are reported immediately to the Board and Board sub-committee (Audit & Risk and Strategy Committee) respectively by senior management and any strategies. Staff said they are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Management advised their Clinical Governance Framework is designed to contribute to the quality of life of their consumers experience when they are provided services and care in their own homes. The service’s Clinical Governance framework focuses on improving the health outcomes and personal experience of individuals - consumer value, clinical performance and evaluation, clinical risk and professional development and management. The Assessment Team sighted the governance framework and the information captured in HCP risk and vulnerability register. The team also noted the that monitoring and analysing antibiotic usage is the responsibility of the registered nurse. Management advised staff are supported with policies and procedures on clinical risk and deterioration, clinical care, infection control, antimicrobial stewardship, restraint policy which they access online. The Assessment Team sighted the Clinical Governance Framework and minutes of the Clinical Governance Committee. Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as generally this is overseen by nursing staff who liaise with prescribing clinicians. The service has ‘behaviour support and restrictive practices guidelines’ for staff and support workers including contractors. The service demonstrated it practises open disclosure and staff were able to give examples of when they practiced this and their requirement to report and register complaints and incidents promptly.

Based on the evidence of the Assessment Team and the Approved Provider’s response supporting the findings of the Assessment Team, I find the following requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

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)