**Performance**

**Report**

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| Name of service: | Home Care Packages |
| Service address: | 133A Henley Beach Road Mile End SA 5031 |
| Commission ID: | 600604 |
| Home Service Provider: | Gratis Home Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 10 February 2023 to 14 February 2023 |
| Performance report date: | 17 March 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 Home Care Packages (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Home Care Packages, 27457, 133A Henley Beach Road, Mile End SA 5031

# 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 4 March 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** |

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 |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity and culture valued. Consumers and representatives when interviewed by the Assessment Team described staff as kind, always caring and respectful. During interviews with the Assessment Team staff demonstrated how they ensure each consumer's identity and culture is valued and described how they treat consumers with dignity and respect. The Assessment Team observed and noted staff members speaking of consumers in a dignified way.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and representatives when interviewed by the Assessment Team stated staff understand their needs and preferences. During interviews with the Assessment Team staff and management demonstrated an understanding of each consumer’s cultural background and described how they tailor services to consumers’ cultural needs and diversity. The Assessment Team noted documentation also included consumers' cultural background and spoken languages.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice. Consumers and representatives when interviewed by the Assessment Team stated the service involves them in making decisions about their services, and management spoke of their onboarding package which aims to tailor services to each consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers when interviewed by the Assessment Team described undertaking activities they enjoyed safely, and with appropriate supports. During interviews with the Assessment Team staff and management were able to describe dignity of risk and demonstrate how consumers are supported to safely take risks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Most consumers when interviewed by the Assessment Team confirmed they are provided with timely and relevant information when they first commence services, and when anything changes. During interviews with the Assessment Team staff and management described how they provide information to consumers in various ways, verbally and in writing and the Assessment Team observed a sample of the folders provided to each consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives when interviewed by the Assessment Team stated they felt staff were respectful of personal information. Evidence analysed by the Assessment Team showed the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. During interviews with the Assessment Team Management described how they assess consumer’s needs and risks at commencement of services and how assessments inform consumers’ care and support plans. The Assessment Team noted care planning documents evidenced comprehensive assessment and planning was undertaken with consumers and/or representatives, including completion of risk assessments.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. During interviews with the Assessment Team management described how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services while taking into consideration their budget. Care planning documents analysed by the Assessment Team showed that needs, goals and preferences had been discussed with consumers and documented, including in relation to advanced care directives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in deciding the care and services provided to consumers such as personal care, nursing, social support, domestic assistance, home modifications and gardening. During interviews with the Assessment Team Management described how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to staff at point of care. Consumers and/or representatives when interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them and a care plan is available for staff at point of care in a folder provided by the service. During interviews with the Assessment Team management confirmed that care plans and services are developed with consumers and/or their representatives and are communicated to staff members through a phone application (app). Care planning documents analysed by the Assessment Team confirmed that services are discussed and planned with the consumers and documented within the care plan.

Overturned Recommendation

In respect to Requirement 2(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The service was not able to demonstrate they have an effective process to review consumers care and services regularly, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The service has a process and procedure for completing reviews annually face to face within the consumer's home. However, at the time of the Quality Audit the schedule to monitor upcoming annual reviews highlighted 51 of 176 outstanding review dates.

The service services response showed they will utilise their detailed consumer service plans and review notes to assist their clinical team in completing all overdue annual reviews by 3 April 2023. The services response also showed a new process involving clinical review triggers once an incident occurred, or a change in needs, goals and preferences of consumers is identified/required.

The Decision Maker determines Requirement 2(3)(e) to be compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives when interviewed by the Assessment Team confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as personal care, allied health services and wellbeing. During interviews with the Assessment Team staff provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, strategies to prevent falls and pressure injuries’. Care planning documents analysed by the Assessment Team confirmed that personal and clinical care was documented on care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. During interviews with the Assessment Team management described how they would liaise with the consumers’ doctor and engage external services to provide the required palliative needs. Care planning documents analysed by the Assessment Team showed that advance care directives are discussed with consumers and outcomes documented within their care plans.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives when interviewed by the Assessment Team felt confident that staff would notice if their health changed and would respond appropriately. During interviews with the Assessment Team staff described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumers’ mobility, mental health, or level of independence. Documents analysed by the Assessment Team showed evidence of identification and actions taken when consumers’ health changed or deteriorated such as calling an ambulance or referrals to health professionals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers had been referred to health professionals when required. During interviews with the Assessment Team management described processes to refer consumers for different services externally to other health professionals or My Aged Care (MAC). The Assessment Team noted this was substantiated through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed by the Assessment Team advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 testing. During interviews the staff and management described, and documentation viewed confirmed that, the service has processes for minimising risks of infection including policies, procedures and education.

Overturned Recommendation

In respect to Requirement 3(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Staff did not consistently identify, report and manage consumer’s risks and incidents. When incidents occurred, they were not consistently identified as an incident, or followed up, and consumer’s care needs and risks were not effectively reviewed, and management strategies implemented, to prevent further incidents for the consumers. The Assessment Team referenced three specific examples Consumer A, B and C.

The services response addressed Consumer A, B and C, the service provided details and evidence to show all issues identified by the Assessment Team had been addressed, rectified and measures implemented to ensure decencies as identified by the Assessment Team won’t occur moving forward. The services response also showed as of 22 February 2023, an education program to refresh and monitor workers on incident reporting processes. This includes a combination of e-learning and face to face training.

In respect to Requirement 3(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The service was not able to demonstrate that information about consumer’s needs, preferences, conditions and changes are consistently and effectively documented and communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team referenced two specific examples relating to Consumer D and Consumer E’s wound care.

The services response showed evidence and information that could not be located by the Assessment Team during the Quality Audit was in fact available, but by the services own admission not categorised for easy reference and therefore was not located, and not assessed by the Assessment Team. Evidence provided in the services response show there are in fact detailed wound and allied health management reports for Consumer D and Consumer E.

Evidence provided by the service also shows to strengthen the process further, the service has implemented a monthly clinical meeting where wound management is tabled and addressed. The service also introduced as of 22 February 2023 new document categories in their platform titled Progress Notes (PN) - PN Allied Health - PN Clinical - PN Non-Clinical - PN Gardening.

The services response shows these categories will capture and record all wound and allied health reports, including any sub-contractor progress notes.

The Decision Maker determines Requirement 3(3)(b) and 3(3)(e) to be compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers receive safe and effective services and supports for daily living that meet their needs, goals, and preferences to optimise independence, health, well-being, and quality of life. Consumers and representatives when interviewed by the Assessment Team expressed a high level of satisfaction with the service and described how this assisted them to remain in their home. During interviews with the Assessment Team staff and management described how they are meeting consumer needs, goals, and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers and/or representatives when interviewed by the Assessment Team confirmed that the services provided promote consumer’s wellbeing as they feel connected and engaged in meaningful activities in their community. The Assessment Team noted this was substantiated through interviews with management, staff, and care planning documentation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives, and workforce interviews completed by the Assessment Team confirmed the services provided enable consumers to participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, and preferences are consistently and effectively communicated and documented within the organisation, and with others where responsibility for care is shared.

Evidence analysed by the Assessment Team showed the service was able to demonstrate it has processes and procedures to identify and undertake timely and appropriate lifestyle and wellbeing referrals to other services and organisations where responsibility of care is shared. Consumer and/or their representatives when interviewed by the Assessment Team stated the service connects them with other services, where required, and provided examples. During interviews with the Assessment Team staff demonstrated the completion of timely referrals to the Assessment Team and described the process in detail.

Evidence analysed by the Assessment Team showed the service was able to demonstrate where meals are provided, they are varied and of suitable quality and quantity. Consumers and/or their representatives when interviewed by the Assessment Team expressed satisfaction with the meals they are receiving, advising they meet their needs because they are convenient, enjoyable, and variable. During interviews with the Assessment Team care staff and management described the variety of meals offered through multiple suppliers and consumers can vary their meals upon request. The Assessment Team noted they confirmed through support plan documentation consumers are offered meals via external agencies and by support staff attending their residence.

Evidence analysed by the Assessment Team showed the service was able to demonstrate when equipment is provided, it is safe, suitable, clean, and well maintained. Consumers when interviewed by the Assessment Team confirmed the equipment installed or used was generally clean, suitable and/or well maintained. During interviews with the Assessment Team staff and management described the assessment and maintenance processes related to equipment, when it is provided, and the Assessment Team confirmed through a review of documentation the service ensures sub-contractors supply.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the vehicles making up the service environment were welcoming, easy to navigate, and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers and staff when interviewed by the Assessment Team confirmed the vehicles are welcoming and suitable for the consumers transport needs. The Assessment Team noted they were not able to observe the service environment as this relates to the vehicles that were in use during the quality audit. The Assessment Team analysed two consumer files and confirmed support workers are alerted when the consumer required a mobility aid.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the vehicles making up the service environment were well maintained, comfortable, safe, and clean and enable consumers to move freely. During interviews with the Assessment Team care staff and management described the process to ensure vehicles are regularly cleaned and maintenance is addressed immediately. Two staff members interviewed by the Assessment Team stated vehicles are wiped down with cleaning wipes between consumer, they keep a portable vacuum in their vehicle to ensure the footwell remains clean and tidy. The Assessment Team noted both staff members described how they ensure consumers are assisted to safely get in and out of the vehicle and how they support the consumer to secure their seatbelt once in the vehicle when necessary.

Evidence analysed by the Assessment Team showed the service was able to demonstrate fittings and equipment in each vehicle are safe, clean, well maintained, and suitable for the consumer. During interviews with the Assessment Team staff and management described processes to ensure equipment is safe, clean, and well maintained. Consumers when interviewed by the Assessment Team advised they were aware how to raise any concerns regarding the vehicles and they were encouraged to advise the service if they have any concerns regarding the safety or cleanliness of a vehicle.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to provide feedback and make complaints. Consumers and/or representatives interviewed by the Assessment Team confirmed they received information about feedback and complaints processes. During interviews with the Assessment Team staff and management described how they encourage and support consumers to provide feedback and make complaints. The Assessment Team noted this was substantiated through documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to, external complaints, advocacy and language services for raising and resolving complaints. Consumers and/or representatives when interviewed by the Assessment Team confirmed they received information about external feedback and complaints support options. During interviews with the Assessment Team management described how they inform consumers about external support, this was confirmed through documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. While most consumers interviewed by the Assessment Team stated they were satisfied with the care and services they receive and have not had to provide feedback or make complaints. During interviews with the Assessment Team management described, and provided documentation showing, how they address consumers’ feedback and complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. During interviews with the Assessment Team management described key areas of complaints for the service and actions taken to address these. This was substantiated through documentation analysed by the Assessment Team. Management advised that most feedback and complaints are related to cleaning services and staffing continuity and availability.

# Standard 7

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| Human resources | | HCP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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 services. Consumers and/or representatives when interviewed stated that their services are generally delivered as planned, and they receive continuity of services by regular staff or contractors. During interviews with the Assessment Team management described how the service manages challenging staffing availability and new consumer referrals to ensure that care and services are delivered to their consumers as planned. Staff when interviewed by the Assessment Team confirmed they are providing continuity of care and services to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that staff and contractors are gentle, kind and caring when providing care and services. During interviews with the Assessment Team workforce and management spoke about consumers in a kind and respectful way to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate its workforce is competent and has the skills and knowledge to effectively perform their roles. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that staff and contractors generally know how to do their job when providing care and services. During interviews with the Assessment Team management described the service’s processes to determine staff and contractor’s competency and capability at recruitment and ongoing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. During interviews with the Assessment Team the workforce in various roles described completing relevant training and being supported in their role by the service. Management when interviewed by the Assessment Team described organisational recruitment and onboarding processes, including mandatory training relevant to the role, and ongoing support and training opportunities. The Assessment Team noted this was substantiated through documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular monitoring and review of the performance of workforce members. Representatives when interviewed by the Assessment Team advised they can provide feedback about staff and contractors if they are not happy with their care and services. During interviews with the Assessment Team management described the service’s process to monitor staff and contractors’ performance, this was confirmed through documentation viewed by the Assessment Team.

# Standard 8

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| Organisational governance | | HCP |
| 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. | **Compliant** |

Findings

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of services. Consumers and/or representatives when interviewed confirmed they have input into the consumer’s care and services. During interviews with the Assessment Team management advised that consumers are involved in the services through feedback, complaints and survey processes.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed the organisation has a documented governance framework for collecting, sharing and storing information including policy and password protected electronic systems.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the organisation has a documented continuous improvement framework, including continuous improvement activities embedded in the service’s policies and processes such as consumers’ care and services assessment, planning, review and delivery, feedback and complaints, staff management and incident management.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has a documented financial governance framework including planning, reporting and monitoring responsibilities and processes. Management when interviewed by the Assessment Team advised, and provided documentation showing, that they provide consumers with budgets and itemised monthly statements. They monitor consumer’s unspent funds to ensure they are provided with care and services in line with their assessed needs.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the organisation has a documented workforce governance framework including policies and procedures in place in relation to workforce management to ensure workforce sufficiency, capability and performance.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective processes to monitor changes to aged care legislation and regulatory requirements, and implement relevant changes such as policies, processes and training. During interviews with the Assessment Team management provided examples and documentation related to recent changes such as the Social, Community, Home Care and Disability Services Industry Award 2020 (SCHADS Award); aged care reforms including Serious Incident Response Scheme (SIRS) and Code of Conduct requirements; and HCP fee capping.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the organisation has a documented feedback and complaints framework to encourage and support consumers to provide feedback and make complaints including policies and procedures, feedback forms, consumer surveys, a complaints register which generally enables the service to record, monitor and action consumer feedback.

Overturned Recommendations

In respect to Requirement 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The organisation was not able to demonstrate effective risk management systems and practices, including in relation to managing high-impact or high-prevalence risks associated with the care of consumer; and effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks and incident management. However, the organisation did not demonstrate effective management of high-impact or high-prevalence risks for all consumers and systematic reporting of incidents. Furthermore, the organisation did not demonstrate effective organisational governance related to monitoring and oversight of high-impact or high-prevalence risks; or to ensure all consumer incidents are reported and followed up appropriately to prevent further risks or incidents.

The services response shows they recognise at the time of the Quality Audit the service had not implemented a structured and minuted governance meeting agenda that would outline and address effective oversight. As of 28 February 2023, this has now been rectified and evidence has been provided by the service to show substantial minutes taken recorded at the Governance meeting.

The services response also shows the service identified the need for a new layer of management that will streamline and strengthen the process for monitoring of consumer care and services. The services response shows Team Leaders from various business areas our now responsible for specific portfolios and are directly responsible for all information and actions of that team. For example, Team Leader – Care Services is responsible and will oversee the care management of consumers via the Care Manager portfolio.

The Services response shows they are in the process of appointing a new governance board, to date a majority of independent non-executive members have been nominated with the skills and experience to deliver safe and high-quality care, at least one member has experience in providing clinical care.

The services response shows the service has subscribed to the Aged Care Learning Information Solution developed by the Commission and have implemented a substantial list of the recommended actions for best practice.

In respect to Requirement 8(3)(e) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The organisation was not able to demonstrate effective clinical governance framework including systems and processes to enable delivery of safe and quality clinical care to consumers. The organisation demonstrated that documented clinical governance and clinical management policies and processes are in place, including consumer clinical assessment and care planning are undertaken to inform clinical care, however, the organisation was not able to demonstrate effective clinical management, monitoring and reviews for all consumers in relation to wound care, falls and clinical deterioration including following hospital admissions. Furthermore, the organisation did not demonstrate effective organisational governance to enable the governing body to maintain oversight and monitoring of consumer’s clinical care.

The decision maker notes the evidence utilised by the Assessment Team for the recommendations of not met for Requirements 2(3)(e), 3(3)(b), 3(3)(e) and 8(3)(d) was also utilised to recommend a not met for requirement of 8(3)(e). While normally this is standard practice as evidence obtained by the Assessment Team during the Quality Audit does in fact cross over multiple standards, in this instance by the service responding to, and providing detailed evidence proving the rectifying and resolution of all deficiencies identified in Requirements 2(3)(e), 3(3)(b), 3(3)(e) and 8(3)(d) the service has in turn now shown compliance for Requirement 8(3)(e).

The Decision Maker determines Requirement 8(3)(d) and 8(3)(e) to be compliant.

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)