**Performance**

**Report**

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| Name: | Hume City Council Community Services |
| Commission ID: | 300201 |
| Address: | 1079 Pascoe Vale Road, BROADMEADOWS, Victoria, 3047 |
| Activity type: | Quality Audit |
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| Performance report date: | 12 January 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 3059 Hume City Council  
Service: 18817 Hume City Council CACP Services

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8462 Hume City Council  
Service: 25276 Hume City Council - Care Relationships and Carer Support  
Service: 25277 Hume City Council - Community and Home Support

**This performance report**

This performance report for Hume City Council Community Services (**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.

# Material relied on

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

* The assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 | **Not 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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 2(3)(a) CHSP**

* Improve the details and information in CHSP consumer care plans to ensure care workers can provide safe, effective and well-informed care and services.
* Improve the initial assessment process with the use of verified assessment tools for CHSP consumers.

**Requirement 2(3)(e) CHSP**

* Ensure Care and services are reviewed regularly for effectiveness and when circumstances change for all CHSP consumers.
* Ensure upon discharge from hospital or after a significant event for example a fall a review is completed to ensure needs, goals or preferences are accounted for and accurate.

# 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

**Requirements 1(3)(a) to 1(3)(f) – Complaint**

Staff when interviewed by the Assessment Team described how they treat consumers by respecting and dignifying individuals that receive care involves acknowledging consumers' values, understanding their care requirements within their environment, working from a person-centred approach, prioritising their needs in discussions, and assisting them in achieving their goals within the framework of the services they receive. Consumers are not just recipients of care but also active participants in managing their care. The Assessment Team noted seven of seven consumers and representatives interviewed said in various ways that they are treated with dignity and respect, with their identity, culture and diversity valued.

Staff when interviewed by the Assessment Team stated that providing care in a culturally safe way would involve discussing the consumer’s cultural needs and preferences during assessments/reviews and noting on assessment and care plan to inform service delivery. It is also about understanding the consumers background and history helps to deliver services and communicate with the consumers in a culturally sensitive manner. It is crucial to ensure use of interpreters and providing information in the consumers preferred language where available. Consumers and representatives when interviewed stated in various ways that they feel culturally safe when receiving services.

Consumers and representatives when interviewed by the Assessment Team stated that they are supported to exercise choice and communicate their decisions with others involved in their care. The Assessment Team noted seven of seven consumers and/or representatives interviewed stated they are supported to communicate decisions which assists them to exercise choice. Staff when interviewed stated that primarily, we strive to provide choices in service providers and support workers whenever feasible. The active involvement and engagement of consumers or their representatives in the care planning process is fundamental. We prioritise the central role of a consumer's social needs and interests during the assessment and care planning stages. Connecting consumers to services, supports, and programs addressing social isolation is crucial. Documentation analysed by the Assessment Team showed consumers exercising choice and involving others in their care.

The Assessment Team noted four of eight consumers and/or representatives agreed that they are encouraged to take risks and live their best life and four declined to answer this question. Documentation showed information about consumers being encouraged to do things that assist them to live their best life with goals and agreed actions. Management and staff when interviewed stated consumers understand both risks and benefits about the assessed and discussed care needs and services. If discussed needs are assessed to have risks attached, we provide information to consumers to help them make informed decisions. Any concerns regarding risk are raised with the consumer/representative with education provided where appropriate discussions are documented in assessment/care plan and consumer file. We promote duty of care while we ensure dignity of risk is explained too.

The Assessment Team noted seven of seven consumers and representatives advised they were satisfied they receive current, accurate and timely information from the service, including a copy of their care plan. Management when interviewed stated to ensure CHSP consumers understand fees the service undertakes discussions at intake and provides fee information in writing, which is reviewed at assessment before commencing services. Management noted for consumers who face challenges communicating the service uses interpreter services, home visits, and providing support workers that speak the consumers’ language. Evidence analysed by the Assessment Team showed that information packs provided to CHSP and HCP consumers provide clear and easy to understand information. HCP consumer statements reviewed were clear and itemised.

Staff when interviewed by the Assessment Team stated they practice client confidentiality meaning they do not disclose consumers private information unnecessarily. This is discussed directly with consumers at their initial assessment where a privacy broacher is also provided. Consumers also sign a ‘consent to share’ form which stipulates when we might share information to the appropriate professionals. Management when interviewed stated the service manages consumer privacy when information is being shared with multiple parties involved in the delivery of care and services through obtaining consent to share information.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# 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 | Not 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 | Not Compliant |

Findings

**CHSP Requirement 2(3)(a) and 2(3)(e) – Not Compliant**

CHSP Requirement 2(3)(a)

The Assessment Team noted four of seven consumers and/or representatives interviewed for CHSP stated they could not recall being assessed when they signed up for CHSP services. The Assessment Teams analysis of thirteen CHSP consumer files identified the service develops a basic care plan over the phone when a new consumer accesses the CHSP program. The Assessment Team noted the basic care plan does not include important information about the consumers relating to their care for example:

* A CHSP initial care plan conducted completed in May 2023 identifies the consumer has diabetes, however, there is no information documented on how the consumer manages his diabetes.

The Assessment Team analysed fifteen CHSP consumer files, of the fifteen files reviewed, thirteen did not have an assessment documented. The Assessment Team noted RAS assessments were not viewed on consumer files. Management advised that they have had issues downloading the assessments to their consumer management system.

The Decision Maker notes a new system is being trailed with a small number of consumers and the Assessment Team noted positive results. The Decision Maker believes that once the new system is fully implemented utilised for all CHSP consumers this requirement should return to compliance at the next Assessment Activity.

CHSP Requirement 2(3)(e)

The Assessment Team analysed fifteen CHSP consumer files and identified consumers are not consistently reviewed, consumer files analysed by the Assessment Team included consumers that had been admitted and discharged from hospital. The Assessment Team noted consumers after being discharged from hospital services were reinstated but there was no review of the consumer’s care or services conducted. For example:

* A CHSP consumer file analysis identified this consumer had a fall in April 2022 while the consumer was getting out of bed as a result the consumers right ankle was bruised and swollen. The Assessment Team noted there was no review of the consumers care needs conducted after the fall. The consumer has not been reviewed or had their care plan reviewed since December 2021.

Evidence analysed by the Assessment Team showed feedback from support workers does not consistently trigger a consumer review and the services process for CHSP consumers is to review their basic care plan and not undertake a full review of their health and/or care needs.

The Assessment Team noted that CHSP consumers are not being regularly reviewed, as per the dates set in the consumers file and/or the monthly reports. The Assessment Team noted if a review is undertaken it is not evident that staff understand the purpose of a review is to identify if the care and services still meet the consumer’s needs, what new care or services the consumer might now need or what care or services the consumer no longer requires.

**Requirement 2(3)(a)(HCP), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e)(HCP) – Compliant**

Consumers and/or representatives when interviewed by the Assessment Team were satisfied with assessment and care planning processes for home care packages. Evidence analysed by the Assessment Team showed initial assessments are conducted in the consumer’s home, utilising information from the service level assessment, My Aged Care (MAC), and discussion with consumers and representatives to develop a care plan. Support staff when interviewed by the Assessment Team confirmed they receive the information required for HCP consumers to deliver safe and effective care and management of risk associated with the care of the consumer. Management when interviewed by the Assessment Team stated the HCP services have assessment and care plan templates, where risks and management strategies are identified during the assessment and are documented in the care plans. Twelve of twelve HCP consumer files reviewed included assessment, care planning processes and detailed documented care plans.

Consumers and/or representatives when interviewed by the Assessment Team for HCP and CHSP were satisfied the care meets their needs and preferences. All twelve files analysed by the Assessment Team included information about consumers social profile, support network, medical conditions and specific needs, care requirements and goals related to the services received. Management and staff when interviewed advised that during the assessment process consumers’ goals, preferences and options are discussed and documented in the consumers care plan, file and at times as an alert on the consumers file and rostering. The Assessment Team noted CHSP file reviews identified the assessment/care plan template has a question about advance care plans with a yes/no response and all twelve HCP files analysed had information related to the discussion or completion of advance care planning with consumers and their representatives.

Consumers and/or representatives interviewed by the Assessment Team for HCP and CHSP confirmed in various ways that the service involves them in the assessment and planning of their care and services. Evidence analysed by the Assessment Team showed care documentation outlines who the consumers nominate to make decisions in collaboration with themselves regarding their care. The Assessment Team noted alerts can be set if there is an alternative contact to the consumer on the consumer’s electronic file.

Consumers and/or representatives when interviewed by the Assessment Team for HCP and CHSP clearly described the care and services they receive and the majority recalled receiving a copy of the consumer’s care plan. Management when interviewed confirmed following an initial assessment or a review, a copy of the care plan is sent to the consumer, and others consumer wish to involve in their care. Support workers when interviewed described how they access consumer information including care plans via an ‘app’ on their mobile device. Additionally, any urgent changes are communicated to support workers over the telephone if required.

Consumers and/or representatives for HCP stated they are satisfied with the regular review of their care and services. Management when interviewed by the Assessment Team stated that HCP consumers care and services are reviewed on an annual basis, or if there are any changes to their circumstances, increase in package level, health deterioration, hospital discharge or a request from the consumer or their families for additional services. The Assessment Team noted all twelve HCP care plans analysed had recent review dates.

# 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

**Requirements 3(3)(a) to 3(3)(g) – Compliant**

Consumers and/or representatives when interviewed by the Assessment Team commented positively on the personal and clinical care that is being provided, commenting variously that staff knew what care was to be delivered. Staff when interviewed discussed that the individual care provided to the consumers, supports their physical and mental conditions and this is cross checked to match their health directives. Care documentation analysed by the Assessment Team showed that the delivery of support is monitored by the service and the service has detailed policies and procedures to ensure best practice guidance for staff.

Consumers and/or representatives when interviewed by the Assessment Team were satisfied with the way the service identifies risks and delivers care to manage those risks. Staff interviewed by the Assessment Team stated the list of high impact, high prevalence risks related to clinical care includes wound and pressure care, catheters, dementia, falls management and continence care. Management and staff when interviewed identified and discussed risks associated with the care of each CHSP consumer. Care documentation analysed by the Assessment Team showed risks for individual consumers are identified, assessed and documented. Management and staff when interviewed discussed risks associated with the care of each CHSP consumer.

A consumer when interviewed by the Assessment Team expressed praise and satisfaction for the assistance and support, they receive during their palliative care. Management advised that the service relies on external providers for palliative care. Palliative care is discussed with consumers and their representatives according to their wishes and is followed up by a liaison with external palliative care services, medical practitioners and allied health services to maximise consumers’ comfort. Management when interviewed stated staff are guided by the organisations palliative care policy and procedure, and staff have access to internal palliative care training. Care documentation analysed by the Assessment Team confirmed a holistic approach to care and services. Care documentation demonstrated the needs, goals and preferences of consumers nearing the end of life are known by the service, are documented and care is provided to address individual care and comfort needs.

Consumers and/or representatives interviewed by the Assessment Team stated they are confident that the staff would know if their health or condition changed and would respond. Staff and support workers interviewed demonstrated knowledge of their responsibilities in reporting consumers deterioration and change in services. All support workers interviewed advised they know how to report any incidents and/or changes to consumers health or deterioration in health conditions. Management advised information about consumers health, changes to their needs and conditions is recorded in consumers’ care files and staff are notified via telephone of any urgent changes if required. Care documentation reflected the changes in consumers health and conditions.

Consumers and representatives interviewed expressed satisfaction that the consumers’ condition, needs and preferences are communicated within the organisation and with others where care is shared. Support workers interviewed described that they can access consumer’s care plan and any specific notes via an ‘app’ on their mobile device. Care documentation identified that the service communicates with others, internally and externally, to ensure the provision of personal and clinical care.

Consumers and/or representatives were aware that, when needed, other services would be involved in their service delivery. Staff advised that referrals are informed through ongoing assessments and feedback systems to support consumer needs. Staff stated referral to allied health and available options following the assessment report will be discussed with consumers before proceeding with any purchases. Care documentation analysed by the Assessment Team showed referrals made accordingly in response to an identified need, with corresponding reports and recommendations.

Consumers and/or representatives interviewed were satisfied with the measures staff take to protect the consumer from infection. Staff interviewed advised that the have participated in infection control training to minimise infection. Management confirmed vaccination requirements, infection control processes and guidance material along with COVID-19 safety plans. Management when interviewed stated staff participate in mandatory training in infection control and management. Management stated staff self-report prior to commencing their shift and are also required to ask COVID related questions upon entry. The service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices. The service provides personal protective equipment for staff when applicable.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# 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

**Requirements 4(3)(a) to 4(3)(g) – Compliant**

Consumers and/or representatives when interviewed by the Assessment Team stated the service provided safe and effective supports to maintain their quality of life. Management and staff demonstrated an understanding of what is important to each consumer and how they incorporate this into the care and services delivered. The Assessment Team noted regular linkages with social support programs, community groups, specialist interest groups, and volunteers are established whenever possible, fostering a comprehensive approach to meeting consumers' social needs and maintaining meaningful connections.

Consumers and/or representatives when interviewed by the Assessment Team expressed their satisfaction in different ways with supports for daily living. Support workers advised they assist and promote consumers well-being and described how they recognise and support consumers when they are feeling low including asking about their needs, being familiar with consumers and their needs, encouraging them to talk or go for a walk, and providing emotional support where needed. Basic care plans reviewed showed services delivered align with what is important to the consumers.

Consumers and/or representatives when interviewed by the Assessment Team discussed the supports they receive to assist them in accessing the community via social support groups. Management and staff interviewed described how they support consumers to participate in things that are of interest to them and outlined that they had conducted a consumer survey earlier in the year to obtain feedback about the social support groups. Management stated that consumers have input into the activities through discussions with staff at the end of each activity or outing and have the opportunity to discuss their interests and places of interest to visit in the future. Support workers interviewed described how they talk to consumers, are familiar with their interests, and provided examples of ways they supported consumers to do things that they like.

Consumers and/or representatives when interviewed by the Assessment Team discussed how information is communicated within the service around their preferences. Consumers and representatives interviewed described in different ways that support workers know the consumer’s daily living needs and how to provide individual support. Management and staff interviewed stated that information is shared within the organisation. Support workers advised that they receive information via an ‘app’ on their mobile device and if they require further information regarding a consumer, they contact their team leader. Documentation analysed by the team showed information is shared and care documentation and support worker rosters include specific information about the type of service the consumer is receiving.

Consumers and/or representatives when interviewed by the Assessment Team discussed how the service assists with referrals to other organisations. Management and staff discussed the referral process for internal services including centre-based respite, flexible respite and social support groups. The Assessment Team noted the service is funded to assist consumers to access My Aged Care (MAC), additionally staff assist consumers with referrals for services. Support workers when interviewed stated they provide respite services in the home and they are guided by information via the ‘app’ on their mobile device, the consumer and/or representative. The Assessment Team noted the ‘app’ includes some information on the consumers interests, likes and preferences.

The CHSP programme is funded to provide meals and they have a subcontracted agreement in place with a meal’s provider. The Assessment Team noted the council has a meals distribution centre at Roxburgh Park that was visited by the Assessment Team during the quality audit. The Assessment Team noted meals are provided to consumers in the home and at the social support groups, a care plan is developed for consumers receiving meals in the home, it documents the consumers goals, frequency and number of meals delivered and the consumers likes, dislikes and allergies. An administration officer at the meal’s distribution centre when interviewed by the Assessment Team stated they conduct home visits to discuss meals, provide a menu and show consumers how to select their meals. The Assessment Team noted staff are provided with meal delivery run sheets inclusive of instructions for staff to deliver which may include taking the meals inside the consumers home and checking whether the consumer is eating the meals and storing them correctly.

Consumers and/or representatives when interviewed by the Assessment Team reported equipment provided is suitable, safe and well maintained. Management and staff advised equipment provided to consumers is safe, practical, relevant to the care needs of consumers and obtained following a recommendation from an allied health service. The Assessment Team noted cleaning of equipment is completed either by the consumer or support workers as needed. Support workers interviewed stated they would notify the consumer and their supervisors if any equipment was defective and required maintenance. The Assessment Team noted care documentation shows a range of aids and equipment put in place through consumer packages. Equipment included shower chairs, mobile shower commodes, recliners, lift beds, wheeled mobility frames, wheelchairs, bed sticks, grab sticks and rails.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# 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

**Requirements 5(3)(a) to 5(3)(c) – Compliant**

Consumers when interviewed by the Assessment Team spoke in a positive way about the social support group environment and attending the different groups run by council. The Assessment Team noted the service environment is welcoming and the bus transports consumers to the program. There is easy access to and from the bus into a well-lit and spacious centre with a multipurpose room, bathrooms and additional rooms for consumers to access. The centre from where the social support group operates is a multi-function centre that includes the meals distribution centre and a childcare service and the building is located in a housing estate close to parks and gardens.

Consumers interviewed regarding the social support groups said they were happy with the surroundings and environment. The building visited in Roxburgh Park for the social support group is located on a ground floor with easy access, the bus transporting consumers can park under cover when required and consumers have a short walk on flat ground into the centre. The front door to the centre was locked and opened by staff providing the program.

The food distribution centre located at Roxburgh Park has a cleaning schedule for the environment and the bus. Twice daily temperature checks are conducted on the fridges and freezers that store the meals to ensure meals are kept at regular temperatures. Buses have a daily cleaning schedule where staff clean and wipe down the bus after use and sign a register to show they have completed the relevant cleaning tasks and staff driving the buses complete a pre inspection checklist each time they drive the bus. A bus condition report, bus maintenance roster and emergency management plan instructions for driver are kept in a folder on the bus. Management advised vehicles are regularly serviced and maintained. A cleaning schedule for the social support group environment is kept and cleaning is recorded after each group has left the building.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# 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

**Requirements 6(3)(a) to 6(3)(d) – Compliant**

Consumers and/or representatives when interviewed by the Assessment Team advised in different ways that they understood how to provide feedback usually through their support worker or telephoning the provider this was evidence by the fact seven of seven consumers and representatives stated they are aware of the feedback processes. Staff when interviewed advised that they have feedback forms provided to consumers during the initial assessment and home visits and they carry out client survey as required. The Assessment Team noted care advisors regularly seek feedback from clients during phone or face to face contact in addition to reviewing their care needs. The Assessment Team noted support workers provide feedback via their telephone app which is sent to team leaders and forwarded to care advisors for action. The Assessment Team noted consumers can also report feedback to consumer service via phone, email, or in person at the front desk.

Consumers and/or representatives when interviewed by the Assessment Team reported feeling safe to raise concerns and having access to contacts for internal escalation, advocacy services and avenues for external complaints. Staff when interviewed reported they have not had to support consumers to access advocacy or language services, however they have access to this information if required. The Assessment Team noted consumer welcome packs include internal and external complaint contacts, information on advocacy, language services and complaints. The Assessment Team noted the services procedures refer to external supports for consumers.

Consumers and/or representatives interviewed in relation to their feedback reported actions were taken to promptly resolve their complaints and described the promptness of changes, being kept informed of the process and of the actions taken to address their concerns. Management and staff demonstrated an understanding of the open disclosure principles and described how they apply this to day-to-day operations and while addressing feedback. The Assessment Team noted the feedback system shows complaints being recorded and trends identified.

Evidence analysed by the Assessment Team showed the service demonstrated how feedback and complaints are reviewed and used to improve the quality of care and services to consumers. Management identified, through the feedback register and annual surveys, feedback trended around support workers attending allocated shifts in a timely manner and around the duties performed during domestic assistance. Management discussed how feedback is reviewed to improve the quality of care and services and the fact the service conducts quarterly reviews of feedback and complaints, to identify trends and inform the organisations continuous improvement plan. The Assessment Team observed this in the continuous quality improvement plan. It was reported that trends in domestic duties in particular cleaning was a major complaint. The organisation demonstrates they regularly seek input and feedback from consumers via feedback forms and surveys and how the findings from that feedback is used to improve services.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# Standard 7

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

Findings

**Requirements 7(3)(a) to 7(3)(e) – Compliant**

Consumers and/or representatives when interviewed by the Assessment Team advised in various ways that the service communicates and delivers safe and quality care and services. Support workers advised they have time to complete required tasks during their shifts and management stated that there were no unfilled shifts for CHSP and HCP consumers for the month of October 2023. The Assessment Team analysed the unfilled shift register for both CHSP and HCP and noted although some staff called in sick these shifts were replaced. Evidence analysed by the Assessment Team showed support workers receive a weekly roster, and they are notified of changes to their roster via an ‘app’ on their mobile device and/or telephone call. Support workers when interviewed confirmed receiving changes to their rosters and via an ‘app’ on their mobile device and/or telephone call.

Seven of seven consumers and/or representatives interviewed were satisfied staff are respectful, kind, and caring. The Assessment Team noted staff have training in Cultural awareness which supports the workforce to interact with consumers in a kind and caring manner. During interviews with the Assessment Team management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Support workers stated they are guided by what the consumer or their representative identifies is right for them and are aware of individual consumers conditions, needs and cultural preferences from information in the ‘app’ on their mobile devices. Staff described how they treat each consumer as an individual, show respect, compassion, respect their values, beliefs, wants and inclusive of religion or race. Staff interviewed showed they are familiar with the cultural needs of individual consumers.

Seven of seven consumers and/or representatives when interviewed by the Assessment Team expressed satisfaction that staff were competent in their roles. Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. The service ensures all staff undergo direct supervision and observation, shadow shifts, consumer feedback and mandatory training. Management advised that each role requires staff members to have appropriate background checks, experience, and qualifications. The Assessment Team evidenced the service’s system to ensure that all the necessary workforce qualifications and compliance checks are current and up to date, such as police checks, vaccination records and first aid certificates. The Assessment Team noted subcontractors are managed via contracts management and home care packages program staff to ensure staff have the relevant competencies.

Management when interviewed stated they follow the recruitment procedure and described the recruitment, onboarding and induction process. The Assessment Team noted all staff have a position description, and all new staff have a six-month probation period. Successful applicants are requested to provide relevant compliance checks including a police certificate prior to being offered a position. Staff interviewed advised that they have access to ongoing training both face to face and online, the Assessment Team observed the service’s training records, which evidenced staff completing appropriate training, including but not limited to manual handling, open disclosure, privacy and confidentiality, palliative care, infection control and cultural diversity. Documentation analysed by the team confirmed staff have access to training that is ongoing and training information is provided to staff via internal communication, emails, team meetings, newsletter and an online communication platform.

Staff interviewed by the Assessment Team indicated they completed an annual performance review. Management stated that all new staff complete a six-month probation review and an annual review thereafter. Staff stated that they have recently had performance reviews and the Assessment Team evidenced documentation of performance reviews that were completed within the last twelve months. Management stated they also discuss any individual performance concerns with the staff members when they are identified through regular supervision including asking about bullying and harassment and any other training needs. A staff member stated that the last performance appraisal had a positive outcome with an expression of interest to continue to engage in learning opportunities to extend their knowledge and support their role in delivering quality care to consumers. Regular supervision with the team leader has been set up during which they discuss about how to enhance performance and provide quality care to consumers.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

# Standard 8

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

Findings

**Requirements 8(3)(a) to 8(3)(e) – Compliant**

Management when interviewed by the Assessment Team discussed how they engage consumers through surveys, council’s website and through consumer feedback. Survey reports for both CHSP and HCP where consumers are asked to provide feedback about their experience with the service or how to improve the providers package program. The Assessment Team identified that there were a couple of comments that offered suggestions such as aiding with household chores such as cleaning curtains and providing more communication regarding community events. The implementation of a consumer advisory committee will commence in February 2024 as part of the continuous improvement plan. Trended issues that may lead to improvements are discussed at monthly leadership meeting and added to the continuous improvement plan.

Senior management and council satisfy itself the Aged Care Quality Standards are being met through the use of management reports inclusive of financial reporting, hours of delivered service and trends in complaints and feedback. Management advised that their governing body oversees clinical data and information to provide safe and effective services in line with best practice through clinical care feedback and including hospital discharge notes, nursing, allied health and other service providers. Management advised that they have an established sub-committee that meets monthly to monitor service delivery and provide specific guidance to the organisation to promote safe and effective quality of care and services and the council receives and reviews these reports at their quarterly meetings. The Assessment Team noted the Diversity and Aged Services Manager reports on the program to the executive leadership team. Management when interviewed by the Assessment Team stated that they monitor subcontracted services through service agreements and regular meetings with subcontractors.

*Information management*

Management discussed their information management systems that include a consumer management system, website, email, newsletter, meetings face to face and virtually to share information. Information is maintained securely and information privacy policies apply. Support workers were overall satisfied that they received sufficient information provision through their mobile device ‘app’, regular staff meetings, email, telephone and supervision.

*Continuous improvement*

Opportunities for continuous improvement plans are informed through incidents, consumer and staff feedback and suggestions and regulatory updates. Examples of recent improvement activities include:

* Mapping existing groups and services across the municipality that have a direct role in supporting people living with dementia.
* Formalise and enhance service partnerships with agencies and community groups that work closely with cohorts who experience service access challenges including Aboriginal and Torre Strait Islanders, Culturally and Linguistically Diverse, LGBTIQ+, people receiving palliative care, care leavers, refugees and survivors of trauma.

*Financial governance*

Financial governance is monitored by the Business Partner who reports to the chief executive officer and council, budget information is reported every three months. Council’s financial governance is monitored by the finance team and reported to the executive leadership team and quarterly financial reports are prepared and reported in council meetings. Consumers accessing the programs receive a monthly invoice and payment options are available. The Diversity and Aged Services Manager reports on the program’s finances at the end of each month to their director (Director, Community and Wellbeing).

*Workforce governance*

Workforce governance systems ensure sufficient staff are employed to provide services for CHSP and HCP consumers, all staff have a position description, staff performance is monitored through supervision and annual appraisals.

*Regulatory compliance*

Organisational systems monitor regulatory compliance related to police checks and mandatory vaccinations and it’s mandatory that all staff sign off on the Code of conduct every 12 months. Management when interviewed stated there have been no adverse findings by another regulatory agency or oversight body in the last twelve months. Evidence analysed by the Assessment Team shows council receives email distribution for all changes from various departments and funding bodies and the council ensures they monitor changes to aged care law through subscriptions to government departments.

*Feedback and complaints*

Evidence analysed by the Assessment Team showed organisational feedback and complaints trend data is reported to the business partner every three months. The Assessment Team noted the council monitors feedback registers for trends and the timely response and resolution of complaints. – *End of ‘Feedback and Complaints’ heading.*

The Assessment Team noted the organisation has a risk management framework that is overseen by the executive leadership team. The Hume Risk Management department holds the responsibility for monitoring organisational risk, the ranges of risks include financial, legal, strategic, emergency management business continuity, information technology, occupational health and safety, performance setting and monitoring, stakeholder management, workforce management, fraud and corruption. The Assessment Team noted the council has a risk management policy which is currently under review as documented in their plan for continuous improvement.

Consumers receiving both HCP and CHSP are assessed and information around vulnerability is recorded. Council manages an internal vulnerable consumer list that is enacted in events such as a heat wave, to conduct welfare checks.

Evidence analysed by the Assessment showed any alerts that are identified for individual consumers are recorded on their consumer record, this includes acute changes in health or longstanding concerns to be aware of, such as a consumer being on home oxygen or is palliative. The Assessment Team noted monthly Internal and external case conferences occur for complex/vulnerable consumers to ensure the service works as a team to achieve favourable outcomes for those consumers.

Evidence analysed by the Assessment Team showed resources on elder abuse and Serious Incident Response Scheme (SIRS) have been stored in a secure shared resource folder for care advisors to access. Training on SIRS and elder abuse is provided to all staff as required.

Evidence analysed by the Assessment Team showed the council is in the process of developing its clinical governance framework and forms part of the plan for continuous improvement. The Assessment Team noted the clinical care procedure is to be finalised by 30 November 2023 and this will include exploring medication endorsed support workers for the new support at home model to be considered in 2024.

The Assessment Team noted the council has an overarching model for infection control and COVID policy that covers all staff. Staff have access to personal protective equipment (PPE), and staff continue to wear face masks, gloves and aprons when providing care and services. The Assessment Team noted staff have access to infection control training as identified through staff interviews and the training matrix.

In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications, however this is under review with the new clinical governance framework. Council is reviewing its restrictive practices policy and is under the plan for continuous improvement along with training for all staff. In regard to open disclosure the organisation has a complaint handling policy with reference to open disclosure.

All evidence gathered and analysed to substantiate findings of compliance was relevant to both CHSP and HCP services.

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)