**Performance**

**Report**

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| Name of service: | Hurlingham Respite Centre |
| Service address: | 13-15 Nolan Street FRANKSTON VIC 3199 |
| Commission ID: | 300930 |
| Home Service Provider: | Anglican Aged Care Services Group |
| Activity type: | Quality Audit |
| Activity date: | 24 April 2023 to 27 April 2023 |
| Performance report date: | 30 May 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 Hurlingham Respite Centre (**the service**) has been prepared by M Abjorensen, 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

**CHSP:**

* Community and Home Support, 25591, 13-15 Nolan Street, FRANKSTON VIC 3199
* Care Relationships and Carer Support, 25590, 13-15 Nolan Street, FRANKSTON VIC 3199

# 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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

Feedback from consumers and representatives described the ways they are treated with dignity and respect. Through interviews, staff provided examples of the practice of dignity and respect by greeting consumers warmly, using their preferred names, understanding every consumer is different and, for day/respite consumers, treating them like an adult family member receiving care in their family home. Care documentation reflects the background information and current situation for each consumer, including information about what is important to them.

The Assessment Team found the system for promoting consumer dignity and respect includes an organisational diversity and inclusion strategy, statement and policy that specifies service delivery is to be sensitive to consumers’ diverse backgrounds. The organisation has recently developed a consolidated ‘Protecting and promoting dignity’ framework that balances safety and choice through respectful interactions, communications and actions. A staff code of conduct, and training in respect and responsibility supports a respectful person-centred approach to care. Consumers are informed about their rights to dignity, respect and inclusion.

A diversity statement, policy and action plans, and staff training in cultural diversity and trauma informed care promotes an inclusive approach and support for cultural safety. Consumers and representatives from diverse cultural backgrounds reported the service ensures they feel comfortable and safe during care and service provision. Staff interviewed described how they meet consumers’ cultural needs and preferences. Staff reported receiving cultural safety training. Care documentation evidenced information about consumers’ cultural backgrounds, languages and any interpreter needs.

Care staff interviewed gave examples of ways they support consumers with choice and independence, including offering choices and providing opportunities for discussion and friendships within groups. Care documentation identifies key consumer choices and decisions about care and services. The organisation informs consumers about their rights to informed decision making and self-determination of care. The service has policies to support consumer choice and decision making. Staff induction and ongoing training includes support for consumer independence and choice.

Through interviews, consumers described their satisfaction with how the service supports consumers to live their best life. Management and staff demonstrated how consumers’ rights to take risks are balanced with safety considerations. Risks are discussed with consumers and representatives and alternatives are offered as appropriate. Staff described the support and assistance measures provided to ensure consumers are as safe as possible while living their best life. Care documentation evidenced risks are identified and strategies to mitigate individual risk are developed. A dignity of risk policy and forms are accessible for use as required.

All consumers and representatives interviewed were satisfied they receive clear and timely information from the service. Feedback included that the best form of information received was the high level of verbal communication provided. Staff interviewed described ways they communicate information to consumers who need support to understand information, including those with memory loss or sensory impairments. Consumers receive regular organisational newsletters which relay topical information relevant to stakeholders. Service information is conveyed through email, telephone calls, social media and day centre activity calendar displays, with additional copies to take home. Management and staff demonstrated that they seek to improve ways consumers receive current information about matters affecting them.

All consumers and representatives interviewed expressed satisfaction with respect for privacy and confidentiality. Staff interviewed gave examples of ways they protect consumer privacy and information, including discussing information only with their supervisors, ensuring consumer care information is secure, participating in cybersecurity training and maintaining consumers’ personal privacy during care provision. The handbook in the consumer ‘welcome pack’ informs consumers and representatives about the service commitment to maintaining privacy and confidentiality. Consent to share information applies. The service has a privacy policy to guide staff in information privacy.

# Standard 2

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

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

While consumers did not provide feedback on assessment and planning processes, all representatives interviewed said they were satisfied with the assessment process, expressing in various ways that care staff understand their needs and care plans are discussed and agreed upon. Staff interviewed described assessment and care planning processes and the ways risk is considered and assessed using an applicable validated assessment tool. Risks are discussed with consumers and strategies are documented to mitigate identified risks. Care staff interviewed understood each consumer’s needs and risks to enable appropriate service delivery. There are procedures and templates to guide assessment and care planning.

Consumers sampled described, in different ways, that the care was what they needed and preferred. All representatives interviewed reported being satisfied that staff took time to listen and understand how to support consumer health, wellbeing needs, goals, preferences and that consumer care has been planned around what is important to them. Through interviews, staff described what is important to each consumer, including their needs and preferences for care. Representatives confirmed through interviews that advance care planning had been addressed during assessment and planning. Management reported any consumer who wished to discuss advance care planning would be referred to their medical practitioner. Care documentation showed each consumer’s specific goals and actions to meet goals, and notes that demonstrated advance care planning had been raised with consumers and representatives.

While consumers interviewed did not provide feedback on partnerships, representatives interviewed confirmed in various ways that the service involves them in assessment and planning. Staff interviewed described how they work in partnership with consumers, representatives and other organisations according to their roles. Care documentation demonstrated assessment and planning involves the consumer and others where requested, and as appropriate including representatives and medical practitioners. Consumer files reviewed contained medical practitioner information, including health summaries and/or medication summaries.

The service provides each consumer with a copy of their care plan, which is readily available to staff at the point of care. Consumers sampled did not provide feedback about care plans however, representatives interviewed described the care and services delivered and said they received a copy of the consumer’s care plan. Staff involved in assessment and planning reported consumers are always provided with a copy of their care plan. All care staff interviewed described how they access the consumer care plan by reading hard copy documentation and by verbal communication. Care documentation reviewed showed all consumers had care plans and progress notes that informed care and services.

Through interviews, consumers reported care and services are reviewed at regular intervals and annually at a minimum, or when there is a change in a consumer’s situation. Relevant staff interviewed described how care is formally reviewed regularly and as needed when circumstances change, or incidents occur. Care staff sampled said care documentation is updated when changes occur. Care documentation showed regular care plan reviews and, for consumers with changed circumstances, showed updated care directives and progress notes. Documented procedures are in place to guide the regular, and as needed, review of care and services. For example, a representative reported they had brought an updated medication pack and asthma inhaler prescribed to the consumer after a recent doctor’s visit. The Assessment Team observed the staff updating the care plan, progress notes and medication notes on the board in the staff room.

Care documentation reviewed included updated care plans and ongoing progress notes, including medication records with relevant medications, dates, times and signatures of the staff. Though progress notes were not available for the consumers attending offsite social support gatherings, social support staff interviewed advised that all progress notes for these consumers are documented and secured.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| 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. | Not applicable |
| 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

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

The Assessment Team reported feedback received from consumers and representatives described the way personal care is tailored to consumer needs and supports consumer health and wellbeing. Staff, according to their roles, described how they are trained and supported to deliver best practice personal care that meets the needs of each consumer. Care documentation shows care plans are tailored to individual consumers’ needs and goals and are reviewed to optimise their health and wellbeing.

* For example: Representatives described how staff support their family members, experiencing cognitive decline, with personal care, such as support with going to the toilet, showering, and to maintain hydration levels. Care documentation showed information recorded to monitor water intake and relevant care directives tailored to individual needs.

Management and staff said high impact, high prevalence risks included falls risk, medication risks and risks associated with cognitive conditions. Care documentation showed risks associated with the care and services for sampled consumers are identified, assessed and documented. Interventions to manage the risk are developed. Care staff described individual consumers’ risks, explained the strategies implemented to manage these risks and said in various ways they had enough information to confidently manage risk. Falls management policy and procedures, medication training and practices, dementia training and behaviour support plans as needed guide staff in the management of service specific high impact, high prevalence risks.

Consumers, inclusive of representatives, expressed confidence that staff would identify and respond to consumer deterioration or change. Care staff interviewed demonstrated knowledge of their responsibilities in reporting consumer deterioration or change to senior management and completing an incident report as appropriate. Management and staff interviewed described how staff read case notes each morning to identify and action any consumer deterioration or change recorded on consumers’ progress notes. Discussions also occurs at handover meetings. Care documentation demonstrated that changes in a consumer’s health or condition are reported, documented and actioned. The service has a documented process to be followed for clinical deterioration or change.

Through interviews, representatives reported information about consumer condition, needs, and preferences are communicated within the organisation and with others where care is shared. Care staff said in various ways that they receive sufficient information about each consumer. Consumer consent enables information to be shared internally and externally where responsibility for care is shared. There is evidence in care documentation, including progress notes, that information is appropriately communicated to others involved in care.

Through interviews, consumers and representatives reported they are satisfied with the measures staff took to prevent infection. Five of five staff interviewed said they complete infection control training, have access to personnel protective equipment (PPE) as appropriate, participate in vaccination programs and undertake daily rapid antigen testing. The organisation has an infection prevention and control manual that addresses antimicrobial stewardship procedure, and an intranet page with resources and COVID-19 updates. An organisational infection prevention and control lead is available to resource the service if required. While the service does not prescribe medications, staff take precautions to minimise consumer and staff illness and reduce any need for antibiotics.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

All consumers and representatives interviewed said in different ways that the services and supports for daily living enhance the consumers’ well-being and quality of life. Staff demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into the care and services delivered. Care staff interviewed provided information on how they assist consumers do the things they like or want to do. Care files document relevant information including consumer preferences, interests, and the supports needed to maintain consumers’ well-being, quality of life and independence.

All interviewed consumers and representatives said in various ways they were satisfied consumer services and supports promote consumer wellbeing. Staff interviewed described how they support consumers who are feeling low or overwhelmed, including providing reassurance, listening to them, diverting their attention elsewhere, being with them and providing a quiet space for them as needed. Care plans and interviews with staff demonstrated behavioural triggers are identified and interventions are documented to promote psychological and emotional wellbeing. Staff described the supports needed to maintain the consumer’s quality of life, including supports for consumers living with dementia. Emotional and psychological issues or changes are escalated to senior staff and/or management as appropriate.

Through interviews, consumers and representatives stated that consumers are assisted to follow their interests, go on outings, do activities that they like, enjoy social and personal relationships and participate in the community to the extent that they wish. Staff interviewed showed they know the consumers’ interests, consult them in program planning and gave examples of ways consumers are supported to do things of interest to them at social support groups, the day centre and in respite care. Care documentation reflects consumer participation in programs and activities to meet their needs, goals and preferences.

Consumers and representatives told the Assessment Team that support workers know the consumer’s daily living needs and how to provide individual support which are well coordinated, with continuity of services and supports. Staff described how consumer information is updated when changes in the consumer’s condition, needs and preferences occur. Staff described how verbal and written handovers occur in the morning and at shift change. Care documentation showed that communication with others responsible for care, including representatives, staff and other services as appropriate, occurs with consumer consent to ensure services are coordinated.

Staff demonstrated an understanding of referrals being made based on the consumer’s needs, primarily to services such as My Aged Care, dementia support organisations or community events and festivals. The service also provides support for the representatives and refers them to carer support services.

Consumers and representatives interviewed described meal services are suited to their preferences, quality, quantity and dietary needs. All consumers and representatives interviewed reported they are satisfied with the meal services and said in different ways they were tasty, well portioned, varied and meeting required dietary needs and preferences. Consumer care documentation showed dietary needs including allergies, sensitivities, texture modification needs and food preferences are documented. Management and staff explained consumers and representatives can provide feedback or make changes to the dietary needs and preferences, and staff will update consumer information. Staff described how they make breakfast for consumers in respite care and said they also assist consumers during meals if required. Staff assisting with meal preparation have had mandatory food safety training and a food safety program operates.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

All representatives and consumers interviewed expressed satisfaction with the safety and cleanliness of the environment, said in various ways that it feels like home and they are able to move freely around the indoor and outdoor areas.

Staff who worked in social support groups and day respite described ways they ensure the environment is welcoming and functional.

The Assessment Team observed the service sites to be accessible and the environments to include noticeboards, photographs, artworks and visual images that depict the services as culturally safe. Observations evidenced the service environment has a kitchen that enables consumer participation, a well-lit, open living environment with a separate room for quiet pursuits and navigational signage in clear text and braille on bathrooms which meet the needs of consumers of all abilities. Social support groups operate across the week in different suburbs. Services maximise consumer independence and function, with environments that accommodate consumer needs.

The Assessment Team observed the environments to be welcoming, accessible, well-lit and functional.

Staff interviewed described how they ensure service environments are safe, clean, comfortable and accessible and how consumers sometimes have meals in the outdoor courtyard.

A corporate maintenance system operates with various contractors who maintain the service centres and surrounds.

The Assessment Team reviewed maintenance records which showed preventative and reactive maintenance is attended to in a timely manner and in accordance with schedules. Maintenance records are consistent, dated and itemised and all essential services such as fire alarms, smoke detectors, sprinkle systems appear to be maintained in working order.

Management and staff described processes to ensure furniture and fittings meet consumers’ needs, including maintenance and cleaning arrangements, and said there was sufficient equipment to meet consumer needs. Management advised of the plans to update the day/respite centre with new carpet and painting to optimise a dementia friendly environment.

The Assessment Team observed that respite centre has a number of equipment used in daily activities for consumers including but not limited to books and magazines, brain games, puzzles, quizzes, balls, board games that meets consumers needs and preferences. The equipment is stored in clean and suitable storage space. The environment accommodates mobility walkers and wheelchairs.

Observation of the service environment evidenced that furniture and fittings are safe, clean and suitable for consumer use. The overnight respite rooms very clean, spacious, each room has individual heating and cooling and a sensor mat. Management said hydronic heaters in each of four bedrooms have been disconnected.

# Standard 6

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

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

Six of six consumers and representatives interviewed said while they understood how to give feedback or make complaints, there had not been any reason to complain. Management and staff described ways they support consumers and others to provide feedback, including face to face contact. Care staff interviewed described how they always check if each consumer is happy, ask for feedback and always receive positive responses. Care documentation showed encouragement and supports for consumers and others to provide feedback and make complaints, including feedback forms in English and Vietnamese in the consumer ‘welcome pack’ and online feedback forms in multiple other languages. The service provides a consumer handbook with information about ways to comment and complain and which documents that the service is keen to receive feedback.

Consumers and representatives interviewed overall said in different ways that they did not need to know about external avenues and supports to raise concerns and resolve complaints because they could raise any concerns with staff if required. Management described the different advocacy and language services that are available for consumers. Staff interviewed said they have not had to help consumers through advocates or interpreters, as multilingual staff speak consumer languages and can assist them with feedback and complaints if required. Interpreter service information and assistance for consumers with sensory loss is accessible to staff. Written documentation about the right to advocacy and external complaint handling options is provided to consumers and representatives.

While all consumers and representatives interviewed said there had been no need to complain, they are confident that it would be safe to complain and their concerns would be actioned. Relevant management and staff explained actions to be taken when a complaint is received, including appropriate escalation and apology. The service has an organisation wide complaints management and resolution policy and procedure that includes timely management and internal escalation and review processes. An open disclosure procedure that includes open discussion about the consumer’s experience, factual explanation and an expression of regret guides management and staff practice.

While consumers and representatives interviewed did not provide examples of how their feedback is used to improve the quality of care and services, they said variously that staff always listen to their views. Management and staff described how feedback assists program development including additional outings, venues and activities for consumers. The service information handbook describes how feedback is sought to improve care and services.

Management and staff described examples of improvements made to services following any feedback. For example, some consumers in the Vietnamese group wanted more shopping opportunities and an additional shopping outing group is now offered.

# Standard 7

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

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

All consumers and representatives interviewed said in various ways that staff safely deliver quality care and services to consumers. Management said that there have been no unfilled shifts in the last month and no program cancellations. All coordination and care staff interviewed said they have time to complete required tasks and demonstrated their familiarity with consumers. Management described how staff ratios are determined and rostering is reviewed, said the service is fully staffed and showed they have sufficient part time and casual staff to maintain adequate staffing levels for continuity of care and services.

Feedback received from consumers and representatives described the ways that staff are kind, caring and respectful. Staff interviewed gave examples of ways they show kindness and respect to consumers, including being friendly, learning key words of consumer languages, never rushing anyone, and respecting what consumers enjoy and want to do. Position descriptions document the core behaviours and personal attributes required of staff including empathy, respect and understanding and valuing each person. Workforce advertisements describe a culture that is guided by organisational values of respect, responsibility, community and spirit that are discussed during staff recruitment and induction processes and ongoing. In addition to training in relation to organisational values, practices and vision reinforces service expectations of staff.

Through interviews, consumers and representatives reported staff to be competent and skilled in effectively perform their roles. Five of five staff interviewed described how their knowledge and qualifications is used to deliver consumers care and support to meet their needs with confidence. The organisation’s position descriptions and recruitment processes identify the knowledge and skills required for each role and staff are recruited accordingly. Staff complete specific ongoing mandatory competencies, including medication and handwashing competencies, to ensure they have the knowledge to perform their roles. During the quality audit, the Assessment Team observed day centre staff effectively delivering care and services consistent with consumers’ assessed needs and preferences.

All consumers and representatives interviewed expressed in various ways their confidence in the ability of staff to deliver quality care and services. All staff interviewed were satisfied with the training the services provides to equip them to carry out their roles and with the ongoing support provided to them by supervisors. Management and staff described the service staff induction and ongoing training that includes both mandatory and optional but highly recommended training. Training is organised by a corporate department and service management are provided with regular training reports to enable oversight and actioning of staff participation in training. Service specific information related to ongoing change is communicated to staff at team meetings, face to face contact and online training as required.

All staff interviewed said their performance is reviewed throughout the year through feedback and they have an annual formal appraisal of their work. Management and staff described performance review and development processes including appraisals that occur at regular intervals during the probationary period and annually. Established systems for monitoring and reviewing staff performance include regular observation of staff performance and consideration of consumer and representative feedback and incident reports. An employee assistance program operates and there are systems to address any staff non-performance.

# Standard 8

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

Findings

The Decision Maker has relied on the evidence collected by the Assessment Team to inform the compliance decision. Examples of evidence collected include the below:

Consumers and representatives interviewed were satisfied staff listened to their views and the service met consumer needs. Management and staff described ways consumers are supported to be engaged in service development, evaluation, and delivery to the extent that they wish. The service engages consumers and representatives through touchpoints with consumers and representatives including contact with the team leader and care staff, group and individual consultations about service directions, the organisation’s website and through the service feedback systems. The organisation has a web consumer participation register that invites consumers to help co-design services and projects have included cultural diversity and awareness, trauma informed care and dignity and human rights. While consumer engagement is currently informal and documented primarily in assessments and care plans, there is strong feedback from consumers and representatives that their views shape the service.

The Board endorses decisions and priorities for the service, leads and promotes safety, quality and inclusive services and monitors their delivery through sub-committees and the executive management team. Sampled documentation demonstrated service information is overseen by the Board to ensure consumers are receiving safe, inclusive, and quality care and services. Board directions are communicated to sub-committees, executive management, service management and staff as appropriate. The organisation’s ‘Next Generation 2025‘ plan seeks to promote increased organisational responsiveness to consumers’ needs, preferences, and rights, enhance the quality and integration of consumer experience and leads service directions. A Diversity and inclusion Statement’ promotes respect for diversity, inclusion and access for all, including consumers living with disadvantage.

The service demonstrated effective organisational wide governance systems, including, information management, financial management, workforce governance and feedback and complaints.

Information management

The service demonstrated information management systems are in place. While various staff are provided with password protected access to electronic systems, the service consumer record system is currently hard copy. There are plans to implement an electronic record system for the service within the next 12 months. Consumer information is secured and documented consent to share information applies. A privacy policy guides the collection, use and management of personal information. Management advised information backup and cybersecurity arrangements apply. Staff receive training in cybersecurity practices.

Continuous improvement

The service has a plan for continuous improvement that identifies planned improvements initiated from sources including internal audit, observation, and feedback/suggestion. While improvement outcomes are not documented on the plan, staff provided evidence of improvements. For example:

The organisation’s dementia specialist recently reviewed the day/ respite centre environment and has provided a report with photographs, the recommendations for the service have been implemented. These include changes to lighting, furniture arrangement and courtyard additions to improve the experience for consumers.

Financial Management

The Board of Directors receives financial reports regularly through the finance, audit and risk subcommittee. The service submits a monthly profit and loss report to the appropriate manager appropriate manager. Budgets are monitored at executive level and variances are discussed. An annual independent auditor's report shows financial management is independently reviewed and financial governance occurs.

Workforce governance

Workforce governance is overseen by the organisation’s management team, including human resource management. There are a range of human resource processes including a workforce recruitment project and working group, established recruitment processes and position descriptions, staff education and a staff performance management system. Position descriptions specify staff responsibilities and accountabilities to support quality care. Service staff work full time, part time or casually and brokered services are not used. The service has only one volunteer who recently commenced. Staff interviewed showed they understood their roles, responsibilities, and accountabilities.

Regulatory compliance

Regulatory and legislative changes and updates from peak government bodies are regularly monitored by the organisation’s Quality, Risks and Safeguarding department through subscriptions to a peak body and legal service, and through government bulletins and updates, professional bodies, and forums. Practice changes alerts are communicated to relevant management and conveyed to relevant staff through meetings, training and contact as appropriate. The Board is notified of any regulatory compliance issues through the Quality and Compliance subcommittee.

Feedback and complaints

The organisation’s feedback and complaints system support consumers and representatives to provide feedback. Management demonstrated established processes to document, review, investigate and action complaints within defined periods of time. An open disclosure process is documented and a Quality and Compliance quarterly report informs the Executive team and the Board, accordingly.

The organisation has effective risk management systems and practices which enable the service to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents.

In relation to high impact or high prevalence risks associated with the care of consumers, the organisation’s risk management framework includes an electronic incident reporting system, incident forms, electronic risk management system, risk matrix delegations and alerts for investigation and follow up, designated roles and responsibilities and risk management principles, policies and processes. The organisation has a risk register with risk ratings, controls, treatments, residual risk assessment and monitoring and management of risk, and a business continuity plan. A Quality, Risk and Safety management committee assists in ensuring a consistent organisation wide approach to risk.

In relation to identifying and responding to abuse of consumers, staff participate in training related to elder abuse and neglect. The service. processes that include the action for staff to take if they suspect abuse. Staff interviewed said they have training in elder abuse and would immediately report any suspicions or incidents of suspected abuse or neglect to their supervisor. Procedures guide staff to identify and respond to confirmed or suspected abuse or neglect. The incident register does not show any incidents of suspected elder abuse.

In relation to consumers supported to live the best life they can, all consumer and representative feedback was positive. The feedback from interviews with consumers and representatives described in various ways how the services consumers received were greatly enjoyed and assisted consumers to remain living at home, to have social interactions and to participate in the community.

In relation to incidents managed and prevented an incident management system operates, and risks of incidents are mitigated. Incidents are reported, recorded in an incident management system, investigated by management, and actioned to prevent recurrence. A specific delegate has the role of reporting serious incidents within the designated timeframes. Incidents are reviewed by the Quality team, analysed for trends and reported to the Board as appropriate through a Quality and Compliance report. The service has few incidents, with 10 incidents from November 2022 to April 2023, two of which were falls and three were medication incidents. There are risk mitigation strategies in place to manage the service’s identified high impact, high prevalence risks of falls and medication incidents.

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)