**Performance**

**Report**

**1800 951 822**

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| Name: | Illawarra Retirement Trust |
| Commission ID: | 200127 |
| Address: | Level 3, 77 Market St, WOLLONGONG, New South Wales, 2500 |
| Activity type: | Quality Audit |
| Activity date: | 10 September 2024 to 13 September 2024 |
| Performance report date: | 28 October 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 835 Illawarra Retirement Trust  
Service: 17205 IRT - ACT Community Services - CACP  
Service: 17576 IRT - Eurobodalla Community Services - CACPs  
Service: 17578 IRT - Illawarra Community Services - CACPs  
Service: 17584 IRT - Shoalhaven Community Services - EACH  
Service: 17586 IRT - South East Sydney Community Services  
Service: 17588 IRT - South West Sydney Community Service  
Service: 19412 IRT Sunshine Coast Community Services - Home Care  
Service: 27293 Merimbula Home Nursing Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7529 Illawarra Retirement Trust  
Service: 24512 Illawarra Retirement Trust - Care Relationships and Carer Support  
Service: 24511 Illawarra Retirement Trust - Community and Home Support

**This performance report**

This performance report has been prepared by K Jarvie, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the Assessment Team’s report received 17 October 2024.

# 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives in each service said they felt respected and valued by staff and management. Staff and management described, and documentation reviewed confirm staff induction training include foundational training on dignity and respect and the aged care code of conduct. All care planning and consumer information reviewed highlighted individualised consumers cultural identity, religion, languages spoken at home, country of birth and background, family history, and special life events.

Consumers and their representatives in each service described how staff value consumers’ culture, values and diversity. Information, and evidence, in Requirement (3)(a) of this Standard shows staff demonstrating culturally appropriate care, such as the use of shoe covers when entering a consumer’s home. Management described access to a diverse workforce used to provide culturally appropriate consumer care and services. Training records reviewed confirm cultural awareness training is conducted annually and as part of orientation. Care planning documentation reviewed include record of assessed consumer cultural safety needs and preferences.

Consumers and their representatives in each service described how consumers are supported to freely exercise choice and independence to support decision-making about their care, access their community and maintain relationships. Staff advised each service provides consumers with service options available to them and seeks consent to involve others in decision making processes. Documentation reviewed confirm consumers are provided information that clearly state their right to choose services, staff and agencies of their choice.

Consumers and their representatives in each service confirmed consumers are supported to live their best life and are encouraged to stay independent and active. Management advised dignity of risk is embedded in the assessment and care planning process. Management and staff described the discussion, documentation and ongoing monitoring of consumer dignity of risk choices. Sample of care planning documentation reviewed confirm dignity of risk is identified in consumer care and goal plans and are included on each service watchlist to monitor duty of care obligations.

Consumers and their representatives in each service stated they receive information about the care and services available, schedule of services, budgets and monthly statements. Consumers and their representatives also confirmed relevant information can be viewed via an electronic application. The organisation has access to interpreting services as required. Documentation reviewed confirm consumers receive an admission pack that include relevant internal and external contact information.

Consumers and their representatives in each service advised staff are respectful of consumer’s personal privacy and expressed confidence that consumer personal information is kept confidential. Staff demonstrated an understanding of the importance of protecting consumer information and described practical ways they protect consumer information. Review of the privacy policy outlines the protocol for protecting personal information, such as only collecting necessary information, how information is used, and how consumer information is protected. Respecting the privacy of consumers is incorporated into the staff handbook, consumer welcome packs, and the organisation’s code of conduct policy.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Requirement 2(3)(a)

The Assessment Team was not satisfied the provider is considering associated risks to consumer's health and well-being in assessment and planning documents to deliver safe and effective care for HCP services Service 17586 - Southeast Sydney Community Services, Service 17578 - Illawarra Community Services – CACPs, and CHSP services Service 24511 - Community and Home Support and Service 24512 - Care Relationships and Carer Support.

The Assessment Team provided the following evidence relevant to my finding:

* All consumers have dedicated staff who are responsible for completing assessments, preparing care plans, and undertaking reviews.
* Staff knew consumers well and demonstrated an understanding of their care needs to provide best-practice care.
* Staff and management of HCP services and care planning documentation reviewed show effective assessment and management of consumer health and well-being risks.
* However, assessment and planning documentation and interviews with staff and management showed that risks associated with consumers' health and well-being were not considered part of the service for all service’s planning processes. This included the absence or incorrect documentation of consumer risks in electronic care plans. For example:
  + One consumer in Service 24512 - Community and Home Support did not have care planning information documented for all services currently accessed and received. In addition, consumer health conditions documented did not have corresponding risk mitigating interventions documented.
  + One consumer in Service 17586 - South East Sydney Community Services had corresponding assessment outcomes documented in the electronic database system accessible to staff.
  + One consumer in Service 17578 - Illawarra Community Services – CACPs confirmed coordination staff are always in constant contact.
    - Coordination staff described referrals made to specialist health professionals to further assess health risks identified.
    - Care planning documentation reviewed did not include details of all service tasks care staff were responsible to monitor and assist with.
  + Two consumers in Service: 24512 - Care Relationships and Carer Support, CHSP did not have their identified health risks recorded in care plans.
* Management advised the level of detail in CHSP consumer care plans reflected the organisation’s expectations for the level of care received by CHSP consumers.
* Information, and evidence, in Requirement (3)(b) of Standard 3 include clinical staff and management advising assessments assisted in identifying consumer risks and the implementation of mitigating strategies.
* Information, and evidence, in Requirement (3)(d) of Standard 8 include reference to comprehensive assessment of consumers, including any risks at an initial assessment.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation, and evidence, consideration of risk occurs as part of the provider’s comprehensive assessment and goal planning documentation.
* Explanation a high risk register is in place to capture a range of clinical, psychosocial and environmental risks, with high risk customer procedure which guides this process.
* Discussion that the Assessment Team report found the provider met Requirement (3)(b) of Standard 3, which is about managing high impact or high prevalence risks, with the Assessment Team stating ‘each service undertakes consumer personal and environmental risk assessment and implements measures to minimise the impact and likelihood of risk as well as the occurrence of incidents’.
* Discussion the Assessment Team noted under Requirement (3)(d) of Standard 8 that the provider conducts comprehensive assessments of consumers, including any risks at an initial assessment.
* Evidence that risks are recorded in consumer care documentation.
* Explanation, and evidence, that a consumer who self-medicates and monitors their diabetes independently has this information recorded in the consumer’s care documentation, with details about when to phone an ambulance based on blood glucose levels.
* Explanation that, based on the CHSP Programme Manual , the provider’s primary role for CHSP consumers is to deliver the service type for which the customer has been referred, not to provide a case management function.
* Explanation assessed risks from the Regional Assessment Service Support Plan for CHSP consumers and any other risks identified by the consumer during their onboarding assessment and reviews with the provider will be incorporated into a revised version of the consumer’s care plan.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which demonstrates the provider is including consideration of risks to the consumer’s health and well-being.

I have considered the intent of the Requirement which expects relevant risks to a consumer’s safety, health and well-being to be assessed, discussed with the consumer and included in planning a consumer’s care.

I find the provider considers risks when assessing and planning consumer care. The provider provided evidence of identified risks and included strategies to address the identified risks. The provider has processes in place to ensure risk is considered for all consumers.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirement 2(3)(b)

The Assessment Team was not satisfied HCP service 17586 - South East Sydney Community Services and CHSP Service 24511 - Community and Home Support and Service 24512 - Care Relationships and Carer Support are updating service plans and shared documentation when changes in care needs for each consumer are identified.

The Assessment Team provided the following evidence relevant to my finding:

* Consumers and their representatives interviewed expressed satisfaction with planned care that reflected current consumer need.
* Management advised the client management system has prepopulated consumer goals based on the initial assessment with the option to record non-prepopulated goals. No personalised goals, preferences, activities, likes or dislikes were sought or identified when planning consumer care and support.
* Care planning documentation reviewed were observed to focus on identified medical needs rather than individualised consumer goals and preferences.
* One consumer in Service: 24512 - Care Relationships and Carer Support documented goal plan included activities for staff to follow during service delivery, but did not describe details regarding needs, goals or personal preferences.
  + Management advised assessment information is not always transferred into care plans or the mobile phone application due to system issues.
  + Management advised of insufficient time or funds available to provide the same level of assessment and planning to CHSP consumers.
* One consumer in Service 24511 - Community and Home Support had two documented goals. However, one goal did not have a corresponding activity to support the goal documented.
* One consumer in Service 17586 - South East Sydney Community Services had conflicting goals documented to corresponding health condition needs.
* Information, and evidence, in Requirement (3)(c) of Standard 3 confirm advanced care planning is discussed with consumers and their representatives.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation that the Assessment Team’s observation that documentation focused on identified medical needs rather than individualised consumer goals and preferences is not reflective of the provider’s approach.
* Explanation all consumers are given the opportunity to select their own goals and care plan initiatives.
* Explanation the provider’s assessment and care plan tool is divided into domains entitled ‘well and independent, ‘safe in the home’, ‘community connection’ and ‘future planning’. So, it does not solely focus on medical conditions. In each domain the consumer is prompted to select their own goals or select from some suggested goals, with customised goals added when unique to the consumer.
* Explanation, and evidence, the provider updates service plans and shared documentation when changes in care needs for each consumer are identified, with reference to evidence presented by the Assessment Team under Standard 1, where the Assessment Team stated care plans included individualised cultural identity, religion, languages, family history and special life events.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which demonstrates assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

I have considered the intent of the Requirement which expects organisations to do everything they reasonably can to plan care and services that centre on the consumer’s needs, goals and personal preferences. It is also expected that advance care planning happens in line with the consumer’s preference.

I find there is evidence the provider is identifying individual consumer’s needs, goals and preferences, including advance care planning where consumers wish to discuss it.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

Requirement 2(3)(d)

The Assessment Team was not satisfied HCP Service 17586 - South East Sydney Community Services, and CHSP Service 24511 - Community and Home Support and CHSP Service 24512 - Care Relationships and Carer Support Service are documenting the outcome of assessments in a care and services plan that is readily available to the consumer and where care and services are provided. Evidence indicates that the issues identified are isolated to the HCP Service 17586 - South East Sydney Community Services and all CHSP services.

The Assessment Team provided the following evidence relevant to my finding:

* Review of 3 of 3 CHSP consumer care plans did not include outcomes of assessment and planning.
* One consumer in Service: 24512 - Care Relationships and Carer Support initial assessment information was included in the electronic database records. However, assessment outcomes were not available during service provision.
  + Management confirmed care staff do have access to the electronic database, but the information does not transition into the care and goal plan available during service provision.
* One consumer in Service 17586 - South East Sydney Community Services externally completed assessment outcomes was not updated and included in the electronic database or their care and goal plan.
* Information, and evidence, in Requirement (3)(b) of this Standard includes care staff confirming they access care plans via a mobile application on their mobile devices and the electronic client management system.
* Information, and evidence, in Requirement (3)(e) of Standard 3 shows 2 of 2 sampled consumer documentation included documented risk mitigating strategies to guide staff practice.
* Information, and evidence, in Requirement (3)(b) of Standard 4 shows information from assessments completed and risks associated with care were not documented.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation the provider provides a copy of all care plans to the consumer. For HCP consumers, this is included in a hard copy home folder. CHSP consumers receive a hard copy or electronic copy of their care plan based on their preference.
* Explanation care staff can see a copy of the care and services on the mobile app version of the electronic care management system.
* Explanation program coordinators have access to a desktop version of the electronic care management system and a care plan is automatically created when an assessment is completed. Therefore, information documented in the assessment will automatically transfer to the care plan document the consumer receives.
* Acknowledgement the level of detail in CHSP care plans requires improvement and this is outlined in the continuous improvement plan.
* Evidence the continuous improvement plan includes an action to upgrade the assessment, care planning and review tool.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which demonstrates 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. I acknowledge there are improvements to be made and acknowledge the provider has identified and developed improvements to its assessment, review and care planning tool.

I have considered the intent of the Requirement which expects documented care and service plans reflect the outcomes of assessment and planning, including relevant health and safety risks for each consumer. These plans should be made available to the consumer in a way they can understand and be available to those providing care and services to the consumer.

I find the provider has processes in place to ensure this Requirement is met and has actions in place to improve these processes. I encourage the provider to continue their pursuit to implement the identified improvements.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers.

Requirements 2(3)(c) and 2(3)(e)

Consumers and their representatives in each service confirmed consumers and those most important to them are kept informed and involved in deciding on areas of support services. Management advised information gathered from representatives and other organisations involved in the consumer's care is crucial to help determine the level of consumer assistance required. Documentation reviewed confirm contact information recorded in consumer assessment and planning documents of other organisations and individuals involved in the provision of consumer care, such as medical practitioners and allied health professionals. Care planning policies and procedures reviewed outline the importance of conducting assessment and planning in partnership with consumers and others the consumer wishes to involve.

Consumers and their representatives in each service consistently reported regular communication with staff that seek their feedback and make changes to services to meet consumers’ current needs, goals and preferences. Consumers confirmed review of care and services were also completed after hospital discharge. Staff described reporting processes in place that trigger immediate review of consumer care and services. Management advised reassessment of care and services are completed in collaboration with consumers and their representatives.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(c) and (3)(e) in Standard 2, Ongoing assessment and planning.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers in each service expressed satisfaction with the individualised and competent clinical and personal care they received. Care staff described providing tailored personal care that promoted consumer independence. Clinical staff described a multidisciplinary approach in implementing and delivering safe and effective clinical care. Management advised clinical practice changes were overseen by a clinical and quality advisor. Clinical policies and procedures in place included, but were not limited to, wound management, medication handling, behaviour support, restrictive practices and clinical assessments. Sample of consumer care planning documentation reviewed demonstrated clinical care was reflective of most consumer’s needs, and established goals optimised their health and well-being.

Consumers and their representatives in each service expressed satisfaction with the management of high-impact or high-prevalence consumer risks, such as pressure injuries and falls. Staff demonstrated knowledge of individualised consumer risks and strategies adopted to manage those risks. Management advised they have regular meetings with staff to review consumer outcomes and analyse incidents to identify emerging concerns or care needs. The organisation has a high-risk register where consumers who have an identified risk from any of the 13 listed high-risk categories are added to the register and discussed at team meetings and clinical governance meetings.

Consumers and their representatives in each service confirmed advanced care planning discussions have occurred with coordination staff. Care staff, clinicians and management demonstrated knowledge and understanding of recognising the needs, goals and preferences of consumers undergoing end of life care. Clinicians reported confidence in their ability to competently discuss end of life needs with consumers and their representatives. Management advised clinicians complete palliative care and other specialist referrals when required and articulated that care delivery was focused on ensuring consumer comfort. Documentation reviewed confirm a palliative care policy and procedure is in place to guide staff practice.

Consumers and their representatives in each service expressed confidence in staff’s ability to identify and respond to consumer health and functional changes. Information, and evidence in this Requirement and Requirement (3)(c) of Standard 7 include consumers’ expressing satisfaction with the action taken by staff in response to deterioration recognised. Staff demonstrated an understanding of recognising, reporting, and responding to consumer deterioration and articulated signs that assisted them in identifying deterioration and the escalation pathway implemented. Staff advised, and management confirmed, staff receive training on recognising and responding to consumer deterioration. Management described, and documentation reviewed confirm, responses taken, such as referral to a general practitioner, allied health professionals or immediate transfer to hospital via ambulance. Documentation reviewed confirm policies and procedures in place guide staff actions in the event of consumer deterioration. The Assessment Team discussed discrepancies with the level of response taken in regard to CHSP consumer deterioration with management. However, no CHSP consumer interviewed provided feedback that suggested deterioration would not be recognised as their care staff knew them well.

Consumers and their representatives in each service said they are satisfied staff know their needs and preferences and confirmed when regular staff were unable to attend this did not impact service delivery. Staff and clinicians confirmed access to an electronic consumer management system which enabled them to have a holistic understanding of each consumers’ condition, needs and preferences. Management advised consent is obtained from consumers and their representatives prior to sharing information with external service providers. Care planning documentation reviewed confirm recommendations from others, such as medical professionals and allied health staff, are considered and included in consumer care plans. The Assessment Team noted inconsistencies in CHSP care planning documentation for 2 of 4 CHSP consumers sampled. However, no CHSP consumers interviewed provided feedback that suggested staff did not know them or their needs. Therefore, I find deficits more strongly relate to inconsistencies with documentation of appropriate care strategies which is further discussed in Requirement (3)(d) of Standard 2.

Most consumers and their representatives in each service described the referral process as timely and appropriate. Staff and clinicians advised, and documentation reviewed confirm, timely and appropriate referrals are made to other external services, such as general practitioners and physiotherapists. Referral policies and procedures are in place to guide staff practice.

Consumers and their representatives in each service reported observing staff and clinicians performing hand hygiene using alcohol-based hand rubs and wearing personal protective equipment where appropriate. Clinicians and staff described practical measures utilised to minimise the risk of transmission of infectious diseases, including screening of consumers prior to service delivery. Clinicians verbalised the importance of preventing inappropriate use and overuse of antibiotics and described informing consumers, providing literature, and collaborating with prescribers to improve consumer outcomes. Management described training and resources available to staff including, mandatory infection prevention control training, hand hygiene competencies, an outbreak management plan and overarching clinical governance framework. An antimicrobial stewardship policy and procedure includes factsheets tailored for consumers, representatives, staff and clinicians.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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 | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each HCP service. This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each CHSP service.

Requirements 4(3)(f) and 4(3)(g) are not applicable for CHSP, as the provider is not funded to provide meals or equipment to CHSP consumers.

Requirement 4(3)(b)

The Assessment Team was not satisfied HCP Service 17586 - South East Sydney Community Services and CHSP Service 24511 Community and Home Support and CHSP 24512 Care Relationships and Carer Support and Service are promoting consumer’s emotional, spiritual and psychological well-being with services and support for daily living.

The Assessment Team provided the following evidence relevant to my finding:

* One consumer in Service 24511 - Community and Home Support Service expressed confidence in staff’s ability to recognise when they were feeling low. However, care planning documentation reviewed for the one consumer did not reflect the consumer’s physical or emotional needs, goals or preferences.
* Consumers and their representatives in Service 24512 - Care Relationships and Carer Support also expressed confidence in staff’s ability to recognise when consumers are feeling low.
* One consumer in Service 17586 - South East Sydney Community Services care planning documentation reviewed did not include details to reflect the consumer’s current emotional nor psychological needs. These included services and supports put in place to assist the consumer to remain socially connected with others.
* Staff described how they support consumers’ emotional, spiritual and psychological well-being needs by showing compassion during service delivery.
* Management advised assessment and planning processes assist to identify consumer’s unique background and values.
* Management explained consumers are assisted to access a diverse range of spiritual care practitioners.
* Care planning documentation reviewed did not include considerations of most consumers' emotional, spiritual and psychological well-being. However, services and supports in place, such as social support services and attendance at social group outings and activities promoted consumers’ emotional, spiritual and psychological well-being.
* Information, and evidence, in Requirement (3)(a) of this Standard include management advising the organisation supports its workforce in understanding, valuing and supporting consumers emotional, spiritual and psychological well-being.
* Information, and evidence, in Requirement (3)(c) of this Standard include staff and management demonstrating an in-depth knowledge of consumers' emotional, spiritual, and psychological well-being. This understanding aligned with consumer and representative interviews relating to their positive interaction with staff considering their values, beliefs, and personal situations.

In response to the Assessment Team’s report, the provider’s response included the following:

* Acknowledgement that additional content is required for CHSP care plans, and this is reflected in the provider’s continuous improvement plan.
* Evidence the provider provides services and supports for daily living which promote each consumer’s emotional, spiritual and psychological well-being.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which demonstrates services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

I have considered the intent of the Requirement which expects organisation’s services and supports for daily living promote the emotional, spiritual and psychological well-being of consumers. This includes understanding and meeting the goals, needs and preferences of consumers and delivering services in a culturally safe way.

I find the provider has processes in place to meet this Requirement. I acknowledge the provider has identified actions in the continuous improvement plan to improve these processes. I encourage the provider to continue to implement these changes. In totality, I find that the available evidence on balance does not support a not met decision.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

Requirement 4(3)(d)

The Assessment Team was not satisfied each CHSP service is ensuring information about the consumer’s condition, needs and preferences is communicated within the organisation. However, the Assessment Team were satisfied HCP services are ensuring information about the consumer’s condition, needs and preferences is communicated within the organisation.

The Assessment Team provided the following evidence relevant to my finding:

* Staff interviewed advised they were satisfied with consumer information received to assist with service delivery. However, staff provided conflicting information on their ability to access consumer progress notes.
* Information relevant to the consumer’s care needs both within the organisation and with other relevant parties included evidence of communication from the service to subcontractors and vice versa.
* Information across consumer care planning documentation reviewed were inconsistent and not current, specifically in regard to consumers receiving social support services.
* Care planning policies and procedures described processes for staff to communicate information relevant to the consumer’s care needs within and with other relevant parties.

In response to the Assessment Team’s report, the provider’s response included the following:

* Acknowledgement the level of detail in CHSP care plans could be enhanced and this has been outlined in the continuous improvement plan.
* Explanation care staff, customer relationship managers and program coordinators receive training in identifying and reporting deterioration to consumers.
* Evidence of toolbox training to identify deterioration in consumers.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which demonstrates the provider communicates the information about the consumer’s condition, needs and preferences within, and with others where responsibility for care is shared.

I have considered the intent of the Requirement which expects the organisation to have communication processes in place to ensure that all members of its workforce have sufficient information to delivery safe and effective services and support of daily living.

I find the provider has processes and systems in place for this to occur. I acknowledge the provider has identified improvements to the detail in CHSP care plans which are being implemented. I encourage the provider to continue the pursuit of implementing these improvements.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

Requirement 4(3)(e)

The Assessment Team was not satisfied each CHSP service is ensuring timely and appropriate referrals to individuals, other organisations and providers of other care and services**.** However, the Assessment Team was satisfied HCP services are ensuring timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team provided the following evidence relevant to my finding:

* Each HCP service demonstrated appropriate policies and processes and an adequate network of individuals, organisations or providers to whom it can refer consumers.
* Consumers and their representatives confirmed completion of referrals to appropriate individuals, organisations, or providers to meet consumers changing services and support needs.
* Staff described referral processes that involved obtaining consent from the consumer to share their details with relevant organisations and completion of referral forms. Staff provided numerous examples of referring consumers internally and to other organisations, such as community services and external community social support groups.
* Information, and evidence, in Requirement (3)(e) of Standard 2 include coordination staff encouraging any other member of the workforce to contact them of any consumer support needs outside the scope of current funding guidelines to initiate appropriate referrals.

In response to the Assessment Team’s report, the provider’s response included the following:

* Explanation CHSP is not targeted at consumers who require case management and if consumers require a case manager, they should be offered referral for assessment of a HCP.
* Explanation and examples of where the provider has referred consumers when it was identified they require an increased level of care, including an example of a CHSP consumer who had increasingly complex psychosocial, environmental and medical needs.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and the provider’s response, which demonstrates the provider does undertake timely and appropriate referrals to individuals and other organisations and providers of other care and services.

I have considered the intent of the Requirement which expects organisations to support consumers to partake in activities that are of interest to them including social activities that make and develop social and personal relationships. This includes connecting consumers to services and supports that others in the wider community provide.

I find the provider has processes and systems in place to refer consumers when the need is identified. The provider presented evidence of this occurring.

Based on the information summarised above, I find the provider, in relation to the services, compliant with Requirement (3)(e) in Standard 4 Services and supports for daily living.

Requirements 4(3)(a), 4(3)(c), 4(3)(f) and 4(3)(g)

Consumers and their representatives in each service confirmed daily living services provided assisted consumers to remain living independently in their own homes. Staff advised receipt of feedback that confirmed services and supports provided to consumers optimised their independence and quality of life.

Consumers and their representatives in each service confirmed services and supports for daily living assisted consumers to participate in the community, interact with others and do things of interest to them. Staff described implementing and providing social support services that assisted consumers to visit friends and family, places of interest and attend culturally appropriate activities. Management advised the organisation offers meaningful activities that promote consumers’ sense of purpose.

HCP consumers and their representatives confirmed satisfaction with the variety and quality of meals prepared by staff. Staff confirmed consumer dietary requirements are reflected in care plans. Management advised consumers who have nutrition or hydration risks, such as dysphagia are monitored using pathway tools.

HCP consumers and their representatives expressed satisfaction with purchased equipment and confirmed suitability was based on recommendations by health professionals. Staff confirmed access to a hazard reporting system to report equipment maintenance requests.

Based on the information summarised above, I find the provider, in relation to each applicable service, compliant with Requirements (3)(a), (3)(c), (3)(f) and (3)(g) in Standard 4, Services and supports for daily living.

# 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Standard 5, Organisation’s service environment is not applicable, as the organisation does not provide a physical service environment.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and their representatives in each service advised they were encouraged to provide feedback and felt safe to do so as required. Staff explained how they encourage and support consumers and their representatives to provide feedback via the complaints process, online feedback options, consumer surveys and customer focus groups. Management advised all consumers receive an information pack and service agreement which includes information on how to make a complaint and provide feedback. A review of the service's feedback and complaint register demonstrates the organisation's complaints management system captures feedback and complaints from each service region.

Consumers and their representatives in each service stated that consumers are aware of other organisations and advocacy groups they can access to seek support and guidance. Staff said that they have received training on consumer’s rights to access alternative avenues for complaints. Staff described supporting consumers to access external agencies, such as the Commission or older persons advocacy network to support complaint resolution. Management advised, and documentation reviewed confirm, consumers and their representatives are informed of their right to access and be supported by an independent advocate of their choice. Management stated consumers with communication barriers such as language, vision, hearing loss, or cognitive impairment will be provided with information in an alternate format. This included the translation of written information in a consumer’s preferred language and provision of information in a culturally appropriate manner.

Consumers and their representatives in each service were satisfied that their concerns are actioned to their satisfaction. Staff demonstrated an understanding of open disclosure principles and described how they apply these principles when addressing consumer feedback. Management stated, and documentation reviewed confirm, risk matrices in place ensure all incoming feedback and complaints are addressed in a timely and appropriate manner.

Consumers and their representatives in each service confirmed completion of regular surveys that ask for feedback with a view to pursue continuous improvement. Management advised, and documentation reviewed confirm, local service complaint registers are monitored, analysed and reported on to executives. In addition, management was able to provide examples of how feedback gathered from surveys and quality audits had been used to inform continuous improvement actions. This included information, and evidence, in Requirement (3)(c) of Standard 8 which show the implementation of further staff training in technology and gardening services in response to consumer feedback they would like to receive these services.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives in each service expressed satisfaction with quality care and services delivered. Some consumers and their representatives raised concerns around last minute rostering changes due to staff leave, however, none raised concerns around the lack of suitable staff to provide services. Management advised language proficiencies and worker cultural backgrounds are considered during recruitment processes to ensure consumers have sufficient access to culturally appropriate workers. Weekly recruitment meetings include the review of contracted hour requirements for various staff and staff leave to identify periods where additional coverage is required. Each service employs its own staff across the various regions and use subcontracted agencies for backfilling purposes only.

Consumers and their representatives in each service described staff as kind and respectful. Staff demonstrated awareness of individual consumer circumstances and described providing individualised culturally appropriate care. Management advised staff compliance with the aged care code of conduct is monitored via conducting audits. Care planning documentation reviewed confirm consumer’s individual circumstances are respectfully documented. In addition, observations of staff interactions with consumers demonstrated a caring and respectful approach used.

Consumers and their representatives in each service confirmed staff are knowledgeable and competently provide care and services. Staff confirmed completion of buddy shifts and consumer specific service competency assessments, such as medication administration. Management described initial onboarding processes that involved the provision of job descriptions to each staff member and advised all relevant qualifications for staff are recorded. Management advised, and documentation reviewed confirm, subcontracting agreements in place outline conditions, such as qualifications subcontracting staff must hold to deliver services.

Staff expressed satisfaction with access to a high amount of training relevant to the aged care standards and to their specific roles. Management advised that all staff complete mandatory training during onboarding and induction. Management advised annual training is provided to staff, including face to face training and regional care worker meetings may often have an element of training attached. Staff training record sighted by the Assessment Team included modules relevant to the aged care standards including, but not limited to, inclusion, elder abuse and neglect, infection control, the aged care code of conduct and the serious incident response scheme. The Assessment Team confirmed that staff have completed relevant role specific training in the last 12 months. The organisation is a registered training organisation that deliver aged care certificate III and IV training to staff.

Staff advised they felt supported in performance appraisal processes by their team managers and confirmed receipt of regular ongoing support via team meetings and one on one meetings when needed or upon request. Management advised the organisation has a performance appraisal system in place for ongoing monitoring and review of the performance of each staff member. Following onboarding, a 3-month end of probation is conducted with annual appraisals scheduled thereafter. For staff on common law contracts, such as management, reviews are held every 6 months and performance is linked into key performance indicators of the organisation. With regards to subcontracted staff, feedback is regularly sought from consumers and their representatives on the performance of subcontracted staff with issues identified discussed with relevant subcontracted agencies. The Assessment Team reviewed samples of appraisals for staff at various levels in the organisation and noted they had been completed within the last 12 months. Appraisals sighted included sections completed by the employee and their respective supervisors.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives advised they were satisfied their feedback was considered and relevant changes made to address their concerns. Management advised consumer feedback and suggestions are collated and trended and informs the continuous improvement system. This information is primarily gathered from consumer satisfaction surveys and informal feedback from care reviews and ad hoc contact. The organisation has established consumer advisory groups, including involvement of home care consumers in each region. Samples of consumer advisory group meeting minutes and expressions of interests to join consumer advisory groups were sighted by the Assessment Team. In addition, consumer forums are also held in each region on a minimum annual basis, with frequency of these tailored to the needs of the consumers in that region.

The organisation is governed by a board which includes members with a range of skillsets including finance, risk and clinical experience. The board receives regular reports from a range of committees responsible in ensuring the timely and efficient management of various aspects of the organisation. These committees included, but are not limited to, people and culture, audit, risk and compliance, clinical and holistic care. A sample of board meeting minutes and reports were sighted by the Assessment Team. Strategic planning processes are in place that include annual updates to the strategic plan.

Effective organisation wide governance systems are in place including:

Information management

* The organisation utilises an electronic information management system to manage consumer information, including rosters and consumer incidents. Staff across various levels in the organisation said they think the electronic system is easy to navigate and includes all basic information they need to perform their day-to-day duties. This includes access to a summary of care plan information on the mobile phone application and hard copy versions in the consumer’s home. Care staff provide regular progress notes on individual consumers which is monitored by coordinators on a regular basis.
* Management advised dashboards in electronic systems enable them to have good overview of the services provided and enable them to identify any areas of risk.
* Documentation reviewed confirm consumer documentation such as care plans, risk assessments and agreements are kept in relevant consumer files.

Continuous improvement

* The organisation has an ongoing centralised continuous improvement plan, as well as regionally based continuous improvement plans. Continuous improvement plans are monitored by business managers on a regular basis and have items referencing the relevant quality standard and requirement, issues identified, planned actions, completion dates and outcomes included.
* The organisation identifies opportunities for continuous improvement through consumer, representative and staff feedback, identified risks and incidents and internal audits. Examples were provided, and relevant documentation was sighted, on improvements made as a result of consumer feedback received. These included, but limited to, refresher training on the aged care code of conduct and amendments to the induction process in response to identified issues with consumer and staff boundary concerns.

Financial governance

* Management confirmed local business managers review region specific income and expenditure on a regular basis and report to the board for oversight.
* HCP consumer funds are regularly monitored, and processes are in place to contact consumers with high unspent funds to discuss suitable management of funds.

Workforce governance

* The Assessment Team confirm all staff members are provided with a job description that includes clear explanations of roles and responsibilities.
* Training records sighted confirm staff are provided with mandatory training, both initially and on an ongoing basis. All staff interviewed felt they are well supported to do their jobs to the best of their ability.
* The organisation maintains oversight of subcontracting staff with agreements in place with each subcontractor that include requests for police checks and insurances. Regular feedback from consumers receiving subcontracted services is also sought to determine satisfaction with services received.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications. The board reviews regulatory compliance through the risk, audit and compliance committee.
* The organisation has systems and processes that monitors staff regulatory compliance. These include police checks, car registrations and insurances, vaccinations and Australian Health Practitioner Regulation Agency registration requirements for qualified staff.

Feedback and complaints

* Management confirmed consumer feedback is communicated to the board in form of complaint trends, data and plans for continuous improvement. Consumer feedback is sought from various sources, such as satisfaction surveys, care plan reviews and regional consumer forums.

Effective risk management practices and systems were demonstrated, for example:

* The organisation keeps registers documenting organisational risks and individual consumer risks. These risks included, but not limited to, falls, unexplained weight loss, skin integrity, wounds, swallowing issues and serious incident reporting scheme incidents. Information is trended and reviewed by management in regular meetings.
* A high-risk customer procedure and home care customer risk assessment scale process guides staff practice.
* Initial consumer assessments include the identification of risks, such as falls and other clinical risks.
* Incident registers are reviewed on a regular basis with critical incident data entered into audits and analysed on a minimum monthly basis. Consumers and their representatives expressed satisfaction with appropriate actions taken in response to reported consumer incidents.
* All staff complete mandatory elder abuse and neglect training. In addition, staff receive serious incident reporting scheme toolbox talks and are provided access to a range of elder abuse resources.

The organisation has a clinical governance framework in place that identifies how consumer incidents, risks, feedback and complaints are used to measure the quality and safety of clinical care provided. The framework ensures adequate supervision and support is provided where clinical care is being provided. For example:

* The organisation has a range of clinical care policies and procedures in place to guide staff practice. These include antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.
* Training records reviewed confirm staff receive training on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.
* Management advised appropriately qualified clinical staff assess consumer clinical needs and provide direct clinical care to consumers.
* Nursing staff advised reports prepared for the board include information on various clinical indicators discussed at localised meetings.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 8, Organisational governance.

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)