**Performance**

**Report**

**1800 951 822**

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| Name of service: | Jeta Gardens HomeCare |
| Service address: | 27 Clarendon Avenue BETHANIA QLD 4205 |
| Commission ID: | 700264 |
| Home Service Provider: | Jeta Gardens Aged Care (Qld) Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2022 to 16 November 2022 |
| Performance report date: | 8 December 2022 |

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 Jeta Gardens HomeCare (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Jeta Gardens HomeCare, 18226, 27 Claredon Avenue, BETHANIA QLD 4205

# 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 and/or representatives and others.
* The provider’s response to the assessment team’s report received 6 December 2022.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

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| 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. | Non-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. | **Non-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. | **Non-compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-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. | **Non-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. | **Non-compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Non-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. | **Non-compliant** |

# Standard 1

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

Findings

*Compliant Evidence*

Consumers and/or representatives when interviewed by the Assessment Team stated consumers are always treated respectfully and with dignity by staff and that staff are friendly and polite. Staff when interviewed by the Assessment Team described how they show respect to the consumers by taking the time to get to know them and acknowledging their preferences.

Consumers and/or representatives when interviewed by the Assessment Team confirmed staff understand consumers’ needs and preferences and the way staff engage with them makes them feel safe and respected. Staff when interviewed by the Assessment Team provided examples of how services are delivered to meet the needs and preferences of individuals, such as some consumers requiring support from staff to go through the information that they receive from the service. Staff when interviewed by the Assessment Team understood individual consumers, providing examples in some instances of consumers’ past occupations, living arrangements and family members.

Consumers and/or representatives when interviewed by the Assessment Team stated consumers are supported to make their own decisions about the services they receive and have as much input into the planning of the activities as they want. Management and staff when interviewed by the Assessment Team evidenced knowledge, awareness and understanding of consumer choices and preferences. Documentation analysed by the Assessment Team evidenced consumer involvement in decisions about the activities they attend.

Consumers and/or representatives when interviewed by the Assessment Team stated the staff listen to consumers, understand what is important to them and respect the choices they make. Staff when interviewed spoke of how they support consumers to take risks and live a life of their choosing. Management when interviewed by the Assessment Team spoke of how they support consumers to take risks and live a life of their choosing and described the referral pathways to other services assisting consumers to access suitable services to support them to do things of their choosing.

Consumers when interviewed by the Assessment Team stated they receive information in a format they understand and that enables them to make informed choices additionally consumers also stated they are involved in verbal discussions with staff and management as required. Staff interviewed by the Assessment Team were able to describe ways that they provide information to consumers regarding their services which enables them to exercise choice, including additional steps taken to ensure that consumers who may have barriers to communicating in English and consumers with hearing and vision impairments are able to understand the information provided to them.

The Assessment Team analysed evidence which showed consumer information is stored in a secure filing cabinet and an electronic documentation system. Evidence analysed by the Assessment Team showed access to electronic information is limited by roles and is password protected. Staff interviewed by the Assessment Team demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality and said this is discussed during the induction process. Evidence analysed by the Assessment Team showed consumer welcome packs, staff inductions, governance frameworks, brokerage agreements and mandatory trainings prioritise consumer confidentiality and privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | **Non-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. | **Non-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. | **Non-compliant** |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | **Compliant** |

Findings

*Compliant Evidence*

Evidence analysed by the Assessment Team showed whilst not always documented, the service demonstrated engagement with the consumer and involvement of their representatives where requested. The majority of consumers interviewed by the Assessment Team stated the quality of care and services met their individual needs and preferences. The Assessment Team noted consumers when interviewed stated they can choose who is involved in their care and service related decisions which was substantiated by the HCC and care planning documentation.

The Assessment Team noted with a change of coordinator for the service, all consumers have been assessed since June 2022, evidence analysed by the Assessment Team substantiated the reassessment claim. Staff undertaking reviews when interviewed by the Assessment Team could describe the process and under what circumstances a review or reassessment may be required. During interviews with the Assessment Team the HCC described all consumers are to be reassessed annually unless their condition changes, they are hospitalised, an incident occurs, or someone requests a reassessment. The Assessment Team noted examples were identified in consumers’ files to confirm reassessment processes are being implemented.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed the service did not demonstrate that assessment and planning, including consideration of risk to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services.

Evidence analysed by the Assessment Team showed the initial assessment captures information such as living arrangements, Aboriginal or Torres Strait Islander status, next of kin or emergency contact details, allergies, alerts, mobility status, communication needs, personal care status, medical and health related information including behaviour state. It also covers end of life preferences, goals of care as a check box option and preferences of days. However, the Assessment Team noted based on evidence analysed this document is lacking specific information relating to cultural preferences, language or interpreter requirements. An example is documented below:

* Consumer A (HCP L2) communication section of the initial assessment documents that Consumer A is orientated, wears glasses for vision and has fair hearing. The Assessment Team noted it does not highlight that Consumer A speaks Mandarin, requiring the need of an interpreter. The document does not refer to Consumer A’s cultural background, needs or preferences.

During analysis of completed care plans, the Assessment Team identified that whilst some risks were identified through assessment and planning, consumer care plans did not include sufficient details about assessed needs and risks to the consumer to guide staff in the delivery of care and services. An example is documented below:

* Consumer B (HCP L3) is living with dementia and his/her initial assessment identifies that Consumer A can become ‘disorientated and become frustrated’. The Assessment Team noted this information does not appear on Consumer A’s care plan, nor are there strategies documented to assist staff in managing this behaviour.

Evidence analysed by the Assessment Team showed assessment and planning have not consistently identified and addressed consumers’ current needs, goals and preferences. Care plans analysed by the Assessment Team did not include strategies to guide staff in how to provide care that was tailored to the individual needs of the consumers nor how it supported their functional abilities.

Consumers and/or representatives when interviewed by the Assessment Team described in various ways how they receive the care and services they need. Staff when interviewed by the Assessment Team could outline different consumers and what they do to meet their consumer’s individual needs. However, the Assessment Team noted the documentation of these individual needs, strategies and discussions of current goals and preferences was insufficient. An example is documented below:

* Consumer C’s staff discussed Consumer C’s inability to use his/her arm, adding that Consumer C wears a brace and described how it impacts his/her ability to complete personal cares independently. The Assessment Team noted Consumer C’s care plan does not identify deficits or strategies relating to Consumer C’s arm and or risks, past medical history, goals or preferences.

Evidence analysed by the Assessment Team showed the service did not demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and/or documented in a care and services plan that is readily available to the consumer, and therefore this information is also unavailable for the staff providing this care and service. Examples are documented below:

* Staff when interviewed by the Assessment Team confirmed they have not received a care plan for their consumers. Staff when interviewed advised they are sometimes given a verbal handover or sent an email if there has been a change to a consumer’s condition, but this is not consistent.
* The HCC when interviewed by the Assessment Team stated staff do not have ready access to this information and advised they are implementing care planning processes and are part way through completion.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Non-compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Non-compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

*Compliant Evidence*

The Assessment Team noted despite the lack of care planning documentation, strategies and information available to staff, Consumers and/or representatives interviewed by the Assessment Team reported the personal care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff providing care to consumers when interviewed by the Assessment Team had a sound understanding of each consumer’s needs, goals and preferences relating to the delivery of that care.

Consumers and/or representatives interviewed did not report specifically on palliative care, however, consumers and/or representatives described how the care and services provided to consumers maximise their quality of life and how their dignity is preserved. The HCC when interviewed by the Assessment Team described the way care and services would be adjusted for consumers nearing end of life, including liaising with other health professionals such as palliative care nurses to work together to provide care for the consumer. The HCC during interviews described discussions with consumers and/or representatives during initial assessments to present the opportunity to discuss end of life planning and if the consumer and/or representative did not wish to provide further details, the HCC stated they encouraged them to converse with their general practitioner. Analysis of care documentation and interviews with staff demonstrated the service has appropriate processes in place to identify and support consumers nearing end of life. Evidence analysed by the Assessment Team showed consumers are provided with information on Advance Care Planning when they commence services.

Consumers and/or representatives interviewed by the Assessment Team stated they are satisfied with the care and services delivered by those the consumer has been referred to. Staff when interviewed by the Assessment Team confirmed referrals are completed in consultation with the consumer and/or representative. Care planning documents analysed by the Assessment Team showed referrals to other health professionals and other service providers occurs when appropriate and in a timely manner.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed care planning documentation does not include identification of all risks, strategies or guidance for staff who regularly provide services to consumers. Evidence analysed by the Assessment Team showed staff rely on their own knowledge and/or feedback from consumers and/or representatives to minimise consumers’ risks. During interviews with the Assessment Team the HCC was able to identify language barriers particularly with consumers living with depression and falls as risks however, the Assessment Team noted strategies to manage these risks were not consistently documented. The Assessment Team noted if these were documented insufficient details were included to enhance the knowledge of staff to deliver safe and effective care. The Assessment Team noted neither Management nor the HCC were able to identify consumers living with dementia or cognitive deficit as a high impact, high prevalent risk despite six of their consumers living with these conditions. Examples are documented below:

* The Assessment Team noted when asked if consumers living with dementia or cognitive decline are considered a high impact, high prevalent risk, the HCC and Management advised that the current consumers are not considered high risk.
* Consumer D’s initial assessment dated in June 2022 identifies Consumer D is living with dementia and can be ‘disorientated and become frustrated’ with a risk of wandering/absconding. The Assessment Team noted the safety section where identified risks are to be documented is blank for Consumer D’s care plan dated in June 2022 and there is no mention of a dementia diagnosis.

During interviews with the Assessment Team the HCC stated that high impact, high prevalence risks are not currently being trended and the HCC was unable to demonstrate how the service monitors and adjusts practice in relation to high impact and high prevalence risks.

Evidence analysed by the Assessment Team showed the service was unable to demonstrate that information about the consumer’s condition, needs and preferences were effectively communicated within the organisation or with others where responsibility for care is shared. The Assessment Team noted as evidenced in care documentation and through interviews with consumers, representatives and staff, the Assessment Team found that the conditions, expressed needs and preferences of consumers had not been reflected in the care plan or communicated to care staff. Examples are documented below:

* Consumer E advised that when he/she had new staff providing care he/she had to tell them what he/she needed done and her preferences for these tasks. Consumer E states he/she now has lists for staff when they arrive.
* During interviews with the Assessment Team a staff member stated they have never had access to the electronic documentation system to review notes from previous staff members. Other staff when interviewed by the Assessment Team advised their access is sporadic and it’s easier to just email through notes to administration to upload, stating they do not review dated notes from other staff.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 4

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

Findings

*Compliant Evidence*

Consumers and/or representatives when interviewed by the Assessment Team provided examples of how the services and support consumers receive, help to maintain their independence and quality of life. Consumers when interviewed described that the service is a great help and staff help them to be as independent as possible.

Consumers and/or representatives when interviewed by the Assessment Team provided examples of how the staff offer emotional support to consumers. Staff when interviewed by the Assessment Team also demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. An example is documented below:

* Consumer F is living with depression and shared that Consumer F’s daughter and his/her pet are very important to Consumer F. Staff when interviewed by the Assessment Team discussed their understanding of Consumer F’s depression and when they note that Consumer F is feeling low they talk about his/her pet or other animals they can see outside and play nice soft music.

Consumers and/or representatives when interviewed by the Assessment team confirmed the organisation is flexible in the delivery of services enabling consumers to maintain their social networks and do the things that are important to them.

The Assessment Team noted whilst appropriate documentation is lacking (Refer to Standard 2), most consumers reported they usually have the same two support staff and confirmed those staff have a good knowledge of the care and services they require. During interviews with the Assessment Team the HCC provided examples of appropriate information sharing between brokered services for example providing limited information to brokered gardening services and providing a more thorough handover to external day respite services.

During interviews with the Assessment Team the HCC provided examples of consumers who had been referred to other organisations and providers when requested or a need had been recognised.

Evidence analysed by the Assessment Team showed some consumers are receiving meal preparation services as a part of their package. Consumers when interviewed by the Assessment Team stated that meals were of suitable quantity, quality and based on what they prefer to eat. Consumer G’s representative stated that Consumer G has staff that speak Cantonese and cook the foods that Consumer G likes, for example fish, chicken and vegetables. Consumer G’s representative stated that there is always enough food for Consumer G to enjoy.

Evidence analysed by the Assessment Team showed where equipment had been provided for the consumers use in their own home, consumers report it is suitable and meets their needs. The HCC confirmed when interviewed by the Assessment Team that all equipment is provided based on a recommendation from an occupational therapist. The Assessment Team noted staff and the HCC were able to discuss processes when equipment required servicing.

# Standard 5

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

Findings

*Compliant Evidence*

The Assessment Team visited the multipurpose hall and ‘club house’ which is being used for the day respite service; as well as an example of the rooms that overnight respite consumers would use. The Assessment Team noted both of these rooms are located on the grounds of Jeta Gardens residential aged care service and retirement village. Neither area was being utilised by HCP consumers during the Quality Audit.

The Assessment Team noted the service environment is welcoming with natural light, the environment is easy to understand with access for consumers who are living with physical limitations. The Assessment Team noted the service has space that is sufficient to host the activities conducted on site. Consumers when interviewed by the Assessment Team reported that they are made to feel welcome and comfortable when they are present in the service environment.

The Assessment Team observed the environment consumers are present in and noted all environments observed were clean and well-maintained. Staff when interviewed described how consumers had free movement throughout the service environment both indoors and out with the door to the outside always being open to allow for fresh air.

The Assessment Team observed safe, clean, and well-maintained furniture, fittings and equipment in the service environment. Consumers when interviewed by the Assessment Team stated that the service maintains furniture, fittings and equipment well and that it meets their needs. Staff when interviewed by the Assessment Team described the process for cleaning equipment and maintaining the service environment.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Non-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

*Compliant Evidence*

Consumers and/or representatives interviewed by the Assessment Team were aware of avenues to give feedback and make complaints. Most consumers interviewed by the Assessment Team stated they had not yet had a reason to give feedback or make a complaint about the service; however, they would feel comfortable doing so. Consumers and/or representatives interviewed by the Assessment Team stated if they wished to raise a complaint, they would call the Home Care office to seek an early resolution.

Management and staff when interviewed by the Assessment Team described ways the service encourages consumers to provide feedback. The Assessment Team noted when signing up for the service, consumers and/or representatives are given a feedback form detailing how to make an internal complaint, the Assessment Team evidenced that feedback forms are in English and Traditional Chinese.

Most consumers interviewed by the Assessment Team advised they had not yet had a reason to raise a complaint with the service however, stated they would feel comfortable doing so if necessary. Consumers interviewed by the Assessment Team who had previously raised concerns with the service confirmed that management had contacted them to discuss resolutions and that they were happy with the outcome and their feedback.

Management when interviewed by the Assessment Team demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process and were able to describe the process in detail. The Assessment Team analysed the feedback and complaints register and their associated files, evidencing a clear process to record, respond, monitor, and manage feedback and complaints to meet consumers’ needs.

Consumers and/or representatives interviewed by the Assessment Team who had made a complaint with the service said that the service has made efforts or have been able to make changes to improve care and services after receiving feedback and complaints. Staff and management during interviews with the Assessment Team spoke of consistent steps that the service takes to regularly encourage consumers to provide positive or negative feedback and make suggestions regarding their care and services. The Assessment Team observed how the service records, responds, monitors, and manages feedback to improve the quality of care and services where appropriate.

*Non-compliant Evidence*

Evidence analysed by the Assessment Team showed consumers and/or representatives are provided with an information pack on commencement with the service that provides information on how to access information for Aged and Disability Advocacy Australia (ADA Australia). However, the Assessment Team noted the information pack does not include information on the consumer’s right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint.

The Assessment Team analysed evidence which showed the information pack did not include a guide on how to access language services for assistance with interpreting or translation if required, to support consumers to provide feedback or make a complaint should they wish to do so. Management and staff confirmed during interviews with the Assessment Team there are currently Mandarin and Cantonese speaking consumers receiving services for whom English is not their first language.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 7

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

Findings

*Compliant Evidence*

Consumers and/or representatives interviewed by the Assessment Team reported that the workforce is sufficient to ensure they receive safe and quality services. Staff when interviewed by the Assessment Team stated although they are rushed getting from client to client due to the distance between their locations, they have enough time to complete their work effectively. Management when interviewed by the Assessment Team reported there are enough staff to cover services and activities, and there have been no unfilled shifts in the last month. During interviews with the Assessment Team the HCC advised that if staff are on leave, the service is able to request assistance from the co-located residential aged care service or use agency staff. During interviews with the Assessment Team the HCC is currently working with Human Resource (HR) consultants to recruit an additional casual workforce to mitigate any issues resulting from unplanned leave.

Consumers when interviewed by the Assessment Team stated that the workforce are kind, caring and respectful of each consumer’s identity, culture, and diversity. When interviewed by the Assessment Team, management, the HCC, and staff spoke about consumers in a kind, caring way and knew each consumer’s background well. The Assessment Team noted despite the lack of documented assessment and planning processes, management, the HCC, and staff could describe strategies used to make consumers feel respected and guide the service in providing consumer-focused care. The Assessment Team analysed the complaints register which did not identify any concerns raised by consumers in relation to being treated disrespectfully by staff.

Consumers and/or representatives interviewed by the Assessment Team expressed confidence that staff are competent and capable to perform their roles. Consumers and/or representatives when interviewed state they felt that staff knew how to deliver care and services effectively and in line with the consumers’ individual needs and preferences.

Management when interviewed by the Assessment Team stated that each role requires staff to have appropriate experience and/or qualifications to fulfil the requirements of their position descriptions, for example all support staff have completed their Certificate III in Aged Care.

Evidence analysed by the Assessment Team showed the service has a staff compliance information tracker in place to ensure that all necessary qualifications for staff are current and up to date, such as police checks, vaccination records, first aid certificates, and driver’s licenses. The Assessment Team analysed position descriptions outlining necessary skills and capabilities required for staff roles to ensure the appropriate level of care and service are delivered to consumers.

Management and staff when interviewed by the Assessment Team advised that staff performance is monitored on an ongoing basis and formally assessed through an annual performance review process. The HCC when interviewed by the Assessment Team stated that they discuss any individual performance concerns with staff when they are identified through regular discussions.

Evidence analysed by the Assessment Team showed new staff have performance reviews at two-month, four-month and six-month intervals followed by annual performance reviews going forward. Evidence analysed by the Assessment Team showed performance of staff and the quality of their care and services is gauged in part by feedback from consumers and/or representatives.

*Non-compliant Evidence*

Staff interviewed by the Assessment Team stated that they don’t feel supported with sufficient information about a consumer prior to servicing them for the first time. Staff during interviews stated there is minimal-to-no information shared to understand strategies to support consumers specific care needs to help the support worker prepare for the visit. During interviews with the Assessment Team staff said that this information is usually learned ‘on the ground’ and that there is minimal communication between staff members as they usually work independently.

During interviews with the Assessment Team management acknowledged this deficit and spoke of the upcoming implementation of a new electronic information management system in January 2023, which will introduce new processes and support staff to better manage consumers risks and their associated care strategies.

The Assessment Team provided feedback to Management who acknowledged the deficiency brought forward and were not able to define current processes or strategies to manage these risks in the meantime.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

# Standard 8

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

Findings

*Compliant Evidence*

Consumers and/or representatives interviewed by the Assessment Team expressed satisfaction with how the service has responded to feedback in the past. The service provides feedback forms to gauge consumer levels of satisfaction and provides them with the opportunity to make suggestions about how services are delivered. During interviews with the Assessment Team management reported that staff seek consumer feedback about suggested changes to how services are delivered. Evidence analysed by the Assessment Team showed in cases where consumers and/or representatives have made suggestions about care and services, the organisation has responded appropriately. Management when interviewed by the Assessment Team spoke of introducing an annual consumer survey which will be implemented at the end of 2022 as mentioned in the services Continuous Improvement Plan (CIP). Management stated to the Assessment Team the introduction of the survey is to better understand consumers and/or representatives’ feedback for the care and services they are receiving.

Consumers and/or representatives when interviewed by the Assessment Team described ways the service asks for their feedback to improve the care and services received such as through telephone calls, feedback forms, assessment reviews and follow up calls if they have provided feedback or raised concerns. Evidence analysed by the Assessment Team showed the governing body promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Evidence analysed by the Assessment Team showed the governing body remains informed of the service’s operations through regular discussions with the HCC and receives notifications about any complaints or incidents that occur. The Assessment Team analysed minutes from the monthly meeting which evidenced that feedback related to the delivery of safe and inclusive care are communicated to the Heads of Departments and the Chief Executive Officer (CEO).

Evidence analysed by the Assessment Team showed the service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Evidence analysed by the Assessment Team showed the organisation receives regulatory updates, which are then passed down to staff, consumers, and representatives via email and/or phone calls. The HCC when interviewed by the Assessment Team advised that the service is kept aware of any regulatory changes that could possibly impact their roles and responsibilities and uses this information to update staff or introduce new topics for training and development.

Evidence analysed by the Assessment Team showed the service provides clinical care and has a documented clinical governance framework and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open communication. Evidence analysed by the Assessment Team showed there are staff training in relation to these policies and staff were able to provide examples of the relevance of the policies to their work. Clinical incidents are reported and discussed by the HCC and the DON and consumers are reassessed as needed.

*Non-compliant Evidence*

The Assessment Team noted whilst staff were able to effectively respond to high impact or high prevalence risks, management lack the risk management systems and processes to identify, assess and record risk strategies to support staff during the delivery of care and services. The Assessment Team noted when asked what the current risks were at the service, management said staffing, language barriers for consumers with depressions and high falls risks but consumers living with dementia was not mentioned. Evidence analysed by the Assessment Team showed consumer care plans and the incident register showed that the service currently has or has had consumers who are high falls risks, consumers diagnosed with depression and consumers living with dementia. During interviews with the Assessment Team the HCC and management agreed that this was an area of improvement for the service.

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response, while detailed, on this occasion did not meet and or exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendations. The Decision maker is confidant if the corrective action is followed through with and completed, the service in the near future should return to compliance.

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)