**Performance**

**Report**

**1800 951 822**

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| Name of service: | KOPWA Community Care |
| Service address: | 16 Trafalgar Avenue ROSEVILLE NSW 2069 |
| Commission ID: | 200067 |
| Home Service Provider: | KOPWA Limited |
| Activity type: | Quality Audit |
| Activity date: | 21 October 2022 to 25 October 2022 |
| Performance report date: | 7 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 KOPWA Community Care (**the service**) has been prepared by G. McNamara, 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:**

* KOPWA Community Care, 17614, 16 Trafalgar Avenue, ROSEVILLE NSW 2069

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Telephone conversations between the Delegate and the organisation’s Home Care Services Manager on 8 November 2022 and 1 December 2022, the Delegate and the organisation’s CEO on 8 November 2022, and the Delegate and the organisation’s Home Care Services Manager on 1 December 2022
* the provider’s response to the assessment team’s report received 18 November 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 | **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 |
| 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

I have found the Quality Standard for the Home Care Package services is Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives said they felt respected and valued by coordination and home care staff. They described how their interactions with the service were always respectful and how they felt their cultural backgrounds were understood and respected. They said they appreciated home care staff were matched to their cultural and linguistic backgrounds and preferences. They confirmed coordination staff understand the consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. All interviewed said the coordination staff assign care workers based on preferences and needs. Consumers interviewed said that the staff encourage them to make decisions about their services. They were aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice. Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active.

Consumers and representatives interviewed confirmed the information provided to them, which corresponded with the information given by staff and sighted by the Assessment Team. They said the information is clear and easy to understand and confirmed they can speak with any coordination staff whenever they want. They said staff respect the consumer’s privacy when delivering services and they are confident their personal information is kept confidential.

Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of tailored services to the individual consumer. They also demonstrated that they treat consumers with respect, maintain their dignity, are aware of their individual and cultural needs, and provided examples that demonstrated they tailor services to the individual consumer.

Coordination staff outlined how they identify and record representatives, including detailing names of each representative, and other professionals, on the form (sighted) which is signed by the consumer acknowledging agreement. Coordination staff also described the importance of supporting consumers in their choices and described how consumers have the right to take risks. They explained support and assistance measures to ensure consumers are supported, for example, through the service’s personal well-being goals.

Coordination staff complete care plans with consumers/representatives, detailing their goals and what they would like to work on, and provide them a copy for their records. They outlined the information provided at commencement and on an ongoing basis. All staff and sub-contractors interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy.

Assessment and care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making. Their Care Plans outlined consumer goals in relation to their physical and psychosocial wellbeing. Progress notes sighted demonstrated liaison with representatives. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted.

Management interviewed outlined how the service provider guides and monitors the coordination and home care staffs daily work practices and implements policies and procedures, induction and training, and the providers commitment to person centred support which values diversity and promotes respectful relationships. Management also demonstrated staff and home care staff are trained to deliver culturally safe services. Management also said consumers are encouraged to be independent and to make decisions about their lifestyle and demonstrated how this is done. They described how individual care plan support a consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life. Written agreements outlined the expectations on brokered organisations

Organisational documents reviewed included relevant policies and procedures in relation to the provision of an inclusive and culturally appropriate services. Assessment and care planning policies include the involvement of nominated representatives, advocates and consumers in making decisions regarding their services and consumer choice. The service has policies and procedures describing risk, including dignity of risk.

# Standard 2

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

All consumers and representatives interviewed said they are satisfied with the care and services they receive and said the services meet their current needs, and also said they are involved in making decisions regarding their care and services. Most consumers and representatives interviewed said they were provided a copy of their current assessment and care plans, they understood the plan and knew they could have the plan reviewed at any time. All consumers and representatives interviewed said they felt they can change their support and services currently being provided, and if their needs changed, the service would respond. Consumers said they would phone office staff at the service if there were any changes to their needs or talk to the home care staff when they deliver their services.

All home care and coordination staff and management interviewed described risks to consumers health and wellbeing and how they care for consumers at risk. Whilst advance care planning was not formally identified for the consumers at the service, the home care manager and Director of Nursing and Clinical Care confirmed it is still discussed with consumers and/or representatives during the intake meeting and reviews then noted on the consumers assessment and care planning documentation. All staff interviewed said family members and people who are important to the consumer are included in the planning of care of services with the consent of the consumer. The Assessment Team sighted communication preferences within the electronic management system. Home care staff interviewed said they have access to the information required to deliver care and services, and all confirmed their tasks and consumer care information are available via the internal electronic client management system. The service demonstrated consumers assessment and planning documentation identifies the current needs, goals and preferences of the consumer and documentation sighted guides the delivery of care and services.

Care documentation reviewed demonstrated assessment and planning includes risk assessments and clearly outlined consumers current needs, gaols and preferences. Communication preferences were recorded within the electronic management system as was consumer care information. The Assessment Team sighted consumer plans that were current, contained recent medical information and preferences and had been recently updated. All consumer files sampled had extensive notes between home care staff, coordination and management.

The service’s Assessment Planning and Care Plan Policies describes how assessment and care planning is organised in partnership with the consumer and others. The service has an Assessment Policy which showed the services reassessment procedure and how a reassessment may be triggered, by request of the consumer and/or representative or, for example, in the event of hospitalisation, deterioration in health or a report in change of health/wellbeing by care workers, service staff, consumer or their representative.

# Standard 3

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

Clinical assessment is completed for consumers who are on an HCP level 3 or 4 package. The Clinical Assessment is completed by the organisation’s Director of Nursing and Clinical Care. Documentation submitted in the approved provider’s response, and information detailed by organisation’s Home Care Services Manager indicated that brokered or other arrangements are in place for those consumers requiring clinical care. In particular, information was provided regarding two consumers who receive wound care or management of skin fragility through a brokered arrangement or by a GP in consultation with the consumer’s representative. It identified how it monitors the provision of clinical care through weekly reports from its brokered organisation, and follows up issues identified through these organisations or as identified by their own internal staff.

All consumers and representatives receiving personal care said they are happy with the level of care they receive and that the home care staff are gentle and kind when carrying out care.

High impact or high prevalence risks associated with the care of each consumer is documented with mitigation strategies contained in care planning documentation which is reviewed regularly or as needs change. Documentation submitted in the approved provider’s response, and information detailed by organisation’s Home Care Services Manager indicated weekly updates are received from brokered services as well as submitting progress notes. Data is kept on high risk consumers and they are monitored. A list of incidents and reports is kept and monitored and risk management and incident tools are used.

The service has risk management framework, policies and procedures that guides how risk is identified, managed and recorded.

All home care staff interviewed described how they identify and report hazards that may pose a risk to consumers. All staff confirmed the process for consumers not responding to scheduled home visits are a high risk associated with consumer care.

All care plans sighted by the Assessment Team had an individualised strategy documented in the event the consumer does not answer the door and client risk profile which identified risks associated with behaviours, falls risks, unsafe actions, potential resistance to support, manual handling, infectious diseases, recurrent medical conditions, environmental and social risks.

Consumers interviewed were not ready to discuss advanced care or said they would prefer to speak with their family.

Management advised there were no consumers receiving end of life care at the time of the Quality Review however described established networks and working relationships with the palliative care team at the local hospital. However, documentation submitted in the approved provider’s response, and information detailed by organisation’s Home Care Services Manager indicated one consumer is being treated by the Palliative Care Unit which provides updates to it.

The service demonstrated effective systems and processes are in place to ensure any deterioration or change in a consumer’s cognitive or physical function, and changes to capacity or condition is recognised and responded to in a timely manner. Care plans sighted by the Assessment Team reflect changes in consumers condition and are reviewed regularly or as the consumer’s condition deteriorates. Documentation submitted in the approved provider’s response, and information provided by the organisation’s Home Care Services Manager detailed its processes for monitoring the condition of consumers and demonstrated how reassessment is done by the organisation’s Director of Nursing and Clinical Care.

All staff interviewed demonstrated an understanding of how to recognise, report and respond to changes in the health and well-being of a consumer.

The Assessment Team sighted policies and work instructions regarding the management of deterioration in consumers. Home care staff are supported and provided training in ‘Recognising and Responding to Deterioration in a client’, the Assessment Team sighted staff training and attendance records.

All home care staff interviewed said they have access to detailed information which includes the consumers’ needs and preferences. Home care staff use a mobile application to obtain previous shift notes, write notes and to get current information and alerts on consumers they are caring for. The Assessment Team sighted emails and assessment information in the services care documentation system from allied health professionals and other organisations. documentation submitted in the approved provider’s response, and information detailed by organisation’s Home Care Services Manager showed how information is shared within the organisation and from brokered services and acted upon.

The service demonstrated information about consumers’ care is documented and communicated within the organisation and with others where responsibility of care is shared.

The service demonstrated timely and appropriate referrals are made to other individuals or organisations providing services. Management interviewed advised if the service could not provide suitable support to meet consumer’s personal care needs, consumers are supported to access brokered support services through another provider such as allied health professionals. The Assessment team sighted the service’s referrals pathways documents for internal staff and external service providers and all staff interviewed demonstrated knowledge of the internal referral process.

The service minimised infection-related risks and demonstrated they have processes in place to ensure consumers and staff are safe and infection related risks are minimised.

Consumers and representatives sampled said all home care staff wear masks and gloves and have observed staff practicing hand hygiene when in their homes.

Home care staff interviewed said they have access to personal protective equipment and have received infection control training during orientation and update their training each year.

All home care staff, office staff and management interviewed described how they maintain appropriate infection control and minimise the risk of Covid-19.

The Assessment Team sighted vaccination certificates and influenza and COVID vaccinations up to date for all staff.

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as five of the five applicable requirements have been assessed as Compliant.

All consumers and representatives interviewed said that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Although all consumers interviewed said they never feel low, all consumers and representatives felt the home care staff would recognise if they were and would talk to them about it. They said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships, and that they receive support and services from mostly the same people and all staff at the service know them and their needs.

Home care staff, coordination staff and management advised one of their main aims is to optimise consumer independence and quality of life. Consumers are asked what they would like, what their goals are, how the service can help, and subsequent assessments are conducted to support consumers.

All staff interviewed said if they became concerned about a consumer they would always call the office and management staff to report the change in behaviour. Coordination staff and management confirmed they would then follow up with the consumer and representatives. All staff could describe information on each consumer’s background and their social activity preferences and confirmed consumers have input to the services they receive. Coordination and home care staff interviewed demonstrated a good understanding of the consumers they care for and what was important to them. Home care staff said they get updates from coordination staff and management by phone or via the client’s electronic profile, if there has been a change in care and support requirements for consumers prior to their next shift. Management interviewed advised that if the service could not provide suitable support to meet consumer’s service delivery needs, consumers are supported to access brokered support services through other providers.

Care planning documentation sighted by the Assessment Team demonstrated goals and care plans were reviewed regularly and services and supports were individualised to meet the consumer’s needs and preferences. Review of consumer notes and coordinator emails showed communication between coordination and home care staff regarding individual consumers is regular and include strategies to address any risks or concerns when providing services. All care plans sighted by the Assessment Team were comprehensive and provided detailed consumer needs and preferences which provides the home care staff with sufficient information to carry out care services. The Assessment Team noted consumer care documentation reflected referrals made and documented discussions and follow up with these service providers.

The Assessment team sighted the service’s referrals pathways documents for internal staff and external service providers and all staff interviewed demonstrated knowledge of the internal referral process.

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

Findings

The service does not provide a service environment therefore this Standard is Not Applicable.

# Standard 6

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives advised they do not have any concerns as they are satisfied with the services, and when they raised anything it was addressed quickly by the coordination staff or management. They said staff always checked with them if they are satisfied with the service and they would be comfortable raising issues if they arose as all staff at the service were very approachable. Consumers and representatives said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed but those interviewed had not required this service. Consumers said they felt comfortable raising any complaints or provide feedback with the service directly, as they are all approachable. All consumers and representatives interviewed said they had not needed to raise issues but felt staff would take any concerns seriously and address their complaints. All consumers interviewed were happy with their services currently. Some consumers also said they received an immediate response when they raised an issue, and that the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer and family/representative surveys or verbally during care planning meetings.

Home care staff advised if they receive feedback from consumers they bring it to the attention of coordination staff whether it be positive or negative. They advise they discuss with consumers and family the consumers’ rights and how to make a complaint or give feedback. Home care staff said they were aware of the consumers’ rights to request an advocate or external bodies such as Seniors Rights Service for support. Coordination staff and management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said information folders handed to the consumers at commencement of service contains relevant information for consumers.

Management advised all consumers receive a “Home Folder” which includes feedback forms and stamped envelopes to make it easy to complete and return the feedback forms. Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues.

The Comments, Suggestions Complaints Policy and the Home Care Package Agreement described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management shows staff are educated on the role of external agencies including aged care advocacy and the Commission. The service’s monthly complaints monitoring chart and complaints register show that when complaints are logged, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show that there was contact with the consumers/representatives to find the circumstances which gave rise to the compliant/feedback and consider ways in partnership with the consumers and representatives to resolve the complaint.

Policies are in existence regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Senior management receive monthly reports on complaints management.

The training programs for staff on complaints management shows staff are educated on the role of external agencies including aged care advocacy and the Commission.

# Standard 7

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives confirmed care staff deliver the support and assistance when they expect them and at a time suitable for them. They said, for example, that care workers do not appear rushed and spend time to talk to them about their interests, and that they are advised in advance of any shifts that are rescheduled. Consumers and representatives interviewed also said their coordination and home care staff treat them with kindness and respected them as individuals. Several consumers said the coordination and home care staff were always friendly and cheerful when providing services and knew them well. Several consumers said the care workers respect the things that are important to them. They advised they are satisfied with the knowledge and skills of the home care staff for example in the safe use of equipment for personal care and support. They said the staff follow COVID-safe practices to keep them safe while providing services. Consumers and representatives further stated they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. All consumers advised they are currently satisfied with the services and with the staff providing and overseeing services.

Coordination and management staff said when a consumer’s preferred home care staff take unplanned leave, the shift is covered rather than cancelled with other staff who are trained and skilled to support consumers in aged care unless the consumers prefer to reschedule in favour to their choice of home care staff. The service has access to wide pool of staff they employ on a permanent casual basis. Coordination staff also pick up shifts when required. Coordination and home care staff said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values and decisions.

Staff confirmed they underwent an induction program on joining the service and were required to complete training which was monitored. Staff stated there is a performance appraisal system in place and confirmed they received ongoing feedback. They also confirmed having conversations on their support needs and opportunities for training with their home care manager.

Management advised there is a set staffing establishment and staffing profile for each program. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. The service aims for a diverse staffing mix of differing cultural backgrounds and genders. Management also discussed the workforce strategies including continuous recruitment program to build a pool of accessible home care staff to meet the consumers preferences of receiving care on days and times that is preferred by them.

Management advised the sub-contractors/brokered service providers are required to complete a declaration to verify they meet the services requirements in relation to legislative and quality standard of care. Feedback and complaints from consumers and representatives and staff are used to review the performance of the subcontracted and brokered services.

# Standard 8

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

Findings

I have found the Quality Standard for the Home Care Package services is Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. They expressed satisfaction with the quality of the service. Consumers and representatives were satisfied that service promotes a culture of safe, inclusive and quality care and service is accountable for their delivery. Consumers interviewed outlined interactions with coordination staff and complimented responsiveness and indicated they were satisfied with the service they received, and said they can input as to how the service is delivered through their care planning reviews.

Staff said they think the service is well run and coordination and management staff respond to consumer and representative requests and implement any changes quickly, for example, by changing rostering to accommodate consumer preferences with time, day and home care staff.

Management advised staff and consumers/ representatives provide suggestions for improvements at any time. They said they get a lot of consumer feedback through their care plan review. Coordination and home care staff advise management is always careful about the safety of consumers and staff and conduct environmental assessments of consumers’ homes. Home care staff must submit valid driver’s licence and registration and insurance papers for their motor vehicle they use to transport consumers. Interviews confirmed staff were aware of the incident and hazard reporting processes at the service and the need to report when observing any hazards, incidents or concerns regarding consumers.

Management advise the service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation through meetings with the consumers and representatives and annual consumer surveys.

Staff said they are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Online training and meeting agenda items include reference to incident management, and how best to support consumers at risk.

Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Management and staff were able to identify vulnerable consumers, including those living alone, have special needs, cognitive and functional difficulties and limited supports. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation for getting the home care staff who understand them and know of their needs.

Management outlined how their risk management framework and policy underpins their operations and strategic planning process. Risks are identified in a timely manner through numerous channels including home safety assessments, incident reporting, complaints, audits and surveys. Strategies and controls are implemented to mitigate and manage the risks. These strategies are monitored and evaluated to ensure effectiveness. Management advised their Clinical Governance Framework is designed to contribute to the quality of life of their consumers experience when they are provided services and care in their own homes.

The service’s Clinical Governance framework has four key systems that work in tandem to improving the health outcomes and personal experience of individuals – risk register, incident management system, continuous and quality improvement register and complaints management system. The assessment team sighted the governance framework and the information captured in various registers.

Documentation submitted in the approved provider’s response, and information provided by organisation’s Home Care Services Manager demonstrated processes and procedures are in place to support the monitoring of the provision of care and services by brokered organisations.

Management advised staff are supported with policies and procedures on clinical risk and deterioration, clinical care, infection control, antimicrobial stewardship – medication management policy. Assessment team sighted monthly report submitted by the home care manager.

The service’s continuous improvement plan and complaints/feedback register show input from management, staff and consumers is captured and tracked through to implementation.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)