**Performance**

**Report**

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| Name: | Kurri Kurri Community Services Ltd |
| Commission ID: | 200563 |
| Address: | 251 Lang Street, KURRI KURRI, New South Wales, 2327 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8973 Kurri Kurri Community Services Limited  
Service: 26497 Kurri Kurri Community Services Ltd

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7415 Kurri Kurri Community Services Limited  
Service: 26039 Kurri Kurri Community Centre Inc - Community and Home Support  
Service: 26804 Kurri Kurri Community Services Limited - Care Relationships and Carer Support

**This performance report**

This performance report for Kurri Kurri Community Services Ltd (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 9 May 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | 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

Consumers and representatives consistently reported that they are treated with dignity and respect. Staff spoke about consumers in a respectful and caring manner and consumer care plans obtained relevant information that is consistent with the consumer’s identity and culture.

Consumers and representatives were satisfied with how staff respect their culture, values and diversity. Consumers are supported to exercise choice and independence in relation to their care and services, including their choice to decide on who and how others will be involved in decisions about their care and services. Consumers advised that the service appropriately supports them to maintain relationships of choice.

The service demonstrated that consumers are appropriately supported to engage in risk to enable them to live the best life they can. Consumer documentation demonstrates that when consumers wish to engage in risk, a risk assessment is undertaken in consultation, and with the consent of the consumer. Appropriate measures are agreed and established to manage and mitigate consumer risk(s).

Consumers and representatives advised they are kept informed about what is happening and receive relevant information in a format that is easy to understand. Consumers advised that their service agreements and monthly invoice statements are easy to understand and the management team are responsive to any queries. The service demonstrated appropriate mechanisms to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice.

Consumers advised that the service routinely respects their privacy and the service demonstrated that personal consumer information is kept confidential. Staff do not discuss other consumers when attending services and staff are respectful of consumer personal belongings. Staff routinely consider each consumer’s choice on where to access within the consumer’s home during service delivery. The service demonstrated that consumer information is kept confidential within the office environment. Consumer information, including information technology records, are stored securely and computers are not left open so as not to display consumer information.

# 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

The service demonstrated appropriate consumer assessment and planning policies however, the Assessment Team reported that some consumer documentation did not include assessments if not directly related to the consumers’ services. In addition, not all consumer risk was identified in individual consumer care plans. The service’s electronic care management system (ECMS) has the capability to flag consumer risk and to alert support staff however, the Assessment Team reported that consumer risk was not consistently flagged, and some risks were not easily identifiable. In their response to the Quality Audit Report, the Provider highlighted the organisation’s review of their intake assessment procedure, in particular for CHSP consumers, to ensure medical risks are identified and recorded in consumer care plans. The organisation will also update its vulnerable persons policy and strengthen its assessment review protocols to ensure consumer goals and ongoing assessment and planning are demonstrated. The Provider highlighted their continuous improvement action to focus education to care coordinators on consumer palliative care and end of life care, as well as provide targeted additional education to support workers to develop their knowledge on escalating changes in consumer’s psychological well-being. In their response, the Provider demonstrated the service’s commitment to upholding the principles of person-centred care and transparency, ensuring that individual consumer voice is heard, valued, and reflected in their care plans. This was reinforced by highlighting the service’s multi-faceted approach to ensure consumer participation and representation in care planning, including regular meetings, discussions and consultations. The service demonstrated that consumer concerns are routinely captured and the service tailors consumer care plans to individual preferences and needs. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to consumer assessment and planning. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 2(3)(a).

The service demonstrated that consumer assessment and planning identifies individual consumer needs, goals and preferences. The service demonstrated that consumer preferences are routinely discussed upon intake and during regular consumer reviews. Management confirmed that consumer intake assessment includes information about alternative decision makers including power of attorney and enduring guardian, as well as advanced care planning or end-of life wishes. Care coordinators and clinical staff demonstrated that the service support consumer referrals to other providers or to enter hospice or residential aged care when needing palliative care.

The service demonstrated that assessment and planning is based on ongoing partnership with individual consumers and others they wish to be involved in their care, including other organisations and providers of care. The service supports consumers to identify upon commencement of services who they wish to be involved in their care, including alternate decision makers. The Assessment Team reported that staff routinely communicate care needs with other providers of care and services including medical officers, allied health, palliative care, as well as representatives or alternative decision makers.

The service demonstrated that consumer assessment and planning is completed in consultation with the consumer and representatives, and care coordinators confirmed that all assessments and care plan updates are discussed with the consumer and their representatives. Consumer and staff confirmed that they receive a copy of their service agreement.

The service demonstrated that care and services delivered to consumers are reviewed when circumstances change or when an incident impacts the needs, gaols or preferences of individual consumers. Consumers and representatives advised that care coordinators are responsive when incidents impact on their health care needs and confirmed that the service makes proactive contact and undertakes a visit with them when needed. The service demonstrated that consumer care plans are reviewed on a regular basis, at least yearly or six monthly for consumers who receive a higher level home care package. Consumer care plans for those receiving Commonwealth Home Support Programmes are reviewed by the coordinator based on an effective scheduled review process.

# 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

The service demonstrated that consumers receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being, and consumers are satisfied with the care and services they receive and confident that the care delivered by the service optimises their health and well-being. Consumer care coordinators highlighted that many consumers receive clinical care through their medical officer or community nursing through their local hospital. This includes wound care, diabetes management, and palliative care. Allied health services provided include physiotherapy, occupational therapy and speech therapy, and are provided both in home and at the centre. Management and staff demonstrated that best practice care is supported through individual clinical membership with their respective professional organisations, via completion of online internal training, and further external training and conference attendance completed by individual practitioners. The Assessment Team reported however, that the organisation’s policies do not guide staff on implementation of best practice, and management advised that their policies are in the process of being updated to include clearer directions for staff.

The service demonstrated effective management of high impact and high prevalence risks associated with consumer care. Staff demonstrated knowledge and appropriate documentation highlighting that risks are identified through robust consumer assessment, and strategies are included via effective care planning.

The service advised that consumers engaging in end of life care are supported and referred to external providers of care via their local health palliative care team. Some consumers are supported in a transfer to hospital or to residential aged care. Care coordinators confirmed that the service can provide personal care to consumers nearing end of life, to ensure comfort and dignity is preserved, however this does not often occur. Clinical staff utilise pain assessments when required, and explained that consumer end of life pain and medication is usually managed by medical officers or via the palliative care teams.

The service demonstrated that consumer deterioration is recognised and responded to in a timely manner. Consumers advised that staff recognise if they are having a bad day and aptly respond to their needs, and care coordinators make proactive contact with consumers regularly to check on their health and wellbeing. Staff highlighted that support workers routinely call care coordinators to inform them of consumer deterioration and document in their electronic care management system (ECMS). Coordinators also demonstrated that they visit consumers when deterioration is identified and support referral to the consumers’ General Practitioner for review.

The service demonstrated that consumer information is effectively communicated within the organisation and with others responsible for care. Consumers and representatives expressed their satisfaction that individual consumer condition, needs and preferences are communicated within the organisation and with others where care is shared, and reinforced that staff have access to sufficient information to perform their duties. Support workers have access to consumer care plans via their mobile app, and explained that they call the service care coordinators and/or clinical staff to escalate concerns or to obtain further information needed to support consumers. The service also ensures that contracted allied health staff have access to the service’s documentation system and the service routinely provides relevant consumer assessments and reports. Care coordinators regularly liaise with external health providers and document updates and attach reports as required, and consumers provide consent to have their information shared between providers.

The service demonstrated appropriate and timely referrals to individuals, other organisations and providers of other care and services, and consumers and representatives reinforced that the service assists with referrals for appropriate care, services and equipment needs. The service demonstrated referrals to community nursing services, My Aged Care, equipment suppliers and allied health providers including occupational therapists for the purposes of home modifications.

The service demonstrated effective minimisation of infection risks through implementation of precautions to prevent and control infection and an appropriate focus on antibiotic prescribing. Consumers highlighted that support workers routinely utilise PPE to prevent spread of infections related to respiratory infections including COVID-19. Support workers routinely sign off that they have screened consumers for possible respiratory infection prior to entering the consumers’ home. The service has trained two staff to practice as infection prevention and control (IPC) leads. Staff demonstrated an appropriate knowledge of the use of transmission-based precautions and standard precautions to best support consumers, including use of gloves around bodily fluids and maintaining a clean or aseptic environment for wound care. Care coordinators advised that they liaise with medical officers when consumers are identified with possible infections, and the consumer is referred to their General Practitioner for management. Care coordinators continue to liaise with the medical officers around pathology testing results to ensure correct antibiotic is prescribed, and to provide updates on consumer condition if further treatment is required.

# Standard 4

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

Findings

Consumers advised that the service delivers safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Support workers have access to consumer care plans on a mobile device which they routinely refer to, and the service demonstrated appropriate policies to guide staff on ensuring effective services and supports for daily living. The Assessment Team reported however, the organisation’s assessment and planning policy lacked detail and some consumer care plans contained inaccuracies or omissions of relevant information and consumer care plans were electronic without consumer or representatives signature. In their response to the Quality Audit Report, the Provider demonstrated their robust consumer assessment and planning procedures that outline consumers and representative involvement in the development of each care plan. The service highlighted that this involves systematically recording in consumer progress notes each interaction, discussion, and decision-making process and ensuring that consumer care plans reflect considered and agreed-upon consumer care goals, preferences, and strategies. In their response, the Provider also highlighted that the service clearly documents who was involved in the development of a consumer care plan, as the current electronic system does not support electronic signatures. As a continuous improvement measure to reduce uncertainty, the organisation is investigating options to include an electronic signature from the consumer or their representative. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the service’s delivery of safe and effective services and supports for daily living. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 4(3)(a).

Consumers and representatives expressed their satisfaction that the services and supports they receive promotes their emotional, spiritual and psychological well-being. Staff demonstrated appropriate knowledge on how they support individual consumers’ emotional and psychological needs. The Assessment Team reported however, only limited information regarding consumer goals or strategies is recorded in consumer care plans and progress notes. The Assessment Team noted that inconsistent care plan documentation used to guide support workers on how to support consumers’ emotional and psychological well-being needs may negatively impact consumers. In their response to the Quality Audit Report, the Provider demonstrated appropriate and immediate staff education in relation to delivery of services and supports for daily living. The service evidenced their March 2024 Support Worker Newsletter, as well as their May 2024 staff meeting presentation. Both materials provided staff with relevant information to develop their knowledge in order to deliver services and supports for daily living that promote individual consumer’s emotional, spiritual and psychological well-being. Both staff education provided focus on documenting and recording consumer interaction, and escalating by exception if required. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the service’s delivery of safe and effective services and supports for daily living. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 4(3)(b).

Consumers and representatives advised they are satisfied with the services and supports provided for daily living. The service demonstrated that consumers are assisted to maintain community engagement both within and external to the service, to develop social and personal relationships, and to participate in activities of particular interest to them. Staff effectively demonstrated how they provide relevant supports and services to encourage and maintain consumer participation. The service has developed a monthly program with consumer input that provides a range of activities such as card games, carpet bowls and crafts, and support workers ensure flexibility in changing what is planned on the day to best suit consumers’ needs and preferences. The Assessment Team visited the centre-based respite centre and observed consumers to be engaged, talking, laughing, and enjoying themselves.

The service demonstrated effective communication regarding individual consumer condition, needs and preferences however some improvement is required in relation to adequate documentation. Consumer care plans and progress notes are the main mechanism for communicating consumer condition, needs and preferences for daily living. Support workers, including those at centre-based respite have appropriate access to consumer care plans and progress notes and this information is reviewed regularly.

The service demonstrated appropriate referrals to individuals, other organisations and providers of care and services. Consumers advised, and consumer documentation confirmed, that relevant and timely referrals are facilitated by the service to a variety of services, such as equipment providers and hearing services. Staff reported they also refer consumers to My Aged Care when they require a review to their program or additional services through the Commonwealth Home Support Programme. The service demonstrated appropriate refers to home maintenance services, and there is a focus to assist consumers to remain independent within the community.

The meals provided at the centre-based respite are varied and of a suitable quality and quantity. Morning tea and lunch is cooked and provided, and consumers have input into the menu. The service administers appropriate records of consumers food preferences, requirements, or allergies, and staff demonstrated they have access to the service’s electronic care management system to identify consumer risks related to foods. Current food safety certificates were observed as up to date.

The service demonstrated that consumer equipment it is safe, suitable, clean and well-maintained. Where the service provides equipment, individual consumer home care agreements highlight that the equipment is the service’s property and clearly articulates the service is responsible for repairs and maintenance. Care coordinators maintain an equipment register to alert them to when a piece of equipment is due for or requires maintenance. In relation to hired equipment or that purchased through aged care support funding, the consumer’s home care agreement clearly explains that this equipment is the consumer’s property, and that the consumer is responsible for maintenance and repair. Consumer’s provided positive feedback in relation to allied heath assessments completed and the resultant equipment they receive. Support workers demonstrated appropriate knowledge of individual consumer needs relating to mobility equipment and consumer care plans included relevant details in relation to the equipment needed to best support consumers.

# Standard 5

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

Findings

The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The service operates a centre-based respite, and consumers attend the centre for allied health services and an exercise program. The centre-based respite is held in a large, light, bright and welcoming room with pictures on the walls and music playing. There is ample room for appropriate activities and games, and for consumers to mobilise using 4-wheel walkers.

The service environment is safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors. The rooms for centre-based respite, the exercise program and allied health services are clean, safe, well maintained and allow consumers to move freely inside and outside. The kitchen is part of the centre-based respite room and was observed by the Assessment Team to be clean and well-ordered, including the fridge. All allied health consultation rooms are on the ground floor and easily accessible, and the exercise room and centre-based respite have both ramp and lift access.

The service demonstrated that furniture, fittings, and equipment are safe, clean, well maintained and suitable for consumers. The environment is well lit, and chairs and other furnishing, such as a couch and activity table are safe and clean. The exercise room has limited furnishings other than a table and chairs due to the nature of the program, and handheld weights are used by consumers as determined by the physiotherapist during classes. The Assessment Team reported that the furniture, fittings and equipment provided by the service are suitable for the purpose of the services being provided.

# 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

Consumers and representatives advised that they feel comfortable and supported to provide feedback and make complaints. Management and staff demonstrated appropriate knowledge on ways in which they support consumers to provide feedback, including regular verbal feedback opportunities or supporting consumers to lodge a written complaint or feedback.

Most consumers advised that they have not needed to make a complaint but if they did, they would seek support from their family to help advocate on their behalf. Consumers understood that they can seek external avenues for lodging a complaint, including by contacting the Aged Care Quality and Safety Commission. Management advised that they support consumers to access language and advocacy services as the need arises. The Assessment Team observed advocacy and senior rights brochures displayed at the service within the reception area.

Consumers and representatives expressed satisfaction that the service will appropriately address and resolve their complaints. Staff and management demonstrated an appropriate knowledge of open disclosure principles and how they apply to their day-to-day operations, and when addressing consumer feedback.

Consumers and representatives advised they are confident the service uses their feedback to improve their service provision. Management effectively demonstrated how consumer feedback is used to improve consumer quality of care and services, and the service demonstrated effective records, management and monitoring of consumer feedback to enable a responsive approach to consumer needs and to drive continuous improvement within the service.

# 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

The service demonstrated appropriate systems and processes to ensure the workforce is planned to enable delivery of safe and quality care and services. Staff and rostering teams work effectively to ensure consumer needs are prioritised when deploying staff. Consumers and representatives provided positive feedback about the standard and quality of work delivered by the service and were happy with the staff who provide their services. Consumers advised that coordinators are in regular contact with them and routinely check on the quality of care and services.

Consumers and representatives advised that staff are kind, caring and respectful when delivering their care and services. Consumers advised that their choice in relation to preferred support workers are promptly actioned, and staff and management spoke respectfully about consumers and were able to describe their care and services in detail.

Consumers and representatives advised that staff have the skills and knowledge required to meet their needs and highlighted that staff are competent in their roles. Staff explained that they are confident to approach management for support. The service demonstrated that staff have appropriate access to relevant and detailed information about consumers to enable them to perform their roles effectively, and management demonstrated effective systems to document, review and monitor staff, including subcontractor qualifications and competencies. Staff engage in support mechanisms including regular meetings and informal regular catchups.

The service demonstrated effective recruitment practices, including robust compliance checks for all staff employed by the service. Appropriate checklists and information systems are used to standardise recruitment procedures and induction practices. The service demonstrated effective induction and orientation process, and relevant mandatory and ad hoc training for staff. Staff confirmed they are oriented and provided with induction related to their roles, and consumers and representatives advised they have confidence that staff are appropriately trained in the delivery of their care and services. Management confirmed that additional training needs are routinely identified from consumer feedback, incidents and trends, or new consumer needs.

The service demonstrated completion of annual staff performance reviews to monitor and assess staff performance against internal policies and key accountabilities related to position descriptions. Staff annual reviews include performance assessment against the service’s vision, mission, values and expected behaviours, and relevant policies guide staff in the process, frequency and outcomes of performance assessments. Consumers and representatives advised that they felt confident giving feedback about staff performance and reported positive outcomes as a result. Consumers and staff advised that care coordinators are in regular contact with them and often check on staff performance, including when a new service commences, or a new support worker is aligned to a particular consumer, to ensure that staff performance is meeting consumer requirements.

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# 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

The organisation demonstrated a consumer advisory body in line with requirements under Aged Care legislation and regulatory requirements. The organisation demonstrated their ongoing continuous improvement actions to develop a robust consumer engagement strategy. The organisation proactively seeks input from consumers using a variety of methods, including audits, verbal feedback, written or emailed feedback and feedback received during consumer assessment and planning processes. Consumer audits, feedback and complaints are discussed at the organisational Quality Clinical Review and Risk Committee and at board meetings.

The organisation demonstrated a governing body that promotes a safe and inclusive culture that undertakes regular review of the governing body composition, skills and conflicts of interest and the chairman of the board highlighted that the organisation reviews the board skills matrix regularly and has introduced a clinical governance director role as part of this review process. The clinical governance director role participates in the Quality Clinical and Risk Review Governance meeting and reports to the board on issues or feedback from the meeting. The organisation demonstrated that the board and quality care advisory body routinely receive, analyse and provide feedback to management on clinical data and trends, local area health and infection control alerts and compliance matters. The quality and compliance manager and the clinical board director attend both the board and the quality care advisory meetings and provide feedback to the board on issues discussed or information from service delivery. Staff reiterated a safe working culture and highlighted availability of ongoing training and initiatives by the organisation, and there is a visible focus on safety throughout the organisation with posters, noticeboards and information available for staff on psychosocial support and safety alerts. The Assessment Team reported however, that the terms of reference for the Quality Clinical and Risk Review Governance committee does not include a consumer or representative. In their response to the Quality Audit Report, the Provider highlighted that their quality care advisory body includes a member from their consumer advisory body who represents the interests of care recipients. The organisation updated its terms of reference for their quality care advisory body confirming that it aligns with the legislative requirement to have a member who advocates for care recipients. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to organisational governance. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 8(3)(b).

The Assessment Team reported that the organisation was unable to demonstrate effective governance systems used to improve outcomes for consumers, specifically in relation to information management, workforce and financial governance. The Assessment Team reported that operational guidelines are not clearly defined for staff, guidance and audit practices are absent for some financial risks leading to a gap in financial safeguarding for consumers, and controls around monitoring of subcontracted services were lacking. In their response to the Quality Audit Report, the Provider evidenced their robust set of policies and procedures, and highlighted that the organisation has a continuous improvement action to review and update their policies and procedural documents to ensure clear guidance is available for staff. The organisation is reviewing and expanding on their current documentation audit to ensure that consumer clinical assessments and consumer goal setting strategies are clear, and the organisation has developed a standardised risk alert procedure to eliminate inconsistencies. The organisation has introduced contractor sign in processes across both HCP and CHSP services and increased the frequency of their consumer satisfaction surveys. The organisation’s continuous improvement action to introduce key performance indicators for contracted staff supports an increase in consumer financial safeguarding, and the organisation will implement an unaccompanied shopping agreement and further education for staff will be delivered on the organisation’s procedure for unaccompanied shopping. The organisation has developed a comprehensive procedure to manage unspent funds which maintains focus on consumer needs and goals and ensures that the board maintains effective oversight. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to effective organisation wide governance systems. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 8(3)(c).

The organisation demonstrated effective risk management systems and organisational policies provide guidance throughout the organisation in roles and responsibilities around aspects of risk management. The organisation demonstrated effective systems to drive and influence continuous improvement, and the governing body demonstrated an organisational commitment to managing risks, observed in operational practice with risk matrices embedded in its continuous improvement and feedback registers to guide staff in assessing risk levels. Internal audits are conducted and reviewed by the governing body to monitor the high impact and high prevalent risks, which include falls, pressure injuries, hospital admissions and behaviour related incidents. The organisation demonstrated that all staff are trained annually in the serious incident response scheme (SIRS), elder abuse, and duty of care to consumers, and the organisation demonstrated relevant knowledge of the requirements to report and investigate serious incidents to the scheme. The organisation administers an electronic incident management system to report and monitor incidents, and undertakes regular review and monitoring of incidents and trends by the governing body.

The organisation demonstrated an effective clinical governance framework and policies that appropriately define roles and responsibilities related to clinical care across the organisation. The organisation demonstrated a responsive approach to recognising new clinical needs and gaps in knowledge and introducing training for clinical and non-clinical staff where required. Clinical staff demonstrated appropriate knowledge of antimicrobial stewardship (AMS) and they receive annual mandatory training in AMS. All staff receive training in infection control and prevention, including hand hygiene. The organisation demonstrated an appropriate policy to support minimisation of restrictive practices. Clinical staff confirmed they undertake annual mandatory training on restrictive practices in aged care and demonstrated an appropriate knowledge of the types of restraint. Management and staff demonstrated knowledge of open disclosure and when to apply this in practice, and clinical and management staff advised they have received training in open disclosure. Open disclosure is appropriately referenced in policies and procedures for complaints, feedback and incident reporting, and listed as a prompt on consumer adverse event forms for staff undertaking investigations. Governing body meetings highlighted that consumer complaints and adverse events are escalated and discussed at the board level, including open disclosure. Consumers confirmed that they receive an apology when appropriate and are satisfied with outcomes delivered by the staff and the organisation.

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)