**Performance**

**Report**

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| Name of service: | LDK Home Care Greenway |
| Service address: | 270 Soward Way GREENWAY ACT 2900 |
| Commission ID: | 201449 |
| Home Service Provider: | LDK AP Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 14 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 LDK Home Care Greenway (**the service**) has been prepared by J Taylor, 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:**

* LDK Home Care Turramurra, 27544, 270 Soward Way, GREENWAY ACT 2900

**CHSP:**

* Meals - Community and Home Support, 4-DP1GV5C, 270 Soward Way, GREENWAY ACT 2900
* Social Support - Group - Community and Home Support, 4-DP1GV8K, 270 Soward Way, GREENWAY ACT 2900
* Transport - Community and Home Support, 4-DP1GVBK, 270 Soward Way, GREENWAY ACT 2900
* CHSP Emergency Support for COVID-19 (Meals), 4-EAJUK1Q, 270 Soward Way, GREENWAY ACT 2900

# 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.
* 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 | **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 | **Not applicable as not all requirements have been assessed** |
| **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 sampled said they are treated with dignity and respect. They described how their interactions with personal care assistants were respectful and felt their background and culture was understood and respected. Support workers and clinical staff demonstrated an understanding of maintaining dignity and respect of consumers and could describe each consumers preferences, background, and individual needs.

Consumers and representatives sampled said personal care assistants get to know them and are familiar with their backgrounds and culture. Training records reviewed demonstrated all staff complete the Equality, Diversity and Inclusion course annually and care plans reviewed indicate consumers who have cultural, spiritual or religious requirements.

Consumers and representatives interviewed described how the service supports them to make decisions regarding their care and services. Consumers elaborated on how the service worked with them to ensure they received care and services tailored to their needs and preferences. For example:

* A consumers described how the service ensures consumers are the decision makers surrounding their individual care. The consumer said the service will offer suggestions, however ultimately the decision is theirs and they have been very happy with the level of involvement they have had in decision making while at the service.

The Assessment Team sighted the choice and decision-making policy which detailed the service’s commitment to ensure consumer independence in decision making is optimised. Position descriptions for all roles sighted stated ‘All employees are accountable for upholding the Aged Care Quality Standards in their role. As an LDK employee, you will work with residents to provide high quality care and services, acknowledging their choices and seeking feedback from them to improve and monitor the systems and processes in place’.

Clinical staff interviewed advised risk assessments are undertaken during reviews such as a home safety risk assessment and falls risk assessments. Staff interviewed stated validated assessment tools are used to guide the delivering of care and services. The Assessment Team sighted the services Dignity of Risk policy which advocates for consumers to have the right to experience and learn from life even when situations pose a level of risk to their wellbeing. The Duty of Care policy reviewed provided details on the risk agreement form being signed off when behaviours are identified as being high risk.

While two consumers interviewed advised they did not understand their monthly statements, the service demonstrated consumer concerns regarding billing was included in the plan for continuous improvement and appropriate actions taken to resolve this issue, such as improved monthly statements. The Assessment Team sighted several statements which were noted to be easy to read and clearly itemised and noted the service welcomed contact from consumers or representatives should further explanation be required.

Staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting consumers privacy. Staff described practical ways they protect consumer information such as only discussing consumer information with relevant staff, checking the consumer information system for consent when people external to the service are seeking information and not disclosing a consumer’s personal information to anyone outside of the service. The service evidenced Privacy and Records Management policies clearly defining the services commitment to protecting the privacy of consumers personal information and how this is shared.

Considering the information provided above, this Standard is assessed as Compliant as six of the six requirements have been assessed as Compliant.

# 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 personal care assistants described using the care plan and task list via the services mobile application to guide the care and services they provided to the consumers. They noted the alert feature on the mobile application advises of any risk to consumers and stated the task list must be ticked off on completion of the care provided and progress notes written as evidence of the care and services provided. Care documentation sighted included detailed tasks required and demonstrated the service had processes in place to guide staff should a consumer not respond to a scheduled visit. The service evidenced an Ongoing Assessment and Care Planning policy to guide staff on the assessment and development of care planning for consumers.

Staff interviewed advised consumers’ needs, goals and preferences are documented in the care plan which all staff can access via the mobile application. Assessment and planning documentation reviewed confirmed consumer’s needs, goals, preferences, Advance Care Plan (ACP) and end of life planning were documented, including evidence of conversations with consumers who chose not to have ACP or end of life plans at this time. The services policies on Choice and Decision-Making and Palliative Care and End of Life were sighted and noted to include expectations and processes covering advanced care planning and end of life planning for consumers.

Consumers and representatives interviewed confirmed assessment, care planning and review of consumers’ care and services is completed in partnership with the consumer and representatives, when identified. Involvement from other organisations was evidenced in consumers files reviewed and included information from General Practitioners and allied health professionals. Information from General Practitioners and identified allied health professionals used by the service is applied directly into consumer files via the services mobile application which allows for immediate communication with the service and care plan review if required.

Most consumers and representatives interviewed stated they received a copy of their care plan which is kept in their home in an LDK folder. They explained the Clinical Case Manager explained the information in the care plan regarding their individualised care and services. All consumer files reviewed contained up to date information relating to individualised care and services provided to consumers.

Consumers and representatives interviewed confirmed if their needs changed, they would contact the clinical case manager or inform the personal care assistant for the change to be considered and actioned. They confirmed the services they receive are regularly reviewed by management. For example:

* One representative interviewed stated that every time the consumer came home from hospital the service conducted a care plan review.

The clinical care manager described the process and circumstances a review or reassessment may be required and this was supported with a review of the Ongoing Assessment and Care Planning policy and aligned with the timeframes detailed.

In considering this information above, this Standard is found to be Compliant as the service has demonstrated ongoing assessment and planning with consumers. Five of the five requirements are assessed as compliant.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

Consumers and representatives’ feedback was positive in relation to the personal and clinical care received from the service. They said the care received is tailored to their needs and optimises their health and well-being. Personal care assistants interviewed confirmed they are aware of each consumers care needs and the information available via the services mobile application supports them to provide the appropriate care that is tailored to the consumers’ needs. They stated that if consumers’ needs changed, they would inform the Clinical Care Manager or Registered Nurse who would discuss the change with the consumer. The personal care assistants interviewed described the additional care strategies provided to consumers living with dementia. The service evidenced policies that are reference from national guidelines following best practice on safe and effective personal and clinical care. For example, policies relating to medication management, falls prevention, skin and wound management and minimising restrictive practice.

The service demonstrated Clinical Care Managers applied risk mitigation strategies as evidenced by referrals associated with the consumers' risks sighted by the Assessment Team. The referrals sighted highlighted falls, dementia, pressure area care and urinary tract infections as high prevalence risks within the service.

Several consumer files reviewed contained alerts evident in the mobile application, reminding staff of potential risks that may be present in the delivery of care to individual consumers. It was noted a Risk Management Agreement, which a registered nurse completes with the consumer, is used to record and analyse identified risk and provides approval from the consumer and/or Enduring Power of Attorney. Staff interviewed demonstrated knowledge of restrictive practices with education and training in relation to restrictive practices, behavioural management and dementia care being provided by the service. Training is provided to the staff by the Geriatrician and allied health staff on falls prevention and staff have access to Dementia Support Australia education. The clinicians are required to complete Pressure Area Care, Catheter Care, Wound Care and Awareness and Prevalence training provided by the clinical educator within the service.

The service evidenced Advanced Care Planning is discussed on entry to the service and End of Life Planning is included in the care plan. Management interviewed stated staff received palliative care training provided by Claire Holland House and palliative care experts, annually. The service also has access to palliative care nurses via a brokered general practice service and the service provides consumers with a palliative care bedroom if they choose to use it instead of palliating in their own home. Review of the services Choice and Decision-Making policy outlined the process for advanced care planning.

Consumers and representatives interviewed expressed confidence staff would know if their health changed and act accordingly. Personal care assistants interviewed described the actions taken following identification of a change or deterioration and advised training had been provided in first aid, basic life support and management of choking. Review of the Incident Register evidenced immediate action taken following identified deterioration. For example:

* A consumer was found kneeling on the floor by a personal care assistant who immediately contacted the Registered Nurse on duty who, after assessing the consumer, contacted the General Practitioner (GP). The registered notes 45 minutes later a telehealth review was conducted with a GP and a plan including referral for an assessment to be undertaken the following day, referral for physiotherapy and follow up for further testing confirmed.

The services Responding to Clinical Deterioration Policy was reviewed which outlines actions to recognise and respond to deterioration in a consumer’s condition. This includes considering the consumers’ needs, preferences and End of Life planning. The service evidenced use of recognised assessment tools to identify and respond to deterioration in consumers.

Consumers and representatives interviewed said they are satisfied information about their care and services is shared within the service and with others involved in their care. Consumers reported they are attended by the same team of personal care assistants and nursing team who have knowledge of the care and services they require. Personal care assistants and nursing staff described how they access information on consumers via the services mobile application to view the care plan and task list for each consumer. The Assessment Team sighted a Privacy Policy and Clinical Handover Policy to support the sharing of the consumers condition, needs and preferences within and outside the service.

Management interviewed confirmed referrals are completed in consultation with the consumer and their representative and explained that clinical referrals covered a range of external services such as physiotherapy, speech pathology, occupational therapy, podiatry, GP and palliative care services. The Assessment Team sighted evidence of referrals being conducted by the service in a timely and appropriate manner. Review of the Ongoing Assessment and Care Planning Policy included information to guide the service on the process of making a referral to an external source.

Personal care assistants interviewed reported there is sufficient supplies of PPE available to them and it is policy to wear a mask at every consumer visit. They stated they have yearly training from the onsite educator on PPE, hand hygiene and infection control and that new staff must complete these within one month on commencing employment. The Assessment Team sighted the Infection Prevention and Control Policy highlighting the expectations for all staff regarding infection control. The service evidenced an Outbreak Management Plan which highlighted specific actions required by the service and management when an outbreak is first identified, in the first 4 hours, 8 hours and then 24 hours.

In considering the information above, the service has demonstrated effective provision of personal and clinical care to consumers with this Standard assessed as Compliant. Seven of the seven requirements for the Home Care Package (HCP) consumers is assessed as Compliant however, the Commonwealth Home Support Programme (CHSP) for this Standard is deemed to be Not Applicable.

# 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 and representatives interviewed expressed in various ways how the service made them feel safe, and they were able to receive supports and services that enabled them to remain in their home. The service currently provides transportation, meals and domestic assistance to support the consumers daily living needs. For example:

* A representative interviewed explained how the service takes the consumer to activities they are interested in to support their quality of life.

Personal care assistants interviewed demonstrated an understanding of what is important to individual consumers and how to support them to maintain their independence and quality of life. They described how they encourage consumers to participate in activities but respect the consumers decisions at the same time.

A personal care assistant interviewed explained how they would know when a consumer is feeling low and described what they would do to support them. This included asking the consumer if they were ok and letting them talk if they chose to. They then described how they would escalate their concern to the registered nurse on duty if they could not help the consumer feel better. Management interviewed said the clinical care managers provide daily welfare checks on every consumer in their portfolio and this is supported by the Daily Checks Policy that is aimed to provide daily wellness checks to all consumers who may experience changes in health status. Care plan documentation reviewed reflected individual consumer needs, including religious preferences with an on-site church which can be used by any denomination.

Consumers and representatives sampled said the service enables consumers to choose to participate in their community, do things of interest to them, and maintain social and personal relationships. Examples of activities available to consumers are knitting groups, painting competitions, paper boat races and access to the swimming pool, walking groups and other activities promoted through the services monthly newsletter promoting in-house activities and external options for consumers to decide what they wanted to participate in.

The personal care assistants described how they access information on consumers via the services mobile application where they are able to view the care plan and task list for each consumer. They said this can be done at the point of care. They stated that the information is current and up to date with an alert system on the front page regarding the consumer’s needs and any identified risk to the consumer. The task list must be ticked on completion of the task and progress notes written before completing the service. The Assessment Team sighted the Privacy Policy and a Clinical Handover Policy to support the sharing of the consumers condition, needs and preferences within and outside the service.

Management interviewed explained the process of completing an internal referral if a consumer requested an additional service. For example, if domestic assistance was requested the Clinical Care Manager would review the consumers package and discuss the additional service with them. If there was enough funding the service would be initiated otherwise the existing services would be discussed and reprioritised to ensure the consumer is receiving the services they want in line with their needs, goals and preferences.

The service provides several options for consumer for meals, including two restaurants, a café, buffet style options, consumers can have meals delivered to their residence or have meals delivered to be reheated when they desire. Consumers and representatives interviewed said they are satisfied with the meals offered and there are always alternatives, so you can choose what you like. Management interviewed stated all staff who serve food hold a current food handling certificate and a dietician may be consulted if the need is identified by the clinical care team. The Assessment Team reviewed the dietary profile form and noted consumers dietary, needs, requirements, preferences and risks are written in this form which is shared with kitchen staff. The service evidenced a Dietary Management policy which outlines the need for well-balanced nutritional diet for all consumers.

Consumers and representatives interviewed stated the equipment they use was all purchased by themselves and the service had not provided any equipment or home modifications to date. Management interviewed stated home maintenance safety equipment can be installed via a referral to an external company after an Occupational Therapist (OT) has assessed the consumer's home. Similarly, all mobility aides, as required or requested by consumers, are organised by the service after an occupational therapist assessment is conducted. The service stated all equipment purchased by consumer is maintained by the provider of the equipment but organised through the service.

Management interviewed described the processes of servicing, annual registration, comprehensive insurance and maintenance of the vehicles and the Assessment Team confirmed this via review of the central management system. The Assessment Team reviewed the services Transport Policy supporting the consumers’ needs goals and preferences to optimise independence, health, wellbeing and quality of life. The aim of this policy is to provide transport that is delivered safely at the agreed time for the consumer.

In considering the information above, the service has demonstrated effective provision of supports and services to consumers for daily living with this Standard assessed as Compliant. Seven of the seven requirements assessed for this Standard deemed Compliant.

# 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

Consumers interviewed attending the social support group activity Strength for Life on the day of the audit said they enjoy the interaction with personal care assistants and other consumers. For example:

* One consumer said staff are fantastic, smiling and friendly and go beyond the call of duty to make them feel welcome.
* A representative said the service is like a 5-star resort and staff are happy and welcoming.

The personal care assistants and activity coordinator were seen to help the consumers during the activity (Strength for Life). Staff called each consumer by name and promoted interaction to enable consumers to get the most out of the group activity. It was noted there were a number of outdoor spaces consumers could access via wheelchair friendly flooring for ease of access. The service advised all of these areas are designed to create a welcoming environment for the consumer to promote independence and a sense of belonging.

Consumers interviewed confirmed the communal areas were always clean and well maintained. The activity coordinator and management interviewed both advised any maintenance issues raised are attended to promptly via logging a job with the maintenance team. They stated that if there was an urgent maintenance issue, the services maintenance team would attend to promptly. Review of the maintenance register for the service demonstrated concerns are recorded and monitored with an urgency rating applied. The service provided an example of prompt maintenance action:

* 15 November 2022 9:10am the Hospitality Manager submitted an urgent request as a toilet door in a communal area had come off its hinges. The area was cordoned off until completed at 1:38pm on the same day.

Furniture, fittings and equipment within the service environment was observed to be clean, well maintained and suitable for consumers to use. Consumers interviewed agreed the equipment is clean and safe. For example,

* A consumer explained how when they attended the gym, staff would clean each piece of equipment it with an alcohol wipe after their use ready for the next consumer.

The Assessment Team observed chairs and tables that were being used during the social support group session were cleaned by the support workers after the activity. Other areas within the service were observed to be clean and comfortable. Observation of the communal library saw many books available for consumers with comfortable chairs, an electric fireplace and well light area to support reading and comfort as required.

In considering the information above, the organisations service environment is clean and well maintained which enables consumers to move around and participate in activities. Therefore, this Standard assessed as Compliant as three of the three requirements are assessed as Compliant.

# 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

All consumers and representatives sampled described how they could make a complaint and/or provide feedback to the service. Most consumers said if they had a concern about their services, they would call and talk to their case manager in the first instance. For example:

* A consumerinterviewed advised they spoke with their case manager about a personal care assistant they didn’t “click” with. The case manager listened to them and changed the personal care assistant for the consumer.

The service advised consumers are provided with access to an online feedback system – QR codes are provided to consumers and representatives and they are encouraged to provide their feedback and/or complaints directly online however, other avenues available to consumers to provide feedback include via phone, email, in person at reception, and a feedback form.

The Incident, Feedback and Complaints policy includes information on ways to provide feedback to the service and the requirement for the service regarding reporting of serious feedback via Serious Incident Reporting Scheme.

The service advised consumers and representatives are provided with information regarding advocacy and interpreter services through their handbook. Contact information for the Aged Care Quality and Safety Commission and the Older Persons Advocacy Network is also provided. The complaints feedback policy included information on how to contact an advocate in the event a complaint is not resolved and complaint brochures and posters were sighted within the service.

All staff interviewed described their understanding of open disclosure principles and described what they would do in the event something went wrong. This included apologising and reporting the incident to management. Training records sighted evidenced all staff had completed mandatory Open Disclosure training. The service stated all feedback is captured through the Risk Incident and Continuous Improvement system and a report on all feedback is compiled each week and provided to the services Executive Team for oversight and review. In addition, feedback that is categorised as major or critical is automatically sent to the leadership team (including the CEO) for immediate review.

The Assessment Team noted feedback reports are provided to the Executive Team weekly which are reviewed to identify trends and to allow the team to provide support and oversight of feedback outcomes. Review of the Continuous Improvement Policy provided a clear description of how feedback is reviewed and fed into the plan for continuous improvement. Management interviewed said several projects had been put in place as a direct response to consumer feedback and entered into the services plan for continuous improvement. For example:

* The Billing Improvement Project was put in place to address complaints regarding statements. This activity resulted in improvements in the clarity of statements, the introduction of an online system where consumers can access their statements and billing in real time. Complaints regarding billing have now decreased.

In considering the information above, the service has demonstrated consumers are supported to provide feedback and complaints and the service records, monitors and actions feedback to inform improved service delivery. Therefore, this Standard assessed as Compliant as four of the four requirements are assessed as Compliant.

# 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

All consumers and representatives interviewed said staff mostly arrive on time, and there is enough time allocated to complete the service. Personal care assistants and clinical staff interviewed said they feel they have enough time to carry out the tasks allocated to them. Management interviewed advised the rostering system is available on a centralised management system, which records and notifies rostering staff of unfilled shifts. Unfilled shifts are managed in-house through a communication system with staff being notified of available shifts. Management interviewed stated they have enough staff to provide services, but also have access to external agencies if required.

All consumers and representatives interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how staff are kind, caring and respectful. For example:

* A consumer said all staff are kind and will always ask if there is anything else they would like done before they leave. The consumer said all staff are very respectful across the village.

Staff were observed interacting with consumers in a kind, caring and respectful way. All staff appeared to know consumers by name and staff were observed asking consumers questions about their health and their families. Staff training records reviewed included mandatory training for all staff on Dignity and Respect; Cultural Training; and Equality, Diversity and Inclusion.

Management interviewed said they ensure personal care assistants are suitably qualified during the onboarding process with mandatory requirements and experience checked prior to employment. The mandatory requirements include up to date influenza and COVID-19 vaccinations, working with vulnerable people card, police check, valid driver’s licence (where applicable), proof of professional registrations relevant to the position (minimum Certificate III for support workers). Position descriptions were sighted for all staff and provided details of required qualification and experience.

Staff interviewed confirmed they receive initial and ongoing training, both face-to-face and online. Staff said they feel well supported by management, through regular meetings and the provision of ongoing training and information. The service demonstrated a strong focus on developing staff and retaining staff for the long term. Staff have the opportunity to apply for education assistance if the course provides a direct benefit to the service and the consumers. The service maintains a training register for staff and evidenced a comprehensive ongoing training regime which includes competency-based training in Aged Care Quality Standards, medication administration, consumer directed care, dementia, clinical handover, infection control, manual handling, basic life support, recognising and responding to abuse.

The service demonstrated performance reviews for all staff are undertaken every 6 months. Staff interviewed said they regularly receive feedback from their managers on their performance. During performance reviews, all staff are given an overall rating and agreed key performance indicators are put in place for the next 6 months. Staff are provided with an employee handbook which outlines expected conduct during employment. The staff code of conduct was sighted which is based on the LDK Way – Loving, Decency and Kindness.

In considering the information above, the service demonstrated effective processes in place to ensure the organisation has a workforce that is sufficient, and is skilled and qualified to provided safe, respectful and quality care and services. Therefore, this Standard assessed as Compliant as five of the five requirements are assessed as Compliant.

# 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

Consumers and representatives interviewed said they are regularly asked for feedback on the care and services provided. They advised feedback is provided through their case managers, via the online feedback system, a yearly survey or through the Residents Committee. The Resident’s Committee is comprised of nine members and meets once each month. Feedback from this committee is provided to management as input into the way services are provided. The CEO said he spends time with consumers each week and seeks informal feedback on how the service is running. The information he receives from the conversations he has with consumers is shared with the management team in order to continuously help improve the delivery of services.

Board minutes sighted for the previous 6-month period evidenced the board has clear oversight of care and services and are accountable for the deliver of care and services. The CEO said vulnerable consumers are identified on first contact with the service and through the assessment process and provides additional supports when required by consumers. For example:

* A supported living environment is set up for consumers who may need extra support engaging with others.
* Staff check in regularly with consumers identified as socially isolating themselves and encouraged to participate in various activities offered to support interaction with others.

**Information Management**

The service has a centralised management system which is a single data source for consumer care plan documentation. The data is stored securely and accessed by the relevant staff members. The system is password protected and the service evidenced an Information Management policy.

**Continuous Improvement**

The service evidenced a Continuous Improvement Register which is updated regularly, and includes improvements to consumer care and services, communication pathways for consumers and staff, and improved methodology on how feedback and complaints can be made and used by the service for improvements.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing required to deliver safe and quality care to consumers. It was noted reporting of the services finances is a standard agenda item for the bi-monthly board meetings and comprehensive financial reports are provided to the CEO and board for their oversight.

**Workforce Governance**

The service demonstrated effective workforce governance via the sighted organisational chart, job descriptions, staff code of conduct and the staff handbook, which is supplied to new staff. The onboarding process to recruit staff is sound and copies of qualifications, vaccination status, driver’s licence and police checks were sighted.

**Regulatory Compliance**

The service evidenced subscriptions to regulatory organisations to keep abreast of any changes to compliance and/or legislation including membership of the Aged and Community Care Providers Association. The service demonstrated an effective Incident Management System which informs improvements in processes, procedures and policies.

**Feedback and Complaints**

The service demonstrated several avenues for consumers and representatives to provide feedback and complaints and an effective complaints and feedback register mechanism to monitor, action and provide feedback to those making complaints. The service evidenced feedback and complaints are reported to the board where trends are identified and used to inform continuous improvement.

The service evidenced a centralised incident management system which captures incidents, risks and feedback. The service demonstrated validated assessment tools are used to enable the effective identification of risk and risk controls. Review of the services Risk Management Framework included comprehensive information surrounding how the service manages risk including the roles and responsibilities of the leadership team in regard to the management of risks, details of the Risk Committee and the ownership of risks.

The service demonstrated effective clinical governance systems in place to ensure the delivery of safe, quality clinical care with a commitment to continuously improve its services. Meeting minutes for the Care Governance Committee reviewed demonstrated regular review of clinical aspects of the service including discussions regarding clinical indicators, risk, continuous improvement activity and education.

Review of the services Restrictive Practices Policy described staff responsibilities and accountabilities regarding the use of restrictive practices. Behaviour support plans were sighted and, where restrictive practices are put in place, comprehensive assessments, authorisation, consent and documentation has been completed.

The services philosophy statement was sighted and included information on consumers right to open disclosure. The services Incident, Feedback and Complaints policy includes information about open disclosure and the importance of staff using open disclosure when something goes wrong.

In considering the information above, the service demonstrated the organisation’s governing body is accountable for the delivery of safe and quality care and services. Therefore, this Standard assessed as Compliant as five of the five requirements are assessed as Compliant.

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)