**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Life Care at Home South |
| Service address: | 28 Fourth Avenue EVERARD PARK SA 5035 |
| Commission ID: | 600048 |
| Home Service Provider: | Churches of Christ Life Care Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 15 September 2022 to 19 September 2022 |
| Performance report date: | 11 October 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 Life Care at Home South (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Southern EACH Program, 18585, 28 Fourth Avenue, EVERARD PARK SA 5035

**CHSP:**

* CHSP - Allied Health and Therapy Services, 4-23PPFNI, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Centre-based Respite, 4-23PPFP5, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Cottage Respite, 4-23PPFPX, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Domestic Assistance, 4-23PPFQZ, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Social Support - Group, 4-23PPFSB, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Social Support - Individual, 4-23PPFTX, 28 Fourth Avenue, EVERARD PARK SA 5035
* CHSP - Transport, 4-23PPFV8, 28 Fourth Avenue, EVERARD PARK SA 5035
* Nursing, 4-4NIMP4G, 28 Fourth Avenue, EVERARD PARK SA 5035

# 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.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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)

|  |  |
| --- | --- |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team described staff as kind, caring and respectful. During interviews with the Assessment Team management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Care planning documents analysed by the Assessment Team showed the service is inclusive, consumer-centred and respectful of consumers’ identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and their representatives interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. Staff interviewed by the Assessment Team demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Care planning documents analysed by the Assessment Team included consumers' cultural background and spoken language.

Evidence analysed by the Assessment Team showed how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others. Consumers interviewed by the Assessment Team confirmed the service involves them in making decisions about the services they receive. Staff interviewed by the Assessment Team described how services provided to consumers promote choice and independence. Care planning documents analysed by the Assessment Team showed consumers are supported to make choices as part of the assessment and planning process, and while their services are being delivered.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers when interviewed by the Assessment Team did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Staff and management interviewed by the Assessment Team demonstrated an understanding of supporting consumers to take risks and are supported by policy and procedures.

Evidence analysed by the Assessment Team showed that 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. Consumers interviewed by the Assessment Team confirmed they are provided with timely and relevant information and are able to speak to staff if they require more information. Care planning documents analysed by the Assessment Team showed that consumers are provided verbal and written information to enable them to exercise choices including a support plan following assessment and review processes, at commencement of services and as required. Staff and management interviewed by the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed by the Assessment Team felt staff were respectful of personal information, and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Care planning documents analysed by the Assessment Team showed that consumers sign a consent form to collect and release information and nominate their representative. Organisational documents analysed by the Assessment Team include a privacy policy and processes to access, collect and manage personal information.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed current 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. Consumers and/or representatives interviewed by the Assessment Team showed confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. Consultants interviewed by the Assessment Team described how they assess consumer’s needs and risks at commencement of services, reviews and/or as required for example following incidents, and how assessments inform consumers’ care and support plans. Care planning documents analysed by the Assessment Team evidenced recent comprehensive assessment and planning was undertaken with consumers and/or representatives, including completion of risk assessments.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. Consultants interviewed by the Assessment Team described how the support plan from My Aged Care and conversations with consumers and/or their representatives about what is important to them informs assessment and planning of care and services. The Assessment Team noted for HCP consumers, their budget is also taken into consideration. Care planning documents analysed by the Assessment Team showed that consumers’ needs, goals and preferences had been discussed with them and documented, including in relation to advanced care directives.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed they are involved in deciding the care and services provided to consumers such as care and services at home, respite care, social support, exercise and wellbeing classes, and transport services. Consultants and staff when interviewed by the Assessment Team described how consumers and/or representatives are involved in assessment and planning of care and services, for example, consumers can elect to have a representative present during assessments and reviews. Evidence analysed by the Assessment Team showed for HCP consumers who wish to keep their existing services, the service liaises with the external organisation to coordinate services. Care planning documents analysed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to the consumer and staff at point of care. Consumers and/or representatives interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s support plan was provided, which staff have access to at the consumer’s home. Consultants and staff when interviewed by the Assessment Team confirmed that support plans are discussed with consumers and/or their representatives and available to staff at point of care such as the consumer’s home, respite and allied health centres, and on the service’s mobile application. Care planning documents analysed by the Assessment Team confirmed that outcomes of consumers’ assessment and planning were documented in the service’s electronic system and care plans, which are signed by and provided to consumers.

Evidence analysed by the Assessment Team showed care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives interviewed by the Assessment Team confirmed consumers’ care and services are reviewed regularly and as required. Consultants when interviewed by the Assessment Team advised that consumers’ review dates are recorded in the electronic system and monitored monthly by the manager. HCP Level three and four consumers are reviewed six monthly, CHSP consumers annually and clinical reviews are conducted annually. Evidence analysed by the Assessment Team showed reviews are also conducted as required, for example, following incidents or when risks are identified. Care planning documents analysed by the Assessment Team showed that consumers’ reviews had been undertaken as per the service’s process.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives interviewed by the Assessment Team confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as wound care, personal care, medications, physiotherapy services and wellbeing calls when required. Consultants and staff interviewed by the Assessment Team provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, in relation to wound care, and medications or behaviour of concern management. Care planning documents analysed by the Assessment Team showed that personal and clinical care was documented on care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives interviewed by the Assessment Team confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care, for example, in relation to wound care, mobility and falls, and medications. Consultants and staff interviewed by the Assessment Team described strategies to manage the consumers’ risks for example, in relation to wound care, mobility and falls, medications, behaviour of concern and weight loss. Care planning documents analysed by the Assessment Team confirmed that individualised risk management strategies are implemented to ensure that consumers’ risks are managed such as monitoring, reviews, incident reporting and risk mitigation strategies.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Consultant and nursing staff interviewed by the Assessment Team advised they are not aware of any consumers who are or were provided care and services at end of life. Consultant and nursing staff advised one consumer was recently referred to their general practitioner, and onto external palliative care unit, as their care needs were increasing, however, the consumer moved into permanent residential aged care. Care planning documents analysed by the Assessment Team showed that advance care directives are discussed with consumers, and the organisation has a palliative care policy, and palliative care and end of life care procedures.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives interviewed by the Assessment Team felt confident that staff would notice if their health changed and would respond appropriately. Consultants and staff interviewed by the Assessment Team described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumer’s mobility, mental health, and level of independence. Care planning documents analysed by the Assessment Team showed evidence of identification and actions taken when consumer’s health changed or deteriorated such as referrals to health professionals and adjusted care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives interviewed by the Assessment Team confirmed that staff know them, and they do not need to repeat information about their needs and preferences. Staff interviewed by the Assessment Team advised relevant information about consumers’ care and services are documented and communicated through care plans available at the consumers’ home, electronic system and mobile application. Evidence analysed by the Assessment Team showed consultants, nursing and allied health staff document information about the delivery of consumers’ care and services in case notes. Care planning documentation analysed by the Assessment Team confirmed comprehensive care plans, including individualised care and services instructions, and progress notes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed consumers had been referred to health professionals when required. Consultants, nursing and allied health staff when interviewed by the Assessment Team described processes to refer consumers internally, for example, for allied health and clinical care, and externally to other health professionals or My Aged Care. This was substantiated through care planning documents analysed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives interviewed by the Assessment Team advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 testing. Staff and management when interviewed by the Assessment Team described, and observations and documentation analysed confirmed that, the service has processes for minimising risks of infection including policies, procedures, education and an outbreak management plan.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives interviewed by the Assessment Team were satisfied that the services provided optimises the consumer’s independence, well-being and quality of life through the provision of in-home services such as domestic assistance and/or in-community services such as balance and wellness classes, respite centre, transport and assistance with shopping. Some consumers interviewed by the Assessment Team described mobility equipment and regular wellbeing checks optimises their independence and safety. Consultants and staff interviewed by the Assessment Team described what is important to consumers and how they adapt services according to consumer’s needs and preferences such as additional in-home services when required, and consumers’ input into menus and group activities. Care planning documents analysed by the Assessment Team confirmed that the service had identified and documented what is important to the consumers, their goals and preferences for daily living.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives interviewed by the Assessment Team felt that staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Consultants and staff interviewed by the Assessment Team demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing. This was substantiated through care planning documents analysed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives interviewed by the Assessment Team confirmed that community services enable consumers to do things of interest and maintain social relationships, such as attending group exercise classes, going shopping and activities at the respite centre. Consultants and staff interviewed by the Assessment Team described, and care planning documents and observations confirmed, how the service actively support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives interviewed by the Assessment Team confirmed provision of daily living support and services is consistent, with staff who know them well, for example, their ability to complete exercises during classes and interests when they attend the group activities. Consultants and staff interviewed by the Assessment Team described how relevant information about consumers are documented and communicated through care plans available at the consumers’ home, and at point of care through electronic system and mobile application. Care planning documents analysed for sampled consumers showed that information is shared and communicated to the appropriate staff through emails, care plans and case notes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives interviewed by the Assessment Team confirmed that consumers were timely and appropriately referred as required, for example, to allied health professionals and/or for purchase of mobility equipment. Consultants and allied health staff interviewed by the Assessment Team described processes to refer consumers internally and externally, for example, to external allied health professionals, social workers or My Aged Care. This was substantiated through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers at Norman House respite centre when interviewed by the Assessment Team stated they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. Staff when interviewed by the Assessment Team demonstrated they know consumer’s dietary needs, preferences and identified risks relating to consumer’s nutritional and hydration status. Care planning documents analysed by the Assessment Team showed that consumers’ dietary needs and preferences are documented and communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives interviewed by the Assessment Team confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Consultants and staff interviewed by the Assessment Team described, and care planning documents analysed for sampled consumers substantiated, how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are welcoming, easy to navigate, and optimise consumers’ sense of belonging, independence, interaction and function. Consumers interviewed by the Assessment Team confirmed they feel welcome when they attend the service environments with one consumer describing the hall as “lovely, with lots of light.” Management when interviewed by the Assessment Team described the venues used for respite and exercise groups as functional, welcoming and accessible for people with limited mobility. The Assessment Team observed and noted staff at Life Care Active welcoming consumers on entry and interacting with them in a caring and respectful manner. The Assessment Team noted the service environments were bright, well-lit, comfortable and spacious, and easy to navigate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Management and staff interviewed by the Assessment Team described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed and noted the service environments to be clean, well maintained and comfortable. Consumers when interviewed by the Assessment Team confirmed they feel safe when attending the venues for social activities or exercises, and the service environments are clean, with staff applying infection prevention and control practices. Staff and management interviewed by the Assessment Team described processes to ensure the service environments are safe, clean and well maintained, including to reduce the risk of infections.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff when interviewed by the Assessment Team described processes to ensure equipment is safe, clean and well maintained. This was substantiated through the Assessment Teams observations. Consumers interviewed by the Assessment Team in relation to this requirement confirmed furniture and equipment are safe and suitable for their requirements. Staff and management interviewed by the Assessment Team described processes to ensure service equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be recorded in an electronic system that prioritises the task and notifies relevant staff members. Documents analysed by the Assessment Team showed the service has reactive and preventative processes in place to ensure the service environment and equipment is safe, clean and maintained.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they encourage and support consumers and their representatives to provide feedback or complain about the care and services that consumers receive. Consumers and/or representatives interviewed by the Assessment Team knew how to provide feedback or make a complaint, and staff were aware of what to do when a consumer or representative raises issues or concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff when interviewed by the Assessment Team discussed how consumers can be supported by their consultants to understand the role of advocates. Evidence analysed by the Assessment Team showed management have processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers interviewed by the Assessment Team who had made a complaint discussed actions taken and use of open disclosure when they contacted the service with feedback. Management when interviewed by the Assessment Team discussed the service’s processes for managing complaints. Evidence analysed by the Assessment Team showed complaint documentation demonstrated open disclosure principles are used as part of the complaint management process.

Evidence analysed by the Assessment Team showed feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management interviewed by the Assessment Team described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation analysed by the Assessment Team showed how the service used consumer feedback to improve the quality of services.

During interviews with the Assessment Team management demonstrated how they track and trend complaints data and identified their main trends as communication around shift changes and missed shifts due to scheduling issues. Management when interviewed by the Assessment Team described how they are rolling out a new SMS communication system and have provided additional training to administration staff to rectify these complaint trends.

Evidence analysed by the Assessment Team showed the continuous improvement register included several improvements to care and service, in progress and completed, which were sourced from consumer feedback. The Assessment Team noted the service's consumer feedback procedure identifies the responsibilities for all parts of the feedback and complaints process including the analysis, monitoring and reporting of complaints data.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives interviewed by the Assessment Team stated they are happy with the number of, and the support provided by staff delivering care and services. Management when interviewed by the Assessment Team discussed challenges and processes to ensure there are enough staff to deliver care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives interviewed by the Assessment Team stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management when interviewed by the Assessment Team spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives interviewed by the Assessment Team confirmed they felt staff delivering care and services were competent. Staff when interviewed by the Assessment Team advised they are provided education and support which enables them to competently perform their roles. Management interviewed by the Assessment Team described how they ensure staff have appropriate training, experience and personal attributes to deliver high quality care and services. Management advised during interviews they assess competence at interview and monitor this ongoingly through a variety of ways including mandatory and other training, observations, feedback from staff and consumers, incidents, and performance reviews.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff in various roles when interviewed by the Assessment Team described completing relevant training and being supported by management, and through policies and procedures to perform in their role. Evidence analysed by the Assessment Team showed the service has policies and procedures to guide staff in recruitment and induction. Consumers and/or representatives interviewed by the Assessment Team indicated they were satisfied with the level of training provided to staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff when interviewed by the Assessment Team confirmed they were supported in their performance review process. Management interviewed by the Assessment Team described their process for regular assessment and monitoring of monitoring staff performance.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers interviewed by the Assessment Team advised, in various ways, they were satisfied the organisation is well run. Staff and management interviewed by the Assessment Team described how they seek input into service improvements from consumers and/or representatives through feedback processes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. The Assessment Team noted the risk register identified risks related to business and disaster contingency planning, financial sustainability, organisational governance and workforce planning. The Assessment Team noted the service has a risk committee to discuss and analyse risks including those to consumers, which meets regularly and reports to the Board.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed the all consumer information is stored securely, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role. Evidence analysed by the Assessment Team showed the Policies, procedures and other documentation are available on the electronic systems, and the Assessment Team observed all policies have been reviewed recently.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the organisation’s continuous improvement plan included improvements informed by consumer feedback, actions identified by the commissioned review, system improvements, policy and procedure review, and opportunities to upskill staff.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines board and management responsibilities.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the service has effective systems to track COVID-19 vaccinations, drivers’ licences, first-aid and cardiopulmonary resuscitation certification and training completions for all staff.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Care documentation analysed, and interviews with staff and management, demonstrated there are robust processes in place to manage high impact and high prevalence risks for consumers, through detailed communication to staff delivering care and services, and monitoring of risk by the consumer risk committee and medication advisory committee.

The Assessment Team analysed, and management described during interviews effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Staff when interviewed by the Assessment Team described, and documents analysed by the Assessment Team showed, comprehensive training and processes in medication management, restrictive practices and open disclosure to ensure safe delivery of care and services, and detailed monitoring and reporting. Evidence analysed by the Assessment Team showed the service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management, and detailing key performance indicators to ensure the service can measure their performance.

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