**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Life Without Barriers - Unley |
| Service address: | 100 Greenhill Road UNLEY SA 5061 |
| Commission ID: | 600467 |
| Home Service Provider: | Life Without Barriers |
| Activity type: | Quality Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 19 November 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 Without Barriers - Unley (**the service**) has been prepared by M Abjorensen, 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:**

* Life Without Barriers Home Care Packages Program - South Australia, 26229, 100 Greenhill Road, UNLEY SA 5061

**CHSP:**

* CHSP - Domestic Assistance, 4-1O6LZ0H, 100 Greenhill Road, UNLEY SA 5061
* CHSP - Home Maintenance, 4-7Z5EH8L, 100 Greenhill Road, UNLEY SA 5061
* CHSP - Social Support - Individual, 4-7Z5VWSF, 100 Greenhill Road, UNLEY SA 5061

# 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, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 December 2022.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-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 | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement | | HCP | CHSP |
| 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. | Non-compliant | Compliant |
| 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. | Non-compliant | Non-compliant |

# 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. | Non-compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Through the evidence collected, the Assessment Team reported the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. 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. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

The Assessment Team reported the service was able to demonstrate services are culturally safe. Consumers and their representatives sampled described what is important to them and how their services are delivered in a culturally safe way. Staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation included consumers' cultural background and spoken language.

The service demonstrated to the Assessment Team how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/representatives confirmed the service involves them in making decisions about the consumer’s care and services. Staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

The Assessment Team reported 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 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 demonstrated an understanding of supporting consumers to take risks, and are supported by policy and procedures.

In relation to the current, timely and accurate sharing of information with consumers, the Assessment Team reported budgets and statements were not provided to Home Care Package consumers in a timely manner. Feedback from consumers to the Assessment Team described delays of up to three months in receiving statements. Documentation reviews showed the September monthly statements for two sampled were missing. Management confirmed consumers had not yet received their September statements.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and evidenced corrective actions, including, the implementation of new systems to support the issue of time statements. However, additional time is required to demonstrate whether the corrective actions translate to regular timely output of timely statements for HCP consumers. As such, the response does not exceed the threshold required for the Decision Maker to overturn the Assessment Team recommendation. However, the Decision Maker is confident if the corrective action is followed through with and completed, the service should return to compliance in the near future.

In relation to CHSP consumers, consumers and/or representatives confirmed in various ways that the service provides them with verbal information, in a way that they understand, to enable them to make decisions about care and services.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and 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

Through evidence collected by the Assessment Team, the service demonstrated that 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 sampled 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. Case managers described how they assess consumer’s needs and risks at commencement of services, reviews and/or as required for example following a change in condition, and how assessments inform consumers’ care and support plans. Care planning documents evidenced comprehensive assessment and planning is undertaken with consumers and/or representatives, including completion of risk assessments.

Through evidence collected by the Assessment Team, 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 reported, in various ways, that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. Case managers described how the support plan from My Aged Care (MAC) and conversations with consumers and/or their representatives about what is important to them informs assessment and planning processes. For HCP consumers, their budget is also taken into consideration. Care planning documents sampled the by Assessment Team showed consumers’ needs, goals and preferences had been discussed with them and documented, including in relation to advanced care directives.

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. The Assessment Team reported that consumers and/or representatives confirmed they are involved in deciding the care and services provided to consumers such as domestic assistance, personal care, social support, transport, nursing, allied health, meal supply and home and garden maintenance. Case managers described how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews. For consumers who wish to keep their existing services, the service liaises with the external organisation to coordinate services. Care planning documents sampled by the Assessment Team evidenced involvement of consumers and/or their representatives, health professionals or external providers when required, in the planning of consumer’s care and services.

Through evidence collected by the Assessment Team, 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 confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s care plan was provided. Case managers confirmed that care plans are discussed with consumers and/or their representatives and are emailed to staff members providing services before they commence their shift. Care planning documents evidenced that services are discussed and planned with the consumers and documented within the care plan.

The service was able to demonstrate care and services are reviewed regularly, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. The Assessment team interviewed consumers and/or representatives who confirmed that care and services are reviewed when there are any changes in circumstances, needs or preferences. Staff advised that any changes to a consumer's care plan is communicated to them prior to the commencement of their shift. Management advised that each consumer's care and services are reviewed annually and when a change is circumstance occurs.

# 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

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 sampled confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as personal care, allied health services and wellbeing. Case managers and staff provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, in relation to dementia, mobility limitations, and falls risks. Care planning documents viewed by the Assessment Team evidenced 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.

Through evidence collected by the Assessment Team, 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 confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care. Case managers described how the service uses a risk register screen tool that shows overview of all consumers and their identified risks. Risks included on this tool include emotional wellbeing, vulnerability, cognition, diabetes, risk of falls and the consumer only being seen by one worker. The Assessment Team reviewed care documentation for sampled consumers and reported individualised risk management strategies recorded which include ongoing monitoring, scheduled reviews and risk reduction strategies. For example, risks for one sampled consumer identified risks and management strategies related to the consumer conditions and needs, such as diabetes, their hydration and nutrition, medication management and cognitive decline.

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. The Assessment Team interviewed case managers and were advised they are not aware of any consumers who are or were provided care and services at end of life, however, they described how they would liaise with the consumers doctor and engage external services to provide the required palliative needs. Additionally, the Assessment Team reported care planning documents evidenced advance care directives are discussed with consumers and outcomes documented within their care plans.

Through evidence collected by the Assessment Team, the service demonstrated that 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 sampled felt confident that staff would notice if their health changed and would respond appropriately. Staff interviewed described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumer’s mobility, mental health, or level of independence. Documents sampled showed evidence of identification and actions taken when consumers’ health changed or deteriorated such as referrals to health professionals and adjustments to their clinical care and services.

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. The Assessment Team interviewed consumers and/or representatives and received feedback that staff know them, and they do not need to repeat information about their needs and preferences. Staff advised the Assessment team that relevant information about consumers’ care and services are documented and communicated through care plans and the use of progress notes after every shift. Care planning documentation viewed confirmed comprehensive care plans, including individualised care and services instructions.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed, to the Assessment Team, that the service has referred consumers to health professionals when required. Staff described processes to refer consumers for different services externally to other health professionals or My Aged Care. This was confirmed through documents provided to the Assessment Team for sampled consumers.

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. The Assessment Team interviewed consumers and/or representatives and were advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 testing. Staff and management described the service has processes for minimising risks of infection including policies, procedures, education and a national outbreak management team, also reflected in documentation reviewed by the Assessment Team.

# 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 | Compliant |

Findings

Through evidence collected by the Assessment Team, 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 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, personal care, social support, transport, nursing, allied health, meal supply and home and garden maintenance. Consumers advised the Assessment Team how they are supported to live independently through the varied services they receive. Staff and management demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

The service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual, and psychological wellbeing. Consumers and representatives, interviewed by the Assessment Team, described staff as being attentive to consumer wellbeing and deliver activities and services that are meaningful to consumers. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing. For example, one representative, interviewed by the Assessment Team, described the ways staff support the consumer’s emotional wellbeing following the death of their spouse.

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 explained how they have day-to-day control over what activities they take part in and how the services assist them in accessing the community. Staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them. Feedback from consumer interviews with the Assessment Team described the different supports consumers receive to support their community participation and engagement with others and their interests. For example, one consumer reported they use social support services to attend their preferred pub or club, which depends on where their friends are each week.

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. While consumers and representatives advised the Assessment Team that staff generally know what they are doing and are aware of their needs, goals and preferences, staff reported this occurs inconsistently when a shift is filled at short notice. The Assessment Team reported that management is aware of this issue, and plan to implement an improved record keeping system to enable staff access to relevant care and service plans at point of care.

Through evidence collected by the Assessment Team, the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and representatives interviews confirmed, with the Assessment Team, that consumer referrals were timely and appropriately. Case manages provided examples of timely and appropriate referrals for equipment purchases, social workers and to My Aged Care, also evidenced through care documentation reviewed by the Assessment Team.

The service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed, by the Assessment Team, reported they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. The Assessment Team interviewed staff and reported staff demonstrated an understanding of each consumer’s dietary needs, preferences and any relevant identified risks relating to consumer nutritional and hydration status, consistent with information contained within consumer care documentation. For example, a sampled consumer’s care documentation records their dietary goals to be able to eat healthy meals that are easy to make, especially on days when they their ‘health is not great’. This consumer selects their preferred meals through a meal delivery service which meet their diabetic dietary requirements.

The service was able to demonstrate that, where equipment is provided, it is safe, suitable and clean. Consumers and representatives confirmed, through interviews with the Assessment Team, that equipment provided was assessed by allied health professionals and were satisfied equipment was safe and suitable. Case managers described how consumer equipment needs are assessed by allied health professionals and supplied as per their recommendations, also reflected in care documentation reviewed by the Assessment Team.

# 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. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

All individual Requirements within Standard 5 are not applicable. Without a service environment, Standard 5 is not applicable and was not assessed by the Assessment Team.

# 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

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 representatives 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.

The service was able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff discussed how consumers can be supported to understand the role of advocates. Management has 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. The Assessment Team reviewed documentation and collected evidence through interviews with staff evidencing how the service has supported a consumer to connect with advocacy services to navigate complex family dynamics.

The service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and representatives sampled said they had not needed to make a complaint or provide feedback, however, felt confident that the service would take actions if they raised feedback. The Assessment Team viewed the service's complaint management system, which evidenced complaints are promptly actioned, and actions are communicated with consumers and their representatives including open disclosure principles. Management discussed the service’s processes for managing complaints. Complaint documentation demonstrated open disclosure principles are used as part of the complaint management process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation viewed showed how the service used consumer feedback to improve the quality of services. Management showed the Assessment Team how the feedback register functions to track and trends data inputs. The service identified their main trends as delayed monthly statements, communication around shift changes, and missed shifts due to staffing issues. Management described how they are changing electronic systems to remove manual processes, changing the rostering team's consumer contact protocols, and allocating resources to recruitment and marketing to address these trends. The Assessment Team noted, feedback register trends do not include the feedback recorded in consumer files for broader analysis and trending.

# 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. | Non-compliant | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The Assessment Team reported the service was not 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 interviewed by the Assessment Team reported impact resulting from unfilled, or rescheduled, services. For example consumers are not always notified of changes to their scheduled services, which can result in consumers waiting at home all day for a service that may not be provided. Additionally, consumers advised they sometimes have to choose which service they receive as the service cannot deliver all their services. Management reported a reduction in staff availability which has resulted in an increased number of missed shifts. The Assessment Team reported current actions the service has taken in relation to workforce planning, including, process improvements to rostering communication, recruitment strategies and risk reduction strategies to prioritise shifts, according to service type, to ensure personal care and social support shifts are filled.

The Decision Maker noted the service responded proactively to the Assessment Teams’ findings and evidenced corrective actions, including, strategic recruitment activities to support workforce planning informed through consumer demographics. The Decision Maker acknowledges climatic challenges related to workforce numbers, however the impact to consumers was demonstrated, not through schedule changes, but rather the inconsistent communication with consumers relating to their schedule changes. For this reason, additional time is required to demonstrate whether the corrective actions translate to workforce planning to support consumers to be notified of schedule changes. The Decision Maker is confident corrective actions should return the service to compliance in the near future.

The service was able to demonstrate, to the Assessment Team, that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All sampled consumers and/or representatives described staff and management to be kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Service documentation also reflected respectful language used in relation to consumers.

The Assessment Team reported the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and representatives interviewed, by the Assessment Team, described staff competency in relation to their care and service delivery. Staff and management described recruitment processes to ensure staff have adequate skills and qualifications, and how management monitor their competency ongoing through consumer feedback and observation during service delivery.

The service was able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Staff described completing relevant training and being supported in their role through regular meetings and access to their Case Managers for any consumer related queries and reporting requirements. Management described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff confirmed they were supported in their performance review process. Management described their process for regular assessment and monitoring of monitoring staff performance. For example, staff performance meetings includes discussions around staff strengths and weaknesses, opportunities for learning and development, consumer feedback and planned/unplanned leave. The Assessment Team reviewed performance meetings for management and staff, which evidenced how the service monitors staff performance, shares information and delivers training to staff.

# 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

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 advised, in various ways, they were satisfied the organisation is well run. Staff and management described how they seek input into service improvements from consumers and/or representatives through feedback processes.

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. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. For example, the Assessment Team reviewed the risk register and reported risks related to business and disaster contingency planning, financial sustainability, organisational governance and workforce planning. The service has a risk committee to discuss and analyse risks, including consumer related risks through regular meetings and reports to the board.

Through evidence collected by the Assessment Team, 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.

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. The service has commenced assessing and analysing their incidents in alignment with the incoming Serious Incident Response Scheme (SIRS) requirements.

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. The service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management, with monitoring and measurement indicators embedded. The Assessment Team reviewed relevant training and procedures to equip staff with knowledge, and guide practice, in the delivery of safe, effective and quality care. The Assessment team conducted interviews with staff, and reported staff demonstrated engagement with the organisational training and procedures.

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)