**Performance**

**Report**

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| Name: | Lifetime Connect Limited |
| Commission ID: | 200944 |
| Address: | 3 McKay Street, MACKSVILLE, New South Wales, 2447 |
| Activity type: | Quality Audit |
| Activity date: | 9 July 2024 to 10 July 2024 |
| Performance report date: | 19 August 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1435 Lifetime Connect Incorporated  
Service: 17676 Lifetime Connect Inc - Home Care Packages  
Service: 17677 Lifetime Connect Inc - Home Care Packages  
Service: 17675 Lifetime Connect Inc - Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7902 Lifetime Connect Inc  
Service: 23936 Lifetime Connect Inc - Care Relationships and Carer Support  
Service: 23937 Lifetime Connect Inc - Community and Home Support

**This performance report**

This performance report for Lifetime Connect Limited (**the service**) has been prepared by Julia Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 30 July 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# 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

This Quality Standard has been assessed as compliant as six of six specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers said they are confident staff know about their identity, culture and background, and the things that are important to them. Staff interviewed were able to describe consumers’ care and service needs. Service advisors said they contact consumers regularly to ensure they maintain rapport and build relationships with consumers. Policies and procedures and other organisational documentation include dignity, respect, culture, and working with Aboriginal People & communities. Care plans include consumers’ culture, diversity, life history, relationship information and care preferences documented in a respectful manner.

Requirement 1(3)(b)

The Assessment Team found HCP and CHSP services demonstrated care and services are culturally safe. Sampled consumers and representatives said staff understand their preferences and are culturally sensitive in the delivery of care and services. Consumers of Aboriginal and Torres Strait Islander background did not identify any specific cultural needs but said they were confident if they did, they would be met. Staff were able to describe how they deliver culturally safe care to suit a consumer’s individual preferences relating to their culture. Consumers are supported by service staff who share the same cultural background, such as Aboriginal staff within the team. Consumer care documentation was noted to capture cultural background and needs, such as consumers with an Aboriginal and Spanish background. Policies and procedures are in place and staff training records include training in cultural safety.

Requirement 1(3)(c)

The Assessment Team found HCP and CHSP services demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, the way services are delivered and the involvement of family, friends or carers in their care, to make connections with others and maintain their relationships of choice. Consumers confirmed this in their feedback to the Assessment Team. Several consumers advised they had identified family members as contacts, but they mostly communicate with the service themselves. Staff described how they encourage, promote, and educate consumers and representatives on informed decision making in relation to their care. Care plans contained information on consumers’ relationships, their support persons or representatives, their contact details, and instructions on who to contact as next of kin or in case of emergencies.

Requirement 1(3)(d)

The Assessment Team found HCP and CHSP services demonstrated consumers are supported to take risks to enable them to live their best life. Consumers and representatives did not identify any risks they wanted the service to support them to take, but said they were confident the service would support them if they wanted to do so to live their best life. The Assessment Team found the service has implemented a dignity of risk process with a consumer. This has been considered in Requirement 8(3)(d). The service has documented processes and procedures and staff were able to explain how they support consumers in relation to dignity of risk.

Requirement 1(3)(e)

The Assessment Team found HCP and CHSP services demonstrated each consumer receives information that is current, accurate and timely and communicated in a way that they can understand and enables them to exercise choice. Consumers and representatives advised they received an information pack on commencement, which included the Charter of Aged Care Rights, service contact details, complaints and charging information. Other consumer feedback was that the service keeps them updated with information about the activities program and their monthly statements are very easy to understand in relation to the services used and package expenditure. Management stated service advisors visit new consumers and their nominated representative/s at their home for their initial assessment. They verbally explain relevant information and provide them with the information pack. Family or interpreters are used as required.

Requirement 1(3)(f)

The Assessment Team found HCP and CHSP services demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives said they felt staff respect their privacy and keep their personal information confidential. They said they are asked for permission to share their information before making referrals. Staff were able to describe the methods they use to ensure consumer information is kept secure. Consumer information is digitally password protected, and hard copy information is stored in locked cupboards in locked areas only accessible to staff. The Assessment Team observed staff did not talk about consumers in areas where they could be heard, and unattended computers were not left open displaying consumer information.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 2(3)(a)

The Assessment Team found HCP and CHSP services demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. Care plans contained consumers’ current assessment and re-assessment outcomes including identified risk and mitigation strategies. They were completed by both service coordinators and clinical staff, evidencing continuous review. Support workers confirmed they know about risks for each consumer because this information is accessible at the point of care and service delivery.

Requirement 2(3)(b)

The Assessment Team found HCP and CHSP services demonstrated assessment, care planning and review addresses consumers’ current needs goals and preferences including advance care planning and end of life planning if the consumer chooses. This was evidenced in care plans reviewed. Some sampled consumers advised their requests for certain care workers are accommodated. Care documentation and the scheduling system showed that when a consumer does not want a particular worker to provide their services, this is acknowledged and actioned. The service coordinator said information on advance care planning is provided to HCP consumers during the initial assessment and re-assessment and during clinical reviews, and consumer documentation evidenced advance care planning for some consumers. The CHSP service co-ordinator advised they do not prompt for end-of-life planning discussions with consumers but would contact their supervisor should a consumer want this.

Requirement 2(3)(c)

The Assessment Team found HCP and CHSP services demonstrated assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Consumers and representatives confirmed they are involved in care planning and are able to choose consumers’ care and services, meals and the activities they would like to participate in. Care documentation showed involvement and input from consumers representatives and other providers of care and services.

Requirement 2(3)(d)

The Assessment Team found HCP and CHSP services demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. All sampled consumers were able to describe the services and supports they are receiving consistent with their care plans. A representative provided feedback that the service explained the process of assessment and planning to their consumer. Support workers confirmed they have access to consumers’ care plans at point of care where there is a paper file and through the mobile phone application. Care planning documents included detailed task plans to guide the delivery of safe and effective care and services

Requirement 2(3)(e)

The Assessment Team found HCP and CHSP services demonstrated care and services are reviewed for effectiveness when circumstances change and incidents occur impacting the needs, goals and preferences of the consumer. Consumers advised they regularly have a conversation with the social support coordinator and service advisors and are confident they know about their circumstances. The incident register contains incident forms that show care and services are reviewed following incidents, and care plans showed they were updated following deterioration in a consumer’s condition. Bi-monthly clinical care conference meetings include discussion of clinical reviews and the outcomes are shared.

Although the service did not demonstrate they are consistently uploading the outcomes of formal re-assessments for CHSP consumers, following interviews with sampled consumers, and the service’s responsive actions during the Quality Audit, there was evidence that regular reviews of consumer’s care and services for effectiveness is being undertaken.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | 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 | 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

This Quality Standard has been assessed as compliant as seven of seven specific requirements are compliant for the service, with Requirement 3(3)(c) not applicable to CHSP services.

**Compliant Requirements**

Requirement 3(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs that optimises their health and wellbeing. Sampled HCP and CHSP consumers confirmed they are satisfied with the personal and clinical care and services they receive. They advised the service takes the time to assess and understand their care needs and the scheduler considers individual preferences when rostering support workers. Representatives provided positive feedback about wound care, competence of support workers and prompt and effective identification and response to a consumer’s skin rash. The clinical lead was able to describe how they know clinical care delivered is best practice, through strategies such as analysing daily and weekly reports to identify active nursing clients in the system and reviewing nursing notes. Also, clinical incidents are reported through the incident management system, and they are reviewed to identify training needs and continuous improvement. The Assessment Team found the service has policies that cover key aspects of clinical care.

Requirement 3(3)(b)

The Assessment Team found HCP and CHSP services demonstrated effective management of high impact high prevalence risks associated with consumers’ care. Support workers were able to describe the strategies they use to manage and prevent consumer falls. One representative provided positive feedback about the care and support provided by the service following their consumer’s fall, including that the service communicated with the hospital and the consumer’s medical officer, arranged for an occupational therapist to assess the consumer when they returned home, and a medical officer review the day after discharge, and the consumer’s pain assessment was updated. Care documentation for sampled consumers included mobility limitations and falls assessments and re-assessments.

Requirement 3(3)(c)

The Assessment Team found for HCP and CHSP services the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. The service is currently providing support to one HCP consumer who has commenced a palliative care pathway. The HCP service provides personal care 3 days per week and a palliative care nurse from the hospital provides palliative care including pain medication and wound care. The representative described the personal care workers as marvellous. The clinical lead confirmed the service is guided by its palliative care procedures, sighted by the assessment Team, that include liaison with the consumer’s medical officers, their family and the palliative care team from the local hospital. The Assessment Team noted that as consumers nearing the end of life would not meet the eligibility criteria to attend the CHSP Day Wellness Centre, this requirement was assessed as not applicable for CHSP services.

Requirement 3(3)(d)

The Assessment Team found HCP and CHSP services demonstrated 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. Most consumers and representatives advised they were confident that staff would know if their health changed and would respond accordingly. Representatives advised the service contacts them when there is a change in their consumer’s condition and discusses the strategies to manage the change. Support workers explained how they document and escalate changes/deterioration in consumers’ condition or function. This was confirmed in care documentation reviewed.

Requirement 3(3)(e)

The Assessment Team found HCP and CHSP services demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. Support staff confirmed they are informed when consumers’ condition changes through their phone application and/or advice from the service coordinator, and they attend the office regularly for verbal handovers. Review of consumer documentation at the wellness centre and the electronic care management system progress notes listed the outcomes of assessments, medical history, medications and emergency contact details. Nurse meeting minutes included wound management procedures, medication assessments, diabetes management and identification of escalation and referrals to medical officers and specialist services.

Requirement 3(3)(f)

The Assessment Team found the HCP and CHSP services demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. Representative feedback confirmed timely post falls referral to the occupational therapist. The service demonstrated it has a network of other individuals, organisations, health care professionals and providers it can refer to and/or collaborate with to meet the personal and clinical care needs of consumers. Care planning documentation evidenced timely referrals to health care professionals including allied health professionals, the registered nurse and other service providers as required. The CHSP client intake flowchart describes the roles and responsibilities of staff for referrals to other services.

Requirement 3(3)(g)

The Assessment Team found HCP and CHSP services demonstrated there are effective processes and practices in place to minimise infection related risks including standard and transmission-based precautions and anti-microbial stewardship, including staff roles and responsibilities. Consumers and representatives consistently described the use of personal protective equipment used by staff. Management advised the service has mandatory face to face training for all staff on donning and doffing PPE that includes a competency assessment by a registered nurse. The CHSP volunteer handbook details a list of infection control practices when engaging with consumers and when handling food. Service coordinators advised antimicrobial stewardship education activities are included in mandatory training.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g). Requirement 3(3)(c) is compliant for HCP services, but not applicable for CHSP services.

# 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

This Quality Standard has been assessed as compliant as seven of seven specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, wellbeing and quality of life. Consumers and representatives advised that staff help them do the things they want to do through community based social support services. One representative said the fortnightly social support and weekly domestic assistance is very important to their consumer optimising their independence and quality of life. Staff described consumers’ individual needs, preferences and circumstances and how they help them to maximise their health, wellbeing and quality of life. Reviews and progress notes included any changes to consumers’ needs and preferences and supports for daily living.

Requirement 4(3)(b)

The Assessment Team found HCP and CHSP services demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. Consumers and representatives advised they enjoy their services and feel comfortable, happy and safe and have a comfortable relationship with staff, with many having worked at the service for a several years. Consumers provided positive feedback about how the social connections they have support them emotionally. Support workers described how they monitor consumers’ moods and wellbeing, such as spending time talking to them if they feel a bit down, suggesting activities they may like to participate in to cheer them up, and escalating concerns to service advisors to make appropriate referrals. Care documentation included progress notes that record changes in consumers’ emotional, spiritual and psychological wellbeing and updated care plans that reflected the identified changes.

Requirement 4(3)(c)

The Assessment Team found HCP and CHSP services demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. Consumers and representatives advised they have plenty of opportunities to do things that are meaningful to them through self-organised activities or through the individual social support provided by the service. One consumer said they are able to choose when and where they wish to go for social support services and they enjoy the ladies’ group. Care staff described individual consumers’ important relationships, social activities and the shops they like to visit. Care planning documentation showed life story information and social needs are recorded when consumers commence with the service.

Requirement 4(3)(d)

The Assessment Team found HCP and CHSP services demonstrated information about the consumer’s condition, needs and preferences in relation to services and supports for daily living is communicated within the organisation and with others where responsibility for care is shared. Consumers and representatives were satisfied the service had good communication systems to ensure care staff knew their needs and preferences and when they changed. They advised they do not have to explain their needs repeatedly to staff because they know them well and were confident in staff. Care staff said they are updated when consumers’ needs change and have access to services advisors when needed if they require clarification of consumers’ information.

Requirement 4(3)(e)

The Assessment Team found HCP and CHSP services demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. This was confirmed by consumers and representatives. Some sampled consumers advised they were aware they could be referred to My Aged Care for additional CHSP services or to apply for a home care package. Service advisors were able to explain the organisation’s referral process. Progress notes included information on consumers’ referrals.

Requirement 4(3)(f)

The Assessment Team found HCP and CHSP services demonstrated where meals are provided, they are varied and of suitable quality and quantity. All consumers and representatives were satisfied with the meal delivery and said consumers’ individual needs and preferences were considered and the quantity of food was appropriate. Food surveys conducted by the organisation showed no consumers expressed dissatisfaction with their meals. Staff were aware of the individual food preferences and dietary needs of consumers. Consumers are encouraged to contact the service advisor and meals team at any time if they are not happy with the quality of any individual meal provided, and one consumer advised when they informed the service, they did not like a particular meal they did not receive it again.

Requirement 4(3)(g)

The Assessment Team found HCP and CHSP services demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Some sampled consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment. Evidence was provided that allied health professionals, such as occupational therapists provide assessments for consumers’ equipment needs, and equipment is listed on consumers’ care plans with instructions for safe use. Care workers said suppliers check equipment for safety as needed.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g).

# 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

This Quality Standard has been assessed as compliant as three of three specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 5(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The service’s wellness centre is attended by both HCP and CHSP consumers. The Assessment Team visited the wellness centre while a strength and balance class was occurring, and found the centre has a welcoming and easy to navigate environment with clear, simple signage. The Assessment Team observed the main group area had pleasant surroundings, a light and friendly atmosphere, was suitably decorated and included a lounge seating area with books and puzzles. Consumers and representatives provided positive feedback about the wellness centre, the programs and staff and said the centre is welcoming and it is easy to find their way around.

Requirement 5(3)(b)

The Assessment Team found HCP and CHSP services demonstrated the service environment is safe clean and well maintained and enables consumers to move freely, both indoors and outdoors. Consumers said the facility is always clean and comfortable, that they move without obstruction around the centre and feel safe while they are there. Safety audits are conducted, maintenance and cleaning schedules executed. Staff interviews and Assessment Team observations confirmed these processes are followed. Internal and external spaces were observed to be safe and clean, free of clutter and with suitable access. A large functional space was utilised for running the exercise class safely. Bathroom facilities are accessible, clean and have grab rails in place. A minor uneven surface on an external pathway was marked with safety warning tape.

Requirement 5(3)(c)

The Assessment Team found HCP and CHSP services demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. This was confirmed by consumers and the Assessment Team’s observations. Furniture was clean and in good condition. Exercise equipment is suitable, clean, and stored appropriately and safely. Maintenance repairs are managed through the church organisation or service as applicable. Fire equipment is placed in key areas and inspected annually. There is a defibrillator in the adjacent church reception area, and electrical appliance and fire equipment testing tags are current. Evacuation plans are visible. Consumers said they had no concerns about travelling in the vehicles from the transport service. Records showed the service’s vehicles are inspected fortnightly and maintained according to a schedule.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 5(3)(a),5(3)(b) and 5(3)(c).

# 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

This Quality Standard has been assessed as compliant as four of four specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found HCP and CHSP services demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. All sampled consumers and representatives advised they felt comfortable and supported to talk with staff or management to raise their concerns and said they had received information on complaints and feedback processes when they commenced services. Information on how to make feedback and complaints is included in HCP welcome packs and the service agreement. Staff were able to describe feedback and complaints processes and said feedback is often obtained while they are providing services to consumers and then communicated back to the office. Consumer feedback is also provided through the service’s client advisory body and consumer surveys. A CHSP consumer confirmed the service seeks feedback through phone calls and feedback surveys and they have been supported by staff including offers to arrange conversations with managers when they have raised concerns about their domestic assistance.

Requirement 6(3)(b)

The Assessment Team found HCP and CHSP services demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Most sampled consumers said they received information on advocacy services and how to raise complaints when they commenced with the service. Welcome packs included the Commission’s advocacy brochure. Complaint forms include prompts for staff to advise consumers they have the right to use an advocate of their choice and to refer them to appropriate consumer advocacy services. Most staff demonstrated awareness of referring consumers to the Aged Care Quality and Safety Commission to make complaints externally and advocacy services such as Seniors Rights. Translated information materials are not utilised, but management and staff said they would obtain translated Commission resources if the need arose. Management and staff advised most consumers speak and understand English, families assist consumers with communication as needed, and interpreters were typically not required.

Requirement 6(3)(c)

The Assessment Team found that overall HCP and CHSP services demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Most sampled consumers and representatives said the service had addressed their complaints appropriately and in a timely manner. Staff demonstrated an understanding of complaint handling, escalation processes and application of open disclosure principles, but not all were familiar with the term ‘open disclosure’. The complaints and an open disclosure register used by management for reporting to the governing body demonstrated the use of open disclosure processes. One consumer advised when their complaints were raised through the service manager appropriate actions were always taken, including apologies and immediate roster adjustments.

Requirement 6(3)(d)

The Assessment Team found HCP and CHSP services demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Several consumers and representatives said they had noticed improvements to rostering of support workers and how changes to their rosters were being communicated to them. Recurring themes in 2024 complaints and feedback data related primarily to meals on wheels food quality, roster changes and the frequency of HCP service statements. Associated improvement actions are reflected in the service’s plan for continuous improvement (PCI) and in governing body meetings minutes.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Staff advised there are enough staff available to provide safe and quality care and services and unplanned leave is mostly managed effectively. Staffing levels and mix are reviewed to support the number of new consumers at the service and the changing needs of consumers’ level of care and services. There is ongoing recruitment to ensure a sufficient availability to meet consumers’ support needs. Geographical support teams of support workers have been established to ensure consumers are attended by staff they are familiar with when unplanned leave occurs or there are changes to their usual support worker. Documentation shows only 2 shifts were not filled in the past 3 months.

Requirement 7(3)(b)

The Assessment Team found HCP and CHSP services demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided positive feedback regarding how they are treated by staff. One representative said the support workers and activities make a positive difference to their consumer’s mental health and physical and social wellbeing. Staff were observed speaking respectfully about consumers and displayed a detailed understanding of consumers backgrounds, needs and preferences. Observations by the Assessment Team within the office environment showed staff interacting with consumers in a kind and caring way.

Requirement 7(3)(c)

The Assessment Team found HCP and CHSP services demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Consumers and representatives stated they feel staff are well trained and competent in performing care and services and supporting their needs. The service showed staff members are regularly reviewed and monitored to ensure they are working within the scope of their responsibilities. Staff qualifications and certificates are validated and probity checks are completed before the commencement of employment. Staff competencies are assessed in real time by a suitably qualified person such as a registered nurse or member of the management team. The service uses allied health professionals from agencies vetted by the service, and their qualifications and certificates are checked with health authorities and online data bases and registries. The service keeps training and competency records for each staff member.

Requirement 7(3)(d)

The Assessment Team found HCP and CHSP services demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Consumers and representatives said staff are professional in the delivery of their care and services and they did not raise concerns regarding staff members’ ability to meet their needs and preferences. Staff feedback and training completion records showed the service provides ongoing staff training through on-line learning. Documentation shows training needs are identified by the management team through performance reviews and consumer feedback. The Assessment Team found the service has an effective in-house recruitment system to ensure potential candidates are effectively screened to meet role requirements.

Requirement 7(3)(e)

The Assessment Team found HCP and CHSP services demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. Performance reviews are conducted annually, and staff performance is monitored using consumer and representative feedback, survey results and ongoing assessment reviews. Contractor performance is monitored through consumer and representative feedback and survey results. Subcontracting agreements include the responsibility of the organisation to ensure staff are qualified and trained to provide quality services in alignment with relevant legislation and regulations. Documentation shows all support workers have completed a performance review for 2024, and new employees have completed probation reviews at 1, 3 and 6-month intervals.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found HCP and CHSP services demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives provide input to service development, delivery and evaluation through surveys and the Quality Care Advisory Body. Consumers and representatives provided examples of changes and improvements made as a result of their feedback. The Quality Care Advisory Body made the recommendation based on consumer feedback to set a fixed monthly date to for sending statements and invoices which has now been implemented by the management team. Board meeting minutes and Quality Care Advisory Body minutes show improvement actions and strategies implemented in response to consumer and representative feedback.

Requirement 8(3)(b)

The Assessment Team found HCP and CHSP services demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The chair of the board has clinical care experience as a registered nurse and is also the chair of the Clinical Care Committee. The board initiates and monitors care and improvements based on reports from various committees and sources, including the Clinical Care Committee, Quality Care Advisory Body, Quality Care Committee, Executive Committee, risk register, surveys, and consumer and representative complaints and feedback data. The board was able to describe how they use feedback, risk and clinical data to make decisions to improve care and services, such as the implementation of a fridge magnet with the organisation’s phone number to make it easy for consumers to contact the service when needed.

Requirement 8(3)(c)

The Assessment Team found HCP and CHSP services demonstrated there are effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

In relation to information management, staff access consumer information through an electronic care management system that is password protected to safeguard consumers’ privacy.

In relation to continuous improvement, the organisation demonstrated that trends in feedback and complaints, incidents and risks are used to inform the plan for continuous improvement. The board’s responsiveness to these trends was evidenced by the board’s approval for the provision of additional funding for the implementation of new electronic information systems, improving staff access to key consumer information when needed.

In relation to financial governance, the board has oversight of all finances, and business cases are made to the board for major purchases. The organisation has external finance auditors who conduct a yearly audit. A board member who has a finance and auditing background reviews and signs off on all finances and the board receives regular input from the finance team.

In relation to workforce governance, the organisation demonstrated that it has effective workforce planning, recruitment, training and assessment systems and processes to ensure tit has the right number and mix of staff to provide safe and quality care and services that meet consumers’ needs and preferences.

In relation to regulatory compliance, the organisation has subscriptions and membership with aged care networks to track changes to aged care law. Staff are updated on changes to legislation through online training such as the aged care passport and through staff meetings, handover meetings and email notifications. Staff receive ongoing refresher SIRS training at every staff meeting with prompting to report and document incidents.

In relation to feedback and complaints, documentation showed complaint trends are analysed and feedback is actioned by the board in the areas of meal quality, roster changes and frequency of HCP statements, outline in Requirement 6(3)(d).

Requirement 8(3)(d)

The Assessment Team found HCP and CHSP services demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents, including a risk management system. The service demonstrated effective management of high impact high prevalence risks. As part of risk governance, the board and management team regularly review high impact high prevalence consumer risk and incident trends through the risk register, and reports from the Clinical Care Committee. The board initiates and monitors that effective organisational risk mitigation strategies are in place, demonstrated by the review of the foot care policy approved by the board to ensure coordination and referrals to the podiatrist, as well as referrals to allied health professionals and clinics and hospitals were implemented as part of the clinical process.

The board has also been involved in the development of strategies to address external risks to the provision of care and services to consumers due to the increasing frequency of flood, fire or extreme weather events. Strategies were implemented to ensure staff are available within affected areas and to determine how other organisations, such as the State Emergency Services (SES), can assist to ensure staff access to consumers during such events.

Staff demonstrated a good understanding of what constitutes abuse and neglect of consumers and their responsibilities under the Serious Incident Response Scheme to report and document incidents of suspected abuse and neglect.

The service demonstrated consumers are supported to live their best life. The Board was aware of a dignity of risk process undertaken with a consumer that chose to treat their wound with honey rather than the clinically recommended treatment plan.

Requirement 8(3)(e)

The Assessment Team found HCP and CHSP services demonstrated where clinical care is provided there is a clinical governance framework.

The organisation demonstrated it has an antimicrobial stewardship policy that supports practices to promote appropriate prescribing and use of antibiotics. The service educates consumers, representatives and staff on safe and appropriate use of antibiotics.

The service has a restrictive practices policy. However, there are currently no consumers subject to restrictive practices.

The service has an open disclosure policy. The organisation tracks the use of open disclosure when incidents have occurred. Incident documentation showed management are open and transparent in their response and actions when things go wrong.

In their response to the Assessment Team report the provider did not dispute the findings of the Assessment Team.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)