**Performance**

**Report**

**1800 951 822**

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| Name of service: | Macarthur Disability Services |
| Service address: | L8, 138 Queen Street CAMPBELLTOWN NSW 2560 |
| Commission ID: | 200639 |
| Home Service Provider: | Macarthur Disability Services Ltd |
| Activity type: | Quality Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 15 September 2023 |

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 Macarthur Disability Services (the service) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 23713, L8, 138 Queen Street, CAMPBELLTOWN NSW 2560

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 25 July 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team noted consumers and representatives said they felt respected and valued by the services coordination and supervision staff and especially the support workers. Consumers and representatives described how their interactions with the service were always respectful and how they felt their cultural backgrounds were understood and respected. Consumers and representatives said they appreciated the support workers were patient with them due to their mobility and considered their preferences. Staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of tailored services to the individual consumer. Management interviewed outlined how the service provider guides and monitors the staffs daily work practices through meetings and use consumer support plan and feedback to maintain commitment to person centred support which values diversity and promotes respectful relationships.

The Assessment Team noted consumers and representatives confirmed during interviews support workers understand their background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. All consumers interviewed said the service coordinator and supervisor assigns carers based on preferences and needs. Consumers and representatives said the carers are not changed unless they are on holidays or sick, which is important to them. The supervisor of aged care develops in consultation with the consumers and representatives the Aged Care Risk Management Plan & Community Care Plan that includes information on a consumer’s culture and traditions they wish integrated into their care. Evidence analysed by the Assessment Team showed the service includes input from the support workers when reviewing these plans. Management interviewed demonstrated staff and support workers are trained to deliver culturally safe services, and the consumers reported that they felt the service was culturally safe for them.

The Assessment Team noted consumers interviewed said that the staff encourage them to make decisions about their services. They were aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice. Consumers are informed of their rights, including their right to make decisions about their own care and those they wish to involve. Consumers and representatives being informed of their rights and responsibilities, including their right to make decisions about their own care and those they wish to involve, and maintain relationships of choice based on the support and risk management plans developed in partnership with consumers and their representatives. Training is provided to administration, office staff and support workers on choice, independence, and consumer’s rights. Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services and consumer choice.

The Assessment Team noted consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. The service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their home safety checklist. The general manager community services and supported living advised the information in the checklist is used to develop the delivery of care plans to guide the carers. Senior management discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of the consumers’ right to take a risk. They described individual care plans supports a consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life. They expressed commitment to developing a ‘dignity of risk’ framework to strength this further. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted, for example, use of a mobility aid or social support developed based on consumers’ medical situation.

The Assessment Team noted consumers receive a range of information at the commencement of their service and when aspects of their services change that enables them to make choices about their care. Management advised the consumers and representatives can access the service’s web site for current information and also request advice or have any of their queries answered through their online feedback options. The consumers receive access to newsletters and details of service events like celebrating International Day of People with Disability. Consumers and representatives interviewed confirmed the information provided to them, which corresponded with the information given by the supervisor and sighted by the Assessment Team. Consumers and representatives said the information is clear and easy to understand and confirmed they speak to the supervisor or coordinator whenever they want but mostly through the support worker with whom they have a very good rapport.

The Assessment Team noted consumers and representatives said staff are very respectful and respect their privacy when delivering their services. Consumers and representatives were confident their personal information is kept confidential and said they have never had to raise concerns of this nature. Staff described how they respect the personal privacy of consumers when delivering service, including when other consumers are present in a group setting. Management described systems and processes in place to manage privacy and confidentiality, such as policies, procedures and staff training. The Assessment Team observed the electronic records system is password protected and level of access limited to the role of the staff member.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

Requirement 2(3)(e)

The Decision Maker notes the service responded proactively to the Assessment Teams findings and planned and/or already implemented corrective action. Additional details and evidence provided by the service in their response on this occasion did meet and/or exceed the threshold required for the Decision Maker to find the requirement compliant. Evidence provided by the service showed the service rectified the two specific consumer cases mentioned in the Assessment Team Report. The Assessment Teams Report includes evidence that shows the service has sufficient policies and procedures already in place relating to reviewing consumers care and services, for example the services policies state, reviews should be completed six-monthly or when consumers health and circumstances change. The services actions since the Quality Audit in completing thorough re-assessments for outstanding consumers which were substantiated by evidence included in the services response proves to the Decision Maker the service has followed through on their commitment to meet their own established policies and procedures surrounding reviewing consumers care and services.

The Decision Makers deems Requirement 2(3)(e) to be compliant.

Requirement 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d)

Consumers said the services they receive help them to be independent and remain living in their own homes. Most consumers said the services and supports meet their current needs, with 3 consumers outlining need for additional support following the implementation of their initial assessment. During interviews with the Assessment Team, staff demonstrated knowledge of consumer care needs and potential risks associated with their individual care. Staff demonstrated consideration is made when assessing risk to the consumer and ability to identify individualised risks to a consumer’s health and wellbeing, including using information available to them to inform the delivery of consumer services. The Assessment Team reviewed 4 risk management and care plans on consumer files. These confirmed a robust amount of information collected at the initial intake process and that service delivery procedures ensured all information was utilised to form the delivery of safe and effective care and services, including a non-response emergency process. The service has a set of procedures governing all aspects of assessment and planning. These included dedicated polices for the consideration of risk and the effect of risk on the consumers wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identified 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 when interviewed by the Assessment Team, reported their support plans accurately reflected the services they are receiving. The support planning documentation includes opportunity for advance care planning discussions to occur, though no information indicated the inclusion of this information for any of five current consumers plans reviewed. Staff said advance care planning and end of life discussions are sensitive topics for many consumers, so it is usually approached once sufficient rapport is built or unless the consumers/representatives raise them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and those who they wish to be involved, including other organisations and health care professionals. Consumers interviewed expressed their satisfaction with the service and their involvement in the support planning process. The supervisor aged care and coordinator described how consumers, representatives and others are involved in assessment, planning and development of an individualised service program. Support Workers explained how they will discuss the day ahead with each consumer to ensure the care and services the consumer is receiving is aligned with their wishes and needs. Staff also referred to the risk management plan which they advised, helps inform all involved in the delivery of care about the consumers specific wishes.

Consumers interviewed confirmed that they participated in initial assessments and planning of their services, with those receiving services for more than 12 months being involved in a review process. All consumers confirmed that they are aware of the services that they can access and how they can communicate needs, goals, and preferences to staff. However, during interviews with the Assessment Team, 2 of 5 consumers could not confirm that they had received their care plan for the services they were receiving. The management confirmed that consumers could request and be provided with this information at any time. The management subsequently advised the Assessment Team in writing that they will provide all the consumers with a copy of their plans, service agreement and the charter of the aged care rights as confirmation that all their consumers have access to their information by 20 July 2023. Support workers interviewed, explained that they can access information relating to the consumer through the risk management plan. Staff demonstrated their understanding by further explaining information such as diabetes management, allergies and anaphylaxis, emergency contacts and mobility / lift instructions is available in each consumer’s risk management plan.

# Standard 3

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| Personal care and clinical care | | 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. | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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. | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not applicable |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and was not assessed as part of the Quality Audit.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers receive safe and effective services that support their daily living and meets the consumer’s needs, goals, and preferences, to optimise their independence, health, well-being, and quality of life. Consumers and/or representatives spoke positively about the service and advised they receive services that meet their current needs and preferences. Consumers when interviewed described how the service encourages them to maintain their independence and quality of life. The staff could describe individual consumer needs, goals and preferences and how they involved the consumers in the social activity for example, one support worker advised that the seniors social group runs on a fortnightly basis and allows for individuals to access the group. She explained that sometimes an additional group activity will run on the alternate week, allowing consumers to access additional social supports. She referred to the seniors’ social program roster and explained how she discusses with consumers the upcoming activities, ask for their views and make changes based on their feedback.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual, and psychological wellbeing. During interviews with the Assessment Team, consumers stated that staff are attentive to consumer’s wellbeing and provide meaningful activities and services. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing through their risk assessment and care planning processes. Numerous staff confidently explained if they noticed a consumer feeling low or not presenting as their ‘usual self’, they would check in on the individual’s wellbeing; emotionally, physically, and psychologically. Support workers shared examples including, asking consumers if they were feeling okay or if they had eaten or had enough fluids that day. The Assessment Team reviewed assessment documentation and shift notes, which outlined consumers’ emotional, spiritual and psychological well-being needs were assessed and strategies put in place to assist and support staff in providing services.

The consumers and representatives advised the service enabled them to participate in the community, maintain relationships and do things that are important to them by the service providing individual and group social support services, as well as transporting consumers to access community. Staff described how the supports and services they deliver assisted consumers to remain social and connected for example, support workers described being able to take consumers out shopping which they enjoyed doing or taking a consumer to an appointment or just sit in a coffee shop and have a coffee which made consumers feel like they were still part of their communities. Management described how support workers enjoy seeing their consumers going out for coffee and going for lunch with them and being able to maintain their social and personal relationships that are important to them. Management said by engaging in these activities, it allows the consumers to be included or feel part of their community and do the things that are most important to them.

Consumers advised staff have knowledge of the care and services they require, and information does not need to be repeated each time a support worker arrives at their home. Staff described how information about a consumer’s condition is shared across the organisation to ensure streamlined responsibility for care is maintained. Staff confirmed they complete shift check-in and check-out at the beginning and end of each shift, write progress notes for each consumer experience which is emailed at the end of each shift and uploaded to the consumer’s file. In the instance of an escalation, staff will contact the supervisor aged care or coordinator in the first instance to raise any necessary concern. The service acknowledged the Assessment Team’s finding of identifying information being stored and recorded in various systems and functions of the service; however, confirmed communication appeared to be consistent shared across those with the responsibility for consumer care.

The staff confirmed the referral process for consumers to individuals and other organisations and/or providers, and the process they follow to ensure referrals are made in a timely manner for example, staff interviewed described the referral process should a consumer require it. This involved getting consent from the consumer to share their details with relevant people or professionals. The supervisor aged care and coordinator interviewed said the most common referrals made are to GPs where there is no representative but in most cases to the families or next of kin. Staff also said that they can refer consumers back to My Aged Care if they require additional services and may need a higher-level home care package. The care planning guidelines outline the process for referrals and guides staff on when a referral to another organisation or individual may be required to support consumers.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable and was not assessed as part of the Quality Audit.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Overall consumers interviewed said that they can and are supported to provide feedback and make complaints. Consumers advised they can raise their concerns directly with their support worker or the service staff without fear of reprisal. Staff said they encourage consumers to provide feedback at every opportunity and provide information on how to do this. Staff said where a consumer indicates dissatisfaction with any aspect of their care and services, this is recorded in the feedback form (which all staff carry on them) and reported to management for action. Management advised all consumers receive and have access to information which explains the complaints/compliment/feedback process and includes the charter of aged care rights, outlining a consumer’s right to complain. The client information contains information about external bodies such as the Aged Care Commission which the consumers can refer to if they are dissatisfied with their service. The service complaints policy guides staff in complaints and feedback mechanisms at the service, including relevant timeframes which the Assessment Team noted.

All Consumers interviewed indicated they feel confident to raise a concern with the service, and they were aware that they could involve advocates or have their representative speak on their behalf. Consumers participate in annual satisfaction surveys and can make suggestions through the service’s feedback/suggestion forms or provide feedback directly to the office staff. Feedback/suggestions are also welcomed via the service’s online platform or in writing. Management advice whilst their information is available in English, they can be provided in other languages on request. The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management show staff are educated on complaints handling and support.

All consumers and representatives interviewed said they had not needed to raise issues but felt staff would take any concerns seriously and address their complaints. Most consumers interviewed were happy with their services currently. Some consumers said they received an immediate response if they raised any issues. The service’s complaints register show that when complaints are logged, they are prioritised, time lined, escalated if appropriate and actioned in a timely manner. A sample of complaints records show that there was contact with the consumers/representatives to find the ‘root cause’ and consider options to resolve the complaint. General manager, community services and supported living advise working with coordinators, supervisors and support workers who are the point of contact for consumers, to ensure that they follow appropriate procedures in recording and reporting complaints and practice open disclosure. Staff receive information and training in complaints management during their induction and at regular intervals at staff meetings. Staff involved in complaints management including support workers showed an awareness of the concept of open disclosure.

Consumers/representatives said the service seeks feedback to see if they can improve services. They are invited to provide suggestions through consumer surveys or verbally during care planning meetings. Management advised due to minimal numbers of complaints received about their aged care services, there have not been any trends identified, however they do have a process to monitor feedback through other means. Evidence analysed by the Assessment Team showed policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s ‘log of corrective action’ to monitor improvements. General manager, People, Quality and Culture has ownership of this log and provides monthly reports to senior management. The Assessment Team sighted the meeting minutes held at various levels and the log of corrective action and the incidents register.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives interviewed by the Assessment Team confirmed carers deliver the support and assistance when they expect them and at a time suitable for them. Supervisor of aged care and coordinator of aged care said when carers take unplanned leave, the shift is covered by other staff or staff from NDIS who are familiar with services in aged care services. All support workers are trained and skilled to support consumers in aged care. The general manager, community services and supported living said the skill and mix of staff numbers are adequate for the number of consumers in the CHSP. Management advised there is a set staffing establishment and staffing profile for each program. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. The service aims for a diverse staffing mix of differing cultural backgrounds and genders to meet their CALD consumer base.

Consumers and representatives interviewed said their supervisor aged care, coordinator, and support workers treat them with kindness and respected them as individuals. Several consumers said the supervisor aged care and support workers were always friendly and cheerful when providing services and knew them well. Several consumers said the support workers respect the things that are important to them. The supervisor aged care, coordinator, and support workers said their interaction with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values and decisions. Management advised the service is tailored around a relationship-based care program which encourages staff to build kind and caring relationships which respects professional boundaries. Management has internal audit process which looks at consumer and staff interactions through review of consumer files and shift notes. There is evidence in staff training information related to professional courtesy and respectful approach. Position descriptions and organisational policies and procedures on social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

Consumers and representatives interviewed provided positive feedback regarding the supervisor aged care, coordinator, and support workers. They advised they are satisfied with the knowledge and skills of the support workers for example in the provision of safe transportation to social activities outside their homes. They said the staff follow COVID-safe practices and take them to venues which have easy access and parking. Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy, or the care manager introduced them to the consumers before they could work independently. Staff interviewed said they do internally run training for their professional development and received regular emails from management with information from Department of Health and changes to their work practices. Management advised the skills and knowledge required of each position are identified and documented together with the responsibilities, scope and limitations of each position for example, those staff providing support and care are required to have certificate three in aged care or relevant experience. The service establishes individual staff training plans through staff performance appraisal discussions, to ensure staff meet the requirements for their role and records of worker pre-employment checks, qualifications and experience are maintained. Completion of training is recorded via database which is monitored by General Manager, people, quality and culture. Evidence was sighted of staff training records as confirmation of their competency and knowledge.

Management advised recruitment processes are in place to assess workforce credentials. Performance management processes are in place and offer staff an opportunity to identify training and development needs. Training documentation was sighted and management monitor and record training (online and face to face) information sessions attended by staff, these include induction, ongoing training and specific professional development sessions for example training on manual handling and dementia. Induction and ongoing training provided, including specific modules identified by support workers that would assist their ongoing development. There was evidence of team/staff meetings at various levels which demonstrated staff discussion on consumer and service-related issues within a learning context.

Consumers and representatives confirmed they are asked to provide feedback about their care and services and if there are any issues with staff or the way they provide services. All consumers advised they are currently satisfied with the services and with the staff providing and overseeing services. Staff confirmed there is a performance appraisal system in place and confirmed they received ongoing feedback. They also confirmed having conversations on their support needs and opportunities for training with their reporting managers. The General Manager, people, quality and culture monitors regulatory compliance, for example, police check, drivers’ licence, first aid training. Management advised managers are required to provide timely supervision, support and resources to staff relevant to the scope and complexity of supports delivered. Staff are provided with regular support and performance appraisals are carried out annually. The Assessment Team sighted sample staff performance appraisals.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys or informally by talking with the staff and support workers. They expressed satisfaction with the quality of the service and said they can input as to how the services are delivered when they meet the staff at social activities or by phoning them. Staff and support workers said they think the service is well run and coordination and management staff respond to consumer and representative requests and implement any changes quickly. Management advised staff and consumers can provide suggestions for improvements at any time. They said although consumers usually advise them, they are happy with everything, their feedback however, provides information which reflects the consumers level of satisfaction based on our flexibility to adjust our services to meet their changing requirements. Management said they remind consumers often regarding providing feedback and they make information accessible as much as possible including putting information on their website.

Management advised they receive information through meetings and regular management reports on an ongoing basis to enable them to monitor the safe delivery of care and services. They are provided with information on complaints and incidents at the service, although noted these are mostly resolved at the operational level under the oversight of the executive team which meets daily. Supervisor aged care, coordinator and support workers are always careful about the safety of consumers and frontline staff and conduct environmental assessments of the consumers home on commencement of service. Interviews confirmed staff and support workers were aware of the incident and hazard reporting processes and the need to complete reports when observing any hazards, incidents or concerns regarding consumers. If a consumer does not respond to a scheduled visit or does not attend the outing as expected, the support workers will refer this to the office staff who will contact the consumer and/or their representative to check on the consumer’s health and wellbeing. Support workers interviewed provided consistent information on the non-response process. The service provider updated their Aged Care Risk Management and Community Care Plan to include “non-response to support” which outline the procedure and emergency contacts. This will guide staff practice including non-response, incident reporting, deterioration, and emergency situations with consumers.

Information Management:

The service provider has information and record keeping systems, policies, and procedures to support all aspects of care and service delivery. Consumer information is secure in the service’s electronic information management systems – Procura and Connx to support, manage and store consumer details, assessment, and care plans. Consumer assessment, diagnosis, plans, referral, and progress notes are all managed through this system although some original assessment forms are hardcopy which gets uploaded. The service has process to ensure that the consumer information is kept confidential and access to their information is limited to staff based on their role and authority. Hard copy files are stored in lockable draws. Consumers have access to information about the service and important events through the service’s webpage, newsletters, face to face communication and direct contact by staff.

Continuous improvement:

Management discussed their continuous improvement processes that includes staff suggestions, consumer and representatives’ feedback, suggestions and complaints, incidents, and survey results. The service receives feedback from a variety of sources and the CEO informed the Assessment Team he analyses this information and identifies key areas of improvement with his executive management team. The service has strategic planning, business continuity plan and continuous improvement processes in place and demonstrated changes made to improve the service.

Financial governance:

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. CEO has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed with the Board. Financial audits are conducted yearly by an external auditor and is publicly available.

Workforce governance:

The Assessment Team sighted the service’s organisation chart, and the position descriptions for each role outlined with the duties and responsibilities. Training documentation was sighted and management monitor and record training (online and face to face) information sessions attended by staff, these include induction, ongoing training and specific professional development sessions for example training on manual handling and dementia. The service establishes individual staff training plan through staff performance appraisal discussion to ensure staff meet the requirements for their role. Records of worker pre-employment checks, qualifications and experience are maintained. Completion of training is recorded via database which is monitored by General Manager, people, quality and culture.

Regulatory compliance:

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last twelve months. General manager people, quality and culture receives regular updates from government bodies on regulatory information. Information is fed down to the executive and other managers who disseminate the information to staff through emails and or regular meetings. Depending on the nature of changes required, the general manager people, quality and culture may plan training or information session for staff. General manager people, quality and culture maintains record of all staff having the required credentials in place and this is monitored, for example driving licence status, police checks and Covid 19 vaccinations. The Assessment Team was provided with a sample of staff records held in the service’s information management system which sends alerts when regularity checks are due for renewal.

Feedback and complaints:

Processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms. Consumers participate in annual satisfaction surveys and can make suggestions through the service’s feedback/suggestion forms or provide feedback directly to the office staff. Feedback/suggestions are also welcomed via the service’s online platform or in writing. Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s ‘log of corrective action’ to monitor improvements. – End of ‘Feedback and Complaints heading’.

The service was able to demonstrate the process followed when an incident or near miss occurs or is identified. All staff are familiar with the process and the relevant policies and procedures in place. The risk and incident management framework identifies category of incident and how it should be reported by the staff and registered in the incidents register. The executive reviews each incident, address and put in place any corrective action required to avoid a repetition of such incident. Management advised the corrective action could changing the process, staff training or review of care plan. Consumers who present as high impact or high prevalence risk are identified through the risk assessment completed as part of annual health assessment by the service. The support workers described the process they follow when reporting deterioration or changes in consumer condition to the supervisor aged care and coordinator. As the service provides low level social support under CHSP funding, in most cases it refers the consumer’s changes in their health to the family to follow-up with medical professionals.

Consumers sampled said they have built rapport with their support workers, and they know what is important to them. Consumers said staff allow them to guide the service in social programs which best meets their needs and preferences. This supports them to be independent and to live the best life they can. Management advised that all incidents reported are recorded in the incident management register. All incidents and near misses are investigated and actions taken. Management said that all incidents reported are discussed at daily executive meeting and preventative actions are discussed and communicated to staff.

The service does not provide personal or clinical care. The CHSP funding is for social support individual and social support - group. However, as the service uses a comprehensive Aged Care Risk Management and Community Care Plan to develop its consumers’ services, the staff and support workers in their respective roles are aware of the consumers health and well-being and can pick-up any deterioration. They said they refer their concerns to the family/representative or to the GP. The service practises open disclosure and is aware of the principles of minimising the use of restraint as it is also an NDIS provider. The staff and support workers discussed their awareness and said they would refer any concerns to management

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)