**Performance**

**Report**

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| Name of service: | Macedonian Community Welfare Association |
| Service address: | Unit 7, 10 Enterprise Drive BUNDOORA VIC 3083 |
| Commission ID: | 300635 |
| Home Service Provider: | Macedonian Community Welfare Association Inc |
| Activity type: | Quality Audit |
| Activity date: | 19 June 2023 to 22 June 2023 |
| Performance report date: | 16 August 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 Macedonian Community Welfare Association (**the service**) has been prepared by M Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* MCWA Complete Care, 26669, Unit 7, 10 Enterprise Drive, BUNDOORA VIC 3083

**CHSP:**

* Community and Home Support, 25561, Unit 7, 10 Enterprise Drive, BUNDOORA VIC 3083

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

The Provider demonstrated that each consumer is treated with dignity and respect whilst valuing the consumers culture and diversity. Consumers or their representatives said that staff treat them with dignity and respect whilst providing services. The Provider’s staff could also describe, in various ways, how they showed respect for consumers and their culture. A review of records confirmed the Provider has policies and procedures in place and that staff had been trained in treating consumers with dignity and respect.

The Provider demonstrated that the care and services they were providing are culturally safe for their consumers. Consumers or their representatives said that staff took time to discuss with consumers what their preferences were. These discussions also included their background and culture which is then used to inform the delivery of the care and services they receive. The Provider has organisational policies to support staff in providing culturally safe services with training records confirming this. When interviewed one consumer said that when the Physiotherapist visited her home she was quite aware of her cultural background and the representative of another said staff who attend the home record everything to the smallest detail and because of that staff absolutely know how to treat the consumer.

Consumers or their representatives said they feel supported to choose their services and communicate decisions about their care which includes the choice of who else is to be involved in that care. The Provider could demonstrate and the staff could describe how they support consumers to maintain connection and develop new connections. A review of consumer care documentation demonstrated how consumers are offered choice and provided services in line with their goals and preferences.

The Provider was able to demonstrate that the information provided to each consumer is current accurate, timely and communicated in such a way that it is clear and easy for them to understand. When interviewed consumers or their representatives said they were satisfied with the clarity and suitability of the information with supplemental information written in Macedonian or other preferred languages where possible. Staff also explained that support workers who can speak Macedonian or other Baltic languages are on staff and are selected to work with consumers of the same language.

The Provider was able to demonstrate that the consumers privacy is respected and personal information is kept confidential. Consumers or their representatives said they were satisfied with the Provider in respecting their privacy and confidentiality. Staff could give examples of the ways they protect consumers privacy and confidentiality.

Based on the information summarised above, I find the Provider compliant with all Requirements in Standard 1 Consumer Dignity and Choice.

# 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

Consumers or their representatives said that they were satisfied with the assessment process, stating that the care advisors and support workers understand the consumer’s needs. As part of the assessment process, care plans are discussed with the consumer and agreed upon. Support workers said they understood the assessment and care planning process which included taking into account the consumers’ needs and the identification of risks to consumers and how those risks could be mitigated.

Consumers or their representatives said they were satisfied with the care that had been planned around what was important to them with staff also demonstrating an awareness of what was important to each consumer. Staff said that they consistently communicate with consumers to understand their needs and preferences. The Provider demonstrated that its assessment and planning processes addressed HCP and CHSP consumers current needs, care and preferences. Although advance care planning is not discussed, the Provider has shown an understanding of the importance of this issue and this is highlighted by the fact that the Provider has updated the information on advance care planning in its initial meeting pack.

Consumers or their representatives stated in various ways that the Provider involves them in the assessment and planning process. Case managers and staff discussed ways in which they keep the family involved and how they call consumers prior to going out for initial assessment. Staff also ask the consumer who, if anyone, they would like to have present during the assessment meeting.

The Provider demonstrated that the outcomes of assessment and planning are communicated to the consumers and documented in a goal directed care plan. Consumers or their representatives said they were familiar with the outcomes of the assessment and could describe their care and services. Some consumers indicated that they could not recall if they had been provided with a copy of the care plan however, they did receive some information from the Provider. When interviewed case managers stated consumers are always offered a copy of the care plan and support worker stated that they are kept up to date with relevant information through written and verbal communications.

Based on the information summarised above, I find the Provider compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not applicable |

Findings

The Approved Provider demonstrated that each consumer is getting care this best practise, generally tailored to their needs and optimised for their health and well-being. Positive comments were made by consumers or their representatives in relation to the personal and clinical care that was being provided. When interviewed staff could discuss the care provided to individual consumers and how they support their physical and mental conditions. This information is also cross checked to ensure that it matches their health directives. Consumers or their representatives said the staff knew what care was to be delivered and this was confirmed as support workers demonstrated their knowledge of consumers receiving personal care and they could describe how they deliver that care and those services. High impact and high prevalence risks associated with the care of each consumer was or is being effectively managed by the Provider. Consumes or their representatives said that they were satisfied that risks associated with the care are being well managed. Management and staff could identify high impact, high prevalence risks including falls risks, wound management, medication risks and risks associated with complex medical conditions. Care documentation show the risks associated with the care and services being provided had been identified, assessed and documented.

The Provider demonstrated that the needs, goals and preferences of HCP consumers nearing the end of life are recognised, addressed and responded to in a timely manner. When interviewed staff could discuss advance care planning and palliative care with consumers according to their wishes and when to liaise with other services such as medical practitioners. Care documentation demonstrated that the needs, goals and preferences of the consumer were known to the Provider. Care planning documentation confirmed that the Provider takes a holistic approach to care and services.

Consumers or their representatives who provided their views said they were confident that staff would know if a consumer’s health or condition had changed. Case managers and service coordination staff said support workers would report deterioration in consumers health and well-being and this would be responded to appropriately. The Provider demonstrated that deterioration or change in a consumers of mental health, cognitive or physical function is recognised and responded to in timely manner.

Consumers or their representatives said that they were satisfied that the consumer’s condition, needs and preferences were being communicated within the organisation and with others where care is shared. Support workers said in various ways they have received sufficient information about each consumer to understand the consumers condition. This is supported by documentary evidence in the care plans which include progress notes and communication to others involved in care.

Consumers or their representatives stated they were aware that when required other services would be involved in the provision health care services. Case managers could demonstrate how referrals add determined and action through ongoing assessments to support consumer needs. The provider demonstrated that referrals two individuals and other organisations involved in the provision of care services to the consumers we're done in a timely and appropriate manner.

Based on the information summarised above, I find the Provider compliant with all Requirements in Standard 3 Personal Care and Clinical Care only in relation to HCP consumers.

# 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

All HCP & CHSP consumers or their representatives said that they were satisfied with the services and supports for daily living. Care workers describe the ways they provide effective services and supports for daily living, including confirming with the consumer if they like the way care is being provided. The Provider demonstrated that each consumer gets safe and effective services and supports for daily living that meets the consumers’ needs goals and preferences. Care documentation noted the consumers goals and provided a strategies to achieve goals and independence.

The Provider demonstrated that services and supports for daily living promoted each consumers emotional, spiritual and psychological well-being. Care documentation showed that the services being delivered, overall aligns with what was important to consumers with consumers and their representatives saying in various ways that they were satisfied with the social supports being provided. Further to this, care workers could describe how they support the consumers when they feel low which included talking with them, providing emotional support and involving them in activities they enjoy.

Consumers and their representatives stated that consumers are assisted to do things they like to do and they receive support to assist them in accessing the community through the use of taxi cards and supported shopping. Support workers iterated how they talk to consumers and are familiar with their interests and provided examples of the ways they support consumers to do things of interest to them. The Provider could also demonstrate how consumers are supported to participate in the community and maintain relationships.

Consumers and their representatives said in different ways that support workers know the consumer's daily living needs and how to provide individual support. Staff described how consumer information is updated when changes occur and that they have all the information about the consumers which is relevant to their work. A review of care documentation showed that consumer’s consent had been secured by the Provider to allow for communication with others both internally and externally to ensure that services are coordinated.

The Provider demonstrated that referrals are undertaken to individuals, organisations and other providers of care. Consumers and their representatives did not provide specific responses to how the referral process was undertaken however, they said in different ways that the Provider would assist consumers should they require other care and services. Care staff showed an understanding of referrals being made and these are based on the consumers’ needs and provided documented evidence of the process.

Where meals are being provided the Provider could demonstrate that they are varied and of suitable quality and quantity. All consumers who were interviewed reported enjoying the meals received from the CHSP support group and they said in different ways that they were tasty and varied.

It is noted that the Provider only supplies equipment to HCP consumers. In this regard consumers and their representatives said that the equipment was safe and met their needs. Care staff and care documentation showed that the provision of equipment occurs only after an assessment and recommendation by an allied health professional. The equipment is tailored to the individual needs of consumers and a sample of care documentation showed that the equipment included care specific mattresses, special chairs, mobility aids. The cleaning of equipment is completed either by the consumer or support workers as needed.

Based on the information summarised above, I find the Provider compliant with all applicable Requirements in Standard 4 Services and supports for daily living.

# 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

The Provider’s service environment is welcoming with access for consumers who are experiencing physical limitations. The social support group operates three times a week from the community centre which has two large adjoining rooms providing enough space for a wide range of activities. Consumers said they were made to feel welcome and comfortable when at the service environment. Staff who work in the social support group described the ways in which they ensure the environment is welcoming and encourages consumers to the independent.

Consumers stated they were satisfied with the safety, cleanliness and comfort of the environment and they said were able to freely indoors and outdoors. The communal area had ready access to a small veranda with a BBQ which has an exit to the car park. The service environment is on one level with wide corridors, adequate lighting and enough space to enable consumers to move freely.

The Provider demonstrated that the furniture, fittings and equipment are all safe, clean, well maintained and suitable for consumers. Consumers said they were satisfied with the suitability, cleanliness and maintenance of the building. Staff described the processes they undertake to ensure furniture and fittings meet the consumers’ needs and how they advise of any issues to be reported to the building owner for maintenance.

Based on the information summarised above, I find the Provider compliant with all Requirements in Standard 5 Organisations service environment.

# 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

The Provider demonstrated that consumers and their representatives are encouraged and supported to provide feedback and complaints. Consumer stated that they feel satisfied and safe to provide feedback or complaints and that any concerns they raised would be actioned to their satisfaction.

Consumers and their representatives said in various ways that they have information on how to access external complaints processes including to the Age Care Quality and Safety Commission. The Provider demonstrated that consumers and representatives were made aware and have access to language services. A review of documentation and consumer information packs showed that advocacy services information is available and included in these packs.

The Provider could demonstrate that appropriate action is taken in response to complaints and that open disclosure is used when things go wrong. Since December 2020 consumers and their representatives have stated in different ways that all the feedback they have given received prompt and appropriate response. Staff and management could describe how the principles of open disclosure are practised in the day-to-day operations. The Assessment Team reviewed the Provider’s complaint register which provided a record of the complaint data that was received and the date it was closed, with the details of the consumer lodging the complaint and the reason for the complaint.

Two of the seven consumers who were interviewed reported delays in having their complaints actioned in the past. However the Provider’s new complaints and feedback process and register demonstrated that the Provider is effectively reviewing feedback and complaints. Management stated they had instigated a more robust and thorough process which began about seven months ago.

Based on the information summarised above, I find the Provider compliant with all Requirements in Standard 6 ‘Feedback and Complaints’.

# 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

The Provider stated that there had been no unfilled shifts during the past month and that there were enough staff to fill the shifts and if needed brokered staff are used in times when there is a shortfall in staff. Staff stated the shift cancellations were referred to an afterhours number as a priority in order to address any unfilled shifts the next day. The Provider showed that workforce interactions with consumers are kind and caring and respectful of consumers identity and diversity. Consumers and their representatives said they were all very kind and respectful and when interviewed support workers provided feedback about customers in a kind and respectful manner.

When interviewed consumers and their representatives stated they were satisfied that the staff were competent and skilled enough to perform their roles. Management described how recruitment and associated processes including position descriptions, interviews and referee checks are conducted and this included taking into consideration the person's qualifications, skill mix and knowledge. All allied health professionals who are employed by the Provider have their Australian Health Practitioner Regulation Agency (AHPRA) qualifications and credentials reviewed on a yearly basis. The Provider maintains an employment register to ensure that these dates are followed up.

The Provider’s workforce is recruited, trained, equipped and supported to deliver quality outcomes. Consumers and their representative stated that staff are competent and know what they're doing when they are delivering care and services. Staff are also satisfied that the support and training that was provided to them was sufficient to enable them to carry out their roles and they were generally satisfied with the support from management. The induction process used by the Provider includes a check list to ensure that job training is completed and training needs are identified through feedback and learning during staff development discussions. The Provider has implemented mandatory training for staff which includes hand hygiene, health and safety, correct use of Personal Protection Equipment (PPE) come up workplace bullying and workplace discrimination.

Individual staff performance is assessed every six months and is constantly monitored. Staff and management confirm that a probationary period applies to all new staff with meetings being held during the probationary period. Staff performance is assessed by their supervisors throughout the year with annual learning and development discussions in relation to their performance are undertaken. The Provider has systems in place for the monitoring and reviewing of staff performance which includes consumer feedback, complaints, incidents, and performance conversations

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human Resources and planning with consumers.

# 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 | Not applicable |

Findings

Requirement 8(3)(a)

Consumers and their representatives said in various ways that they are supported to provide feedback such as via telephone contact with the service and face to face with case managers. Consumers and their representatives said they are generally satisfied that the Provider listens to them and while they could not recall completing a survey, they felt confident that the service is responsive to input from consumers and their representatives. Staff and management could describe how they support consumers to be involved in service planning, development and evaluation to the extent that they wished to be involved. The Provider supports consumer engagement through telephone contact individual discussions informal feedback about social support groups and the client committee.

Requirement 8(3)(b)

The Provider demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services. The Provider demonstrated its accountability for the delivery of this requirement through the development of a three year strategic plan that identifies 7 strategic pillars that incorporate the goals and desired service delivery outcomes. The strategic direction of the organisation is overseen by the governing body which utilises feedback and complaints mechanism, compliance, clinical and governance risks subcommittees to monitor risks and quality in relation to care and services.

Requirement 8(3)(c)

Information management

When a consumer's condition is assessed, their needs and preferences are documented and stored in a password protected database. This information is supplied to staff and subcontracted services. Although HCP assessment and care planning documentation did not include alerts such as allergies for risks and advance care planning information the Provider responded to the Assessment Team’s feedback and adjusted the HCP assessment and planning template to include these issues. CHSP care planning documents and social support group consumers do include information into alerts such allergies.

Workers stated that they get enough information to provide care and services and can call the case manager if they have any queries. The Provider supports consumers with decision making by providing information written in English with supplementary documents in the consumer first language where possible. The Provider has employed a Relationship Manager to support and assist consumers from point of entry into the service to completion of onboarding and handover to their assigned case manager. Staff and management demonstrated their understanding of the organisations policies and procedures to guide their provision of safe, effective and quality services.

Continuous improvement

The Provider demonstrated how they use staff suggestions, incidents, complaints and feedback to identify quality improvement actions. The Governance, Risk and Compliance committees have undertaken a review of the organisation falls policy following a report of consumers falls.

One consumer’s representative discussed how they were satisfied with information communication from the Provider as it allows them to understand what services they will receive when signing up, statements are clear and the Provider lets them know when staff are attending to confirm and provide updates if services are impacted by sick leave.

Financial governance

The Provider’s finance subcommittee overseas the financial governance for the organisation. The subcommittee reports to the board in relation to the organisation’s financial position with the Managing Director's reports for April and May 2023 being included in the minutes for the board meetings for 20 April and 18 March 2023 demonstrating the board has oversight of the providers income and expenditure. Management described the process for identifying and tracking unspent funds and contacting consumers in relation to this. All consumers invoices are reviewed by the case managers prior to approval and if there are any issues these are raised with consumer or their representatives.

Workforce governance

Workforce compliance is monitored via the Provider’s human resource management program. The program includes checks in relation to qualifications and other requirements with pre-set alerts being implemented to notify staff and management of upcoming renewals such as police certification and vaccinations. The Provider also maintains a spreadsheet of subcontracted employees to monitor contract expiration date and probity compliance. The workforce is also monitored through feedback from consumers and their representatives. The representative one consumer said they just reported an issue that they had with an agency staff member when the consumer first commenced with the Provider while they could not remember the specifics the representative said the case manager responded promptly apologised and fixed the problem.

Regulatory compliance

The Provider said that legislative changes are discussed at board level and result in policy review and staff training where relevant. Contractual compliance of subcontracted services is reviewed regularly. The Assessment Team reviewed the providers records in relation to police certification and staff vaccination with staff saying that they were informed of policy updates and changes through emails, meetings and comply with allocated training when relevant to the changes.

Feedback and complaints

The Provider actively pursues improved outcomes for consumers through its feedback and complaints system. The Provider demonstrated feedback and complaints received are documented in a register, reviewed and actions. Management described the open disclosure process for use when things go wrong. Feedbacks and complaints are monitored by the Governance Risk and Compliance committee which reports complaints and compliments data to the board.

Requirement 8(3)(d)

The Provider demonstrated that it has effective risk management systems and practises in place which include the management of high impact and high prevalence risks associated with the care of consumers. This is supported by a risk management framework to identify and respond to abuse and neglect of consumers. Consumers and their representatives said they were satisfied with the support provided by the staff and the Provider to make choices about how they maintain their independence. The provider Has an organisational risk management framework in place. Staff explained their responsibilities relating to reporting of instances including abuse and neglect. When interviewed case managers could demonstrate they had a sound knowledge of high impact or high prevalence risks associated with the care of consumers. The provider is currently adding a dashboard to a spreadsheet that incorporates consumers living with high risk and or high vulnerability in order to maintain oversight. The governance risk and compliance committee meeting minutes for May 2023 showed a breakdown of instances reported and specifically noted there were no reported incidents.

Requirement 8(3)(e)

The Approved Provider demonstrated it has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraints and open disclosure. The clinical governance framework used by the Provider defines key roles and responsibilities, governance, leadership, culture, safety and quality. This is achieved in partnering with consumers and their representatives. Clinical care is provided by external allied health services and medical practitioners. Clinical incidences are reported to the board by the clinical governance, governance risk and compliance subcommittees. The Provider opined that the need for antimicrobial uses is minimised by the implementation of staff infection control training, vaccinations and the use of PPE. When interviewed staff could discuss how they use PPE to minimise infection related risks and the completion of infection control training modules. Staff and management understood the underlying principles of open disclosure and acknowledged that the principle includes recognition but when things go wrong they must be transparent and offer an apology.

Based on the information summarised above, I find the Approved Provider compliant with all applicable Requirements in Standard 8 Organisational Governance.

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