**Performance**

**Report**

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| Name: | MECWA Home Care Services |
| Commission ID: | 300012 |
| Address: | 1287 Malvern Road, MALVERN, Victoria, 3144 |
| Activity type: | Quality Audit |
| Activity date: | 29 November 2023 to 1 December 2023 |
| Performance report date: | 22 January 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: 964 MECWA

Service: 19325 mecwacare Home Care Packages (Eastern Metro Region)  
Service: 19326 mecwacare Home Care Packages (Northern Metro Region)  
Service: 19327 mecwacare Home Care Packages (Southern Metro Region)  
Service: 19321 mecwacare Home Care Packages (Western Metro Region)  
Service: 18863 mecwacare Home Care Packages 1 (Southern Metro Region)  
Service: 18737 mecwacare Home Care Packages 2 (Southern Metro Region)  
Service: 18738 mecwacare Home Care Packages 3 (Southern Metro Region)  
Service: 18739 mecwacare Home Care Packages 4 (Southern Metro Region)  
Service: 22816 mecwacare Home Care Packages 5 (Southern Metro Region)

Commonwealth Home Support Programme (**CHSP**) included:

Provider: 8211 MECWA

Service: 24077 MECWA - Care Relationships and Carer Support  
Service: 25239 MECWA - Community and Home Support

**This performance report**

This performance report for MECWA Home Care Services (**the service**) has been prepared by Bruce Bassett, 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 22 December 2023.

# 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.

# 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

Consumers were treated with dignity and respect, and their culture and diversity valued. Staff described ways they showed respect to consumers including being polite, kind and friendly and discussing consumers’ needs with them. Management advised the service provides diversity and cultural awareness training, care and services are consumer driven and informed through core values. Care documentation reflected background information for each consumer, including personal information, what is important to them, preferred language, name and gender.

Consumers and representatives said consumers receive care and services that are culturally safe. Staff ask consumers about their culture, values, backgrounds and supporting individual needs to ensure consumers feel valued and safe. Care advisors discussed how they respect consumers’ cultural backgrounds and preferences. Cultural diversity training is mandatory for all staff. Care documentation sampled evidenced information about consumers’ cultural backgrounds and language.

Consumers said they are supported to exercise choice and communicate their decisions with others involved in their care. Care advisors support consumers with decisions about care and services. Consumers are informed about their rights to make choices and decisions, and to decide who participates in their care. Consumer file documentation identifies HCP and CHSP consumer choices and decisions about their services, any substitute decision makers, and preferred contacts.

Care advisors and direct care workers discussed how they support consumers with decisions involving risks by explaining the risks involved and potential consequences. Management and staff demonstrated their understanding of dignity of risk. Management said advocacy policy and procedure provides direction to all staff to ensure consumers are provided with information regarding advocacy services.

Consumers interviewed expressed satisfaction with the clarity and suitability of information provided to assist their choices and decisions related to CHSP and HCP care and services. Staff advised they are aware of consumers preferred methods of communication, such as phone call, email and/or mail. Staff ensure consumers have the correct aids to enhance communication, including hearing aids, vision glasses and interpreter services, when applicable. Information on care and services is provided in a variety of mediums to ensure it is easy to understand and is accessible, including printed materials, emails, mail outs, webpage with information in different languages, and one-on-one visits with consumers.

Staff advised they protect consumer privacy and confidentiality by only sharing information with relevant service organisations responsible for the care of the consumer. Staff interviewed said they respect consumers’ privacy during the provision of personal care supports. Management advised that all staff receive mandatory training on privacy, dignity and confidentiality and staff sign confidentiality agreements upon commencement with the service.

Following consideration of the information discussed above, I have decided Standard 1 is Compliant.

# 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 indicated the initial assessment consultation considered their health and wellbeing. Staff demonstrated an understanding of consumer health and potential risks. Consumer care plans and assessments recognised and documented risks to the consumer’s health and well-being, including falls, mobility limitations and social isolation. Staff were able to describe a comprehensive assessment and care planning process. The service had a Clinical Assessment and Care Planning Policy which contains guidance for staff on how to identify risks to consumers.

Consumers and representatives advised care planning identified consumers’ current needs, goals and preferences. They said they received information about advance care planning and/or end of life planning. Staff demonstrated an understanding of the consumers current needs, goals and preferences. However, most staff indicated that initiating conversations about advanced care planning is not routine practice The service provides a welcome pack to consumers with information relating to advanced care planning during the initial assessment. The service has a continuous improvement plan item aimed at enhancing the effective assessment and documentation of advanced care planning.

The service response acknowledged conversations about advanced care planning can be confronting for some consumers and the issue was dealt with on a case-by-case basis. The response advised the service policy directs staff to direct questions about advance care planning to registered staff or management and that conversations with consumers are conducted in a supported environment by appropriately skilled and trained staff.

Consumers interviewed said they are supported during care planning and assessments to make decisions about their care and services. Staff described how consumers, representatives and others are involved in assessment, planning and development of an individualised care plan. Care planning documents viewed confirmed that consumers, representatives and health professionals when required, were involved in the planning of consumer’s care and services.

Consumers advised they were familiar with the outcomes of assessments and could describe their care and services. Most consumers advised that there is a hard copy care plan in their home however, staff generally refer to information on their mobile application when providing care. Care advisors were able to outline the information direct care workers would be able to see regarding a consumer while using their mobile devices. Direct care workers described how they access care and service information on a task list via an application on their mobile telephone and generally felt this information was sufficient. The Assessment Team viewed documented care plans on all HCP and CHSP files that demonstrated consumers goals, what was important to the consumers and strategies on how they would achieve their goals.

The service response clarified that the hard copy care plan in consumers’ homes is generated from the same electronic documentation system as the information in the mobile application and that when changes are made, the hard copy care plan is replaced, and the changes are visible in the mobile application.

Consumers and representatives confirmed that consumers’ care and services are reviewed regularly and as required, including when consumer needs and conditions change. Staff with responsibilities for assessment and planning described how care is formally reviewed at regular intervals, as circumstances change and when incidents occur. Care documentation showed regular reviews occur for HCP and CHSP consumers and overall evidenced revised care and services for consumers with changed circumstances as appropriate.

Following consideration of the information discussed above, I have decided Standard 2 is Compliant.

# 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 | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers said they are receiving safe and effective personal and clinical care that optimises their health and wellbeing. Direct care workers described the care delivery needs for consumers including strategies implemented for consumers experiencing cognitive decline. Staff, including registered nurses, demonstrated how care is tailored to individual needs, aligning with best practice. Care advisors described regular reviews and consultations with the service’s clinical team to customise personal and clinical care services. Nursing staff conduct routine clinical assessments, addressing concerns and collaborating with consumers/representatives. The service had effective induction and training processes, minimum qualifications and compliance standards for clinical staff, and comprehensive task lists for each service.

Consumers and representatives interviewed expressed confidence consumer care is safe and described how risks associated with consumer care are managed. Staff identified high impact, high prevalence risks including falls risk, wound management and risks associated with a dementia diagnosis. Care documentation showed risks associated with the care and services of consumers, are identified as alerts and documented. Instructions to guide staff in managing risks were consistent and personalised. Direct care workers described individual consumers’ risks, explained the tasks and techniques they use to manage risks during care and service provision. They described how they would report an incident in the event of being present during service or when notified. The service has a risk management framework and policy, incident reporting procedures, and work practices to support management of high impact, high prevalence risk.

The service demonstrated it addresses the needs, goals and preferences of consumers nearing the end of life and acts to maximise their comfort and preserving their dignity. Care plans evidenced staff connecting with and supporting consumers nearing the end of life. The Assessment Team reported the service does not currently have a policy regarding advanced care directives and/or end of life wishes, however a continuous improvement plan to improve effective assessment and documentation of advanced care planning was in place.

In responding to the report, the service advised they do have a comprehensive suite of policies, processes and supporting documents regarding advance care directives and end of life wishes, including an Assessment and Care Planning Policy and Procedure, supported by policies and procedures on Clinical Deterioration and Palliative Management.

Staff and management described processes to report and respond to changes related to consumers’ health and wellbeing. Consumers said staff know them well and would recognise if their health deteriorated or changed suddenly. Consumer documentation reviewed shows evidence of identification and actions taken when consumers’ health changed or deteriorated.

Consumers and representatives expressed confidence the consumers’ condition, needs and preferences are documented and communicated within the organisation and with others where care is shared. Direct care workers described information provided at point of care and felt confident that if they required more information, they would be able to refer to the consumer’s care advisor. The service has electronic systems for the transfer of consumer information within the service and to support staff. There is evidence in care documentation of sharing of information, including alerts, referrals and reports regarding consumers care needs.

Consumers and representatives confirmed consumers had been referred to health professionals when required. Coordinators described processes to refer to other health professionals or My Aged Care (MAC). This was confirmed through care planning documents viewed for sampled consumers. Care documentation for HCP and CHSP consumers showed consent from consumers and representatives to share information is sought and evidenced referrals were made in response to an identified need, including nursing services, allied health, occupational therapy, and dietitians. The service response included some additional clarifying information regarding a specific consumer example included in the Assessment Team report, which I accept.

Consumers and representatives expressed satisfaction with measures staff undertake to protect the consumers from infection. Care advisors and direct care workers confirmed they have had training in hand hygiene, infection control and are supplied with personal protective equipment (PPE). Management confirmed and the Assessment team viewed vaccination requirements, infection control processes and guidance material along with Covid-19 safety plans, mandatory training in infection prevention control measures and management and conduct staff screening processes as appropriate. Staff training records confirmed staff participation in infection control, hand hygiene, PPE donning and doffing and vaccination programs. The organisation has an infection control policy and procedure.

In responding to Requirement 3(3)(g), the service noted that page 27 of the Assessment Team was blank and in the absence of confirmation it was left intentionally blank provided additional information to demonstrate compliance with the Requirement. This information detailed infection control policies and related documents available to staff to prevent infection risks and minimise the impact of outbreaks. The service advised they promote and facilitate COVID and Influenza vaccination programs for staff and maintain appropriate records of this. The service also provided additional information regarding, management of infection risks, the service’s Antimicrobial Policy and continuous improvement process. Page 27 of the Assessment Team report was unintentionally left blank; however, no information was excluded, and the report recommended Requirement 3(3)(g) as compliant.

Following consideration of the information discussed above, I have decided Standard 3 is Compliant.

# 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

Consumers and representatives described ways the services they receive help them to maintain independence and quality of life. Consumer documentation reviewed described the needs, goals and preferences of each CHSP and HCP consumer to optimise their health, well-being and quality of life. Staff supporting consumers described how they support consumers independence, health, well-being and quality of life through providing support to access the community including social support services and planned activity or social groups, as well as access to mobility aids and equipment and allied health supports to increase independence. Management stated the service ensures the care and supports they provide is optimising consumer independence and quality of life through direct communication with consumers, thorough assessment and care planning that includes information around each consumers interests and hobbies.

Consumers interviewed reported they feel confident that staff would recognise and support them if they were feeling low. In addition, all consumers/representatives described ways how the service supports their emotional, spiritual and psychological well-being, including engaging in activities of interest, taking the time to have conversation and getting to know them. Consumer documentation included information related to spiritual, emotional and psychological well-being, including religious preferences, social activity preferences and friend and family supports. Staff interviewed described how they support consumers when they are feeling low, including taking time to discuss any concerns, supporting them to get out of their home and access the community, taking time to do preferred activities such as cooking favourite meals, and reporting to the service for further follow up.

All CHSP and HCP consumers/representatives interviewed said the service enables opportunities for consumers to do things that are meaningful to them, including community access and involvement, support to engage in activities and hobbies of interest to them, and supporting social interaction and relationships. Consumer documentation included information regarding consumer likes, interests and goals and actions to support increased community participation. Staff interviewed described the services they provide consumers to help them stay connected and participate in the community.

Consumer documentation included current information on consumers’ needs and preferences. Care plans are updated annually or as needed based on consumer changes. Additionally, updates are communicated to staff through text messages, emails, or telephone calls as appropriate. Consumers reported that staff were aware of their needs and preferences.

Consumers reported they have been supported to connect with other lifestyle services where appropriate. Documentation reviewed confirmed referrals occur where appropriate, including to external meal, nursing, allied health and social support providers.

Consumers interviewed generally indicated the food they receive is diverse and meets appropriate standards in terms of quality and quantity. Consumer documentation reviewed recorded consumer allergies and nutritional requirements. Staff stated they regularly engage with consumers, solicit feedback, and closely monitor the meals provided to ensure they meet the requirements of consumers. Management advised that staff responsible for meal preparation review the menu and ensure alternative meals are available upon consumer request.

Consumers said any equipment accessed through the service is suitable and safe. Consumer documentation included occupational therapy assessments providing recommendations for safe and appropriate equipment tailored to each consumer requiring aids and equipment through their HCP. Management said clinical assessments play a crucial role in determining equipment needs for consumers. The Assessment Team observed the electric lift recliners and high-back chairs in the social support group setting, noting their cleanliness, safety, and appropriateness.

Following consideration of the information discussed above, I have decided Standard 4 is Compliant.

# 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

All Consumers interviewed reported feeling safe and welcomed at the service. The Assessment Team observed the staff to be engaging with consumers, and found the service environment was welcoming, well lit, and provided signage for bathrooms to increase consumer independence in navigating the service environment.

Consumers and representatives interviewed reported the service is clean, well maintained, and comfortable, and that they can go outside when they please. Staff interviewed confirmed cleaning is undertaken regularly, and maintenance requests are submitted directly to the office for action. The Assessment Team observed the daily cleaning schedules including daily cleaning of the food preparation areas. The Assessment Team noted that the service centre is secure, tidy, and well-kept, with comfortable seating accessible throughout the facility. Additionally, the Assessment Team reviewed the latest report on vehicle safety and efficiency for the social support group bus, verifying that the vehicle is well-maintained and meets safety standards.

Consumers interviewed reported the furniture, fittings and equipment meet their needs and are well-maintained. At certain locations, the service offers aids and equipment for consumer use. Staff interviewed reported that they are satisfied the equipment is clean, maintained and safe for use, and that shared equipment cleaned after each use. The Assessment Team observed furniture and fittings to be safe, clean, well-maintained and suitable for use for consumers, who were also in attendance. Staff and management described processes to ensure service and gym equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be identified and relevant management notified.

Following consideration of the information discussed above, I have decided Standard 5 is Compliant.

# 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

Consumers said they are encouraged to provide feedback; raise any complaints and they feel safe to do so. Feedback from consumers is accepted in various formats, including written, verbal or informal. Information on how to provide feedback or make complaints is included in the home consumer handbook which describes the feedback process. There is also an online complaints page for consumers if they do not want to go through the operational process. Documentation provided showed the service has a complaints policy and procedure. The complaints register evidenced complaints and feedback and demonstrated how the service tracks the progress and timely response of complaints.

Consumers interviewed did not comment on accessing advocates, however information on how to access advocacy and language services is available in the consumers handbook. Staff and management advised they make consumers and representatives aware they can provide feedback and complaints through an advocate or external complaint service.

The service has an electronic system to record all organisational complaints and feedback. Management said complaints are managed locally. Consumers are provided with a timeline of investigation and contact details and the escalation process if they are not satisfied with the result from the local level. Staff interviewed indicated they were aware of open disclosure and management described the open disclosure policy and procedure that is used. Open disclosure training is mandatory for all staff.

Consumers and representatives indicated confidence the service would take appropriate action if they raised a concern. The service demonstrated that it has a process to capture, monitor and trend complaints and feedback to improve the quality of CHSP and HCP care and services. All feedback types including compliment and complaints are trended, and issues arising out of these are documented in the register for review and actions. Management acknowledged some issues have been identified through the feedback and complaints register, and they take appropriate steps to rectify the issues and improve their services.

Following consideration of the information discussed above, I have decided Standard 6 is Compliant.

# 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

Consumers interviewed generally reported satisfaction in receiving the with the services they receive and have consistency of direct care staff. Issues of direct care workers leaving services early were identified. A review of sampled staff schedules shows that direct care staff are not consistently provided adequate time to travel between consumers/services. When asked management advised staff schedules are developed to accommodate staff and consumer requests with an effort to reduce gaps during direct care worker shifts. The service response to the report advised the attendance of direct care workers and length of stay is monitored and evaluated.

Management explained the service undertakes workforce planning through an attraction and recruitment program. Recorded complaints regarding lack of staffing was raised with management who described measures to address under staffing, noting trends of staff availability have improved in recent months, which was evident in the reduction of unfilled shifts.

Consumers interviewed said direct care staff are kind, gentle and caring when providing care and services. Sampled consumer documentation showed consumer culture and background are identified, with guidance information to support staff in providing care. Staff interviewed described how they treat consumers with respect, through treating consumers as individuals, listening and understanding, and reading consumer documentation to understand their needs and preferences.

The Assessment Team observed social support group staff to be kind and caring when engaging with consumers. Interactions were respectful and staff were considerate and knowledgeable of consumer needs.

Staff reported the service ensures their competency to perform their roles through psychometric testing, reviewing qualifications and ensuring all clinical staff are registered with the Australian Health Practitioner Regulation Agency (AHPRA), and undertaking probity and reference checks. Staff also reported induction and orientation learning and skill development, and mandatory training and workshops to maintain skills and knowledge.

Management advised the service ensures staff are competent and capable through initial screening of resumes and applications for appropriate skills and qualifications, the mandatory orientation process, supporting direct care staff, care advisors and nursing staff with induction shifts, seeking feedback from consumers /representatives regarding staff performance and annual performance appraisals for direct care staff and monthly supervision sessions for care advisors.

The service maintains position descriptions which include minimum qualification requirements for each role. Sampled staff files consistently contained up to date records for probity checks, and qualifications.

The service has processes and systems to effectively onboard and train the workforce. Staff interviewed reported they feel supported to undertake their role, noting the service has supported them with induction, orientation training, mandatory online and face-to-face training. Staff have consistently advised there has been no training they have requested which they have been unable to access. The service provides training regarding regulatory and legislative changes, including the Serious Incident Response Scheme (SIRS), to staff during the orientation process as a mandatory online learning module.

Management said training needs are identified through themes in performance reviews, complaints trends, patterns in internal audits, regulatory requirements and consumer and staff surveys. The Assessment Team reviewed training documents, including the service’s online training program, orientation training schedule and staff training completion records.

While consumers did not consistently report the service requests their feedback on the staff that deliver their care and services, they expressed satisfaction with the staff that provide their services. Staff interviewed consistently reported undertaking annual performance reviews, with care advisors for HCP consumers advising they seek feedback from consumers and their family regarding staff performance. The service response to the report provided additional information on how consumer feedback is facilitated.

Following consideration of the information discussed above, I have decided Standard 7 is Compliant.

# 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

Consumers and representatives interviewed generally reported they can contact the service to provide feedback regarding consumers’ care and services. Consumers described being able to provide input into the development and provision of their care and services through speaking to direct care staff, care advisors or management. Management described methods of seeking feedback from consumers and representatives to inform broader service improvements such as through discussion at social support groups, during regular HCP and CHSP review, and ensuring feedback forms are provided in both the HCP and CHSP welcome pack.

The organisation provided the results from the CHSP client survey August and September 2023 which showed almost all consumers feel comfortable providing feedback to the organisation.

The organisation’s governing body ensures a culture of safe and inclusive quality care through the review of complaints and clinical data and associated trends, to monitor the safety and effectiveness of the care and services delivered. Complaints are sourced from various electronic systems including consumer progress notes, the complaints and feedback register and incident management system. Clinical data is reviewed by a sub-committee comprised of various clinicians who identify trends and report to the board.

The organisation exercises accountability for its service delivery by ensuring staff are qualified and trained to provide best practice care, reviewing information in relation to risk, and using service information to inform strategic decision making. The Assessment Team reviewed the information provided to the board which included workforce governance reporting, executive reports, clinical data information, as well as presentations by the sub-committee regarding key issues, risks and current challenges.

The service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisation ensures staff and consumers are able to access information about the consumers care and services when required and as appropriate. Staff interviewed described using a mobile telephone application associated with the electronic client management system to access consumer information to inform their understanding of the consumers’ needs, goals, preferences, and the tasks to be undertaken during service delivery.

The organisation maintains a continuous improvement plan which is informed through feedback from staff and consumers, analysis of complaints and incidents, and clinical data analysis. The continuous improvement plan includes descriptions, required actions and which department is responsible.

Financial governance processes and systems effectively manage the organisations’ resource and financial requirements to enable to delivery of quality care and services. The board maintains oversight of the organisation’s financial position with strategic decision making aligned with budgetary considerations.

The organisation provides CHSP consumers with invoices outlining services received, and has a policy to inform full, reduced or no fee service charges. HCP consumers are provided with an individual budget and itemised monthly statements and has processes to manage unspent funds and procedures to ensure expenditure aligns with the scope and intent of the HCP program.

Staff receive a position description which outlines their roles and responsibilities. Sampled staff interviewed described their roles, responsibilities and accountabilities and said they have a clear understanding of their position and its associated duties. The organisation supports staff to deliver safe and quality care and services through support, training and appraisal.

Management described receiving updates regarding regulation and legislative changes via relevant regulatory bodies including the Aged Care Quality and Safety Commission and external regulatory bodies, with information reported in legislative change alerts. Management advised policies and procedures are updated to comply with regulatory changes and updates regarding policy and procedure updates are emailed to staff monthly.

The organisation maintains systems and processes to ensure complaints and feedback are effectively received, recorded, reported and resolved. The service practices an open disclosure process, maintains an Open Disclosure Policy, and provides open disclosure training within the orientation training. The organisation’s quality team analyse consumer progress notes, complaints register and records and survey responses to obtain complaints and feedback data to inform the continuous improvement plan and improve service delivery outcomes for consumers.

The organisation maintains a risk framework for managing high impact and high prevalence risks, provides training to staff in identifying and responding to abuse and neglect, and maintains an incident management system.

Management described the assessment and care planning processes and systems which identify consumer risks. All consumers undertake an initial three-part risk assessment screening. CHSP consumer risk is assessed through validated risk assessment tools, feedback from direct care staff and consumers. Risk mitigation strategies have been reviewed to include the falls risk for older people living in the community assessment and the environmental strategy plan to manage consumer safety during flood and bushfire emergency.

Management interview and documentation review showed effective processes are implemented to monitor consumer wellbeing and safety. The service was able to demonstrate that appropriate identification of abuse and neglect is occurring at the operational level. Training records reviewed demonstrated the service provides training in identifying abuse and neglect during orientation. The service response to the report noted that during the period reviewed by the Assessment Team, there were no incidents of staff conduct related to abuse and neglect.

The service has an incident management system to analyse and determine risk trends, which inform the continuous improvement plan and improved risk mitigation strategies. The board receives information on incident trends to inform strategic decisions regarding risk minimisation processes to improve consumer outcomes. The service maintains a vulnerable consumers and client risk register which enables reporting to identify consumers with low to high risks ratings based on information entered using the validated assessment tools.

The clinical governance framework was noted to be without clear reference to supporting policies and procedures or clear identification of roles, responsibilities and accountabilities. When questioned on this, management explained this is an area identified by the executive team and is currently being reviewed for improved clarity to ensure it functions in guiding safe and effective clinical care at the operational level. In addition, management described a current nursing project to improve clinical awareness of roles, responsibilities and accountabilities for nursing staff undertaking clinical care and assessment roles. In the response to the report, the service advised the clinical governance framework is structured into six key areas and provides an integrated set of policy and procedure and other documents directed towards ensuring good clinical outcomes.

The organisation has a sub-committee which reviews clinical data to identify trends and provides this information to the board to inform strategic decision making.

Following consideration of the information discussed above, I have decided Standard 8 is Compliant.

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