**Performance**

**Report**

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| Name: | Melville Cares |
| Commission ID: | 500234 |
| Address: | 21-23 Hammad Street, PALMYRA, Western Australia, 6157 |
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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: 5744 Melville Cares Inc

Service: 26661 Melville Cares Inc

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

Provider: 9437 MELVILLE CARES INC

Service: 27219 MELVILLE CARES INC - Care Relationships and Carer Support

Service: 27218 MELVILLE CARES INC - Community and Home Support

**This performance report**

This performance report for Melville Cares (**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.

# 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.

# 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

**Requirements 1(3)(a) to 1(3)(f) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer is treated with dignity and respect. The Assessment Team noted care planning processes gather information from each consumer about their identity, culture, and preferences to identify whether any support is needed to help them to maintain connection with others who share their beliefs or cultural background and to ensure that their beliefs and preferences are respected when care and services are delivered. All consumers and/or representatives when interviewed stated that they feel respected by the community workers, volunteers, staff, and management. Consumers and/or representatives praised them highly for always being friendly, helpful and genuinely interested in them as a person.

Evidence analysed by the Assessment Team showed the service demonstrated that it provides culturally safe care and services. The Assessment Team noted policies, procedures, and training are in place to create awareness about cultural safety and staff and management spoke about how the beliefs and requirements of each consumer are individual and how it is important to understand what is important to each consumer. Community workers when interviewed talked about the training they have received about cultural safety and how cultural safety is about knowing the consumer and what is important to them, and being mindful of how they might be affected by past traumas or life experiences. Community workers during interviews stated they read the care plans and talk to consumers to ensure that consumers feel safe when they are delivering services.

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Staff talked about the importance of helping consumers to make their own choices about their care and assisting them to communicate their preferences. The Assessment Team noted during assessment and review processes, coordinators ask consumers who they want to involve in their decision-making and how and this information is recorded in the client management system. The Assessment Team noted management and staff understand that it’s important to consumers to be able to maintain close relationships and will support them to keep that connection when required.

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer is encouraged to take risks to enable them to live the best life they can. The Assessment Team noted discussions and decisions are documented when consumers make decisions that involve risk. The Assessment Team noted policies and procedures were in place to guide staff in encouraging the independence of consumers and managing situations where consumers make decisions that involve risk, including a dignity of risk form that must be completed in consultation with the consumer when decisions involve a significant degree of risk. Management when interviewed by the Assessment Team described the processes that are followed when supporting consumers to live their best lives and make decisions that are important to them, including discussing the risks and alternative approaches with the consumer, and their representatives when appropriate, and fully documenting all discussions.

Evidence analysed by the Assessment Team showed the service demonstrated that information provided to consumers is current, accurate, timely and easy to understand. The Assessment Team noted processes are in place to ensure that financial statements issued to consumers are correct. Consumers and/or representatives interviewed stated that they are provided with a copy of their latest care plan and a folder that contains a lot of other information they can refer to if they have queries. Consumers and/or representatives stated that they understand their budgets and monthly invoices (HCP) or their monthly statements (CHSP) and if they have any queries, they can call their coordinator who will explain or adjust the fees, as appropriate. Consumers and/or representatives also stated they have found the information sessions provided by the service to be very helpful and relevant.

Evidence analysed by the Assessment Team showed the service demonstrated that they have policies and procedures are in place to ensure consumer information is kept confidential and only shared with the consent of the consumer. All staff and management are required to complete training in privacy and confidentiality. Access to consumer information is password protected and only available to those who have a need to know. The Assessment Team noted a review of documentation showed that onboarding information provided to consumers and agreements include privacy information, and guides consumers on where to find a copy of the privacy policy. The Assessment Team noted consumers also sign consent forms to allow the service to share information and an authorisation of whether and when they consent to the service using photos that include them.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 2(3)(a) to 2(3)(e) – Compliant**

Evidence analysed by the Assessment Team shows the service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the care plan, guides staff in the provision of safe and effective care and services to the consumer. The Assessment Team noted the service considers the risk for consumers when completing assessments. Following a discussion with the consumers and/or their representative strategies to reduce identified risks are included in the care plan.

Evidence analysed by the Assessment Team showed the service has processes in place to support consumers to identify their specific goals and preferences with the information outlined in the care plan. The executive manager of client services stated consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. The coordinator when interviewed stated when they visit the consumer to discuss specific service needs and preferences, they discuss the consumer’s goals with them, and this information is recorded and reviewed against the measurable goals identified each time the care plan is reviewed.

Evidence analysed by the Assessment Team showed the service demonstrated it involves the consumer, the carer and, as appropriate, any representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers in accordance with their obligations relating to privacy of information. Consumer progress notes showed ongoing feedback is provided to the coordinators when a consumer accesses external services on a regular basis such as podiatry or speech pathology services. Transport services to specialist appointments were noted to be included in the care plan as part of the non-regular expenses of the home care package.

Evidence analysed by the Assessment Team showed the service demonstrated outcomes of assessment and planning are effectively communicated. Community workers when interviewed stated they have access to the consumers care plan through the home notes in the file in the consumers’ home as well as on their mobile phone. Staff stated if there have been changes made, they are encouraged to speak with the coordinator directly. Consumers stated prior to the commencement of the services, they are provided with a copy of their care plan which is discussed with the coordinator confirming the provision of services in line with their identified preferences.

Evidence analysed by the Assessment Team showed the service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. The service has policy and procedures to guide staff in the timeframes of the regular and/or ad hoc review of consumers including changes to the consumers goals, preferences, or health needs in line with their level of care.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 3(3)(a) to 3(3)(g) – Compliant**

Evidence analysed by the Assessment Team showed the service is able to demonstrate personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed by the Assessment Team reported satisfaction with the personal and clinical care they receive. Registered nursing staff are available to assess the clinical and personal care needs of all consumers on admission to the service and will consult with the consumers, their representatives and the coordinators, and if required refer to allied health staff to seek recommendations for the provision of best practice strategies as issues are identified. The Assessment Team noted policies and procedures are available to guide staff practice.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist community workers manage risk, and to ensure clear instructions are provided to all staff to minimise the effect and number of risks for consumers. Documentation analysed by the Assessment Team showed that risks such as falls, weight loss, behaviours, wounds, and pressure injuries are all recorded in clinical assessment information, progress notes and referrals. The Assessment Team observed referrals and ongoing communication between the coordinators and the registered nursing staff and various allied health specialist services involved in the consumer’s care.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life maintaining each consumers’ dignity and comfort. The executive manager of client services when interviewed by the Assessment Team stated on admission all consumers are provided with an opportunity to complete an advance health care directive. The information is discussed with the consumer and their representative at the initial care plan meeting and then as appropriate. The coordinator stated if a consumer is in the palliative care phase of their illness, they will work with external agencies specialising in the provision of care to the terminally ill in their own home.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Analysis of documentation showed that incidents where a consumer’s physical function are noted to have deteriorated are recognised and responded to in a timely manner.

Evidence analysed by the Assessment Team showed the service demonstrated communication systems are available to the workforce to assist teams to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided. Care plans are updated regularly, and all staff have access to information pertinent to their role. Documentation analysed by the Assessment Team confirmed information regarding care and services provided by external staff such as registered nurse attending to wounds, is communicated regularly through emails, phone calls and regular reports.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff when interviewed by the Assessment Team described processes to refer consumers for allied health services and other additional services through the internal referral process and/or My Aged Care (MAC) for consumers accessing CHSP services. Information regarding care and services provided by external consultants such as a dietician or podiatrist are communicated to the coordinator or registered nursing staff following a referral. Evidence analysed by the Assessment Team showed ongoing updates regarding treatment programs implemented by external service providers are provided to the coordinator regularly with the information attached to the electronic system.

Evidence analysed by the Assessment Team showed the service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. The Assessment Team noted the service has practices in place to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumer’s GP and providing consumers with information regarding the safe use of medication and information about antibiotic use. Staff and management advised that personal protective equipment is available to all staff and training including hand hygiene and standard and additional precautions has been provided through the online learning platform. Additional training sessions have been provided for all staff including the donning and doffing of personal protective equipment.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

**Requirement 4(3)(a) to 4(3)(g) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated consumers get 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. The Assessment Team noted information gathered during assessments and reviews is used to guide staff practice. Consumers and/or representatives participate in decisions about what services will be provided and how those services can be tailored to meet each consumer’s assessed needs and personal preferences. Analysis of care planning documentation identified examples of services that support consumers to maintain their independence and quality of life in line with their goals, for example transport services for consumers who wish to continue going to the shops or attend community activities.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the emotional, spiritual, and psychological well-being of each consumer is considered when services and supports for daily living are provided. The psychological well-being of consumers is considered during assessments and reviews and is used to inform discussions about the services and supports that might assist that well-being to be maintained or improved. Staff when interviewed confirmed they report any concerns about the emotional well-being of consumers that they observe while delivering services and the service has systems in place to offer those consumers support. Analysis of care documentation showed that the comprehensive assessment form contains questions designed to help the service identify the consumer’s unique emotional, spiritual, and psychological needs and that the information is used to plan services and supports that promote each consumer’s wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate it supports consumers to participate in the community and to maintain the relationships that are important to them. Information is gathered during the assessment process and the ongoing provision of services about each consumer’s social and personal relationships and the things that are of interest or importance to them. Documentation analysed and feedback from consumers substantiated this information is used to guide decisions around the services that are delivered. The coordinator when interviewed stated they discuss interests with the consumer and their representative on admission and record the information in the care plan. The Assessment Team noted this also provides the coordinators with an opportunity to make suggestions as to groups or activities the consumer may be interested in joining.

Evidence analysed by the Assessment Team showed the service was able to demonstrate systems are in place to ensure that information is communicated effectively within and outside of the service when there is a change in a consumer’s condition or when their needs and preferences change. Staff when interviewed stated they become aware of changes in a consumer’s condition or changes to their needs and preferences through review assessments, phone calls from consumers and representatives, information from support workers, information from other providers such as allied health professionals, and/or written communications from medical practitioners they will inform the case manager to ensure that changes are documented correctly, and others involved in the delivery of care and services are aware of the change.

Evidence analysed by the Assessment Team showed the service demonstrated that timely referrals are made to other organisations involved in providing care and services. This includes when consumers have requested equipment or if they need services that cannot be arranged or provided by the service. The coordinator advised consumers and representatives accessing services under CHSP funding are encouraged to contact My Aged Care should they wish to be referred for additional services or they can assist them to do this. Analysis of service documentation showed there is a policy and procedure to guide staff in making and supporting each consumer with referrals and how the information is to be recorded.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. The Assessment Team noted equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers when interviewed stated they are satisfied with the equipment they use and stated it was selected for suitability on the recommendations of allied health professionals. Community workers when interviewed stated they have access to equipment to support consumers such as wheelchairs and equipment for use in the home as required. Staff when interviewed stated they complete refresher training annually or as required to ensure they use safe manual handling techniques and any faulty equipment is made safe for the consumer in the first instance and reported to the coordinator.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 5(3)(a) to 5(3)(c) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated that the environment across all service centres is welcoming and easy to understand for consumers. Observations and interviews confirmed the environment is easy to navigate and understand, with directional signs in place to support navigation for consumers and visitors. All consumers interviewed at the friendship club confirmed that they are actively involved in planning activities and outings and will put forward new ideas or identify activities or places they would like to try again. Bathrooms were noted to be signposted and accessible to consumers with walking aids. The friendship club is open five days per week with consumers attending as scheduled. The Assessment Team noted the centre coordinator, staff and volunteers demonstrated a thorough knowledge of the consumers and could speak to their interests, families, culture, and clinical needs individually.

Evidence analysed by the Assessment Team showed the service demonstrated that the environment across all service centres is safe, clean, well maintained and comfortable. The buildings footprint and access routes permit for free movement and ready access inside the building and outside in the garden area. Management when interviewed stated the service has processes in place to ensure that maintenance and cleaning takes place regularly. The activities team leader when interviewed stated they have developed work instructions to guide staff practice and to ensure all aspects of the cleaning and maintenance of equipment are completed as required. The Assessment Team noted the outdoor areas have level pathways for access and are well maintained. Consumers were observed freely moving around the centre and had access to different areas.

Evidence analysed by the Assessment Team showed the service demonstrated that the centre is safe, clean and well maintained and suitable for its intended purpose. Furniture was observed to be clean, comfortable and in a good state of repair. The Assessment Team noted there was no evident loose carpet or flooring which posed trip hazards. The management team when interviewed advised all staff report any maintenance issues about furniture, fittings or equipment at the centre. The Assessment Team noted equipment not suitable for use is removed from the centre.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 6(3)(a) to 6(3)(d) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated that consumers and representatives are encouraged and supported to provide feedback and make complaints. The importance of providing feedback and making complaints is explained during onboarding processing and supported by written information on how to provide feedback. Consumers and representatives are frequently reminded of the importance of giving feedback and making complaints, and independent consumer surveys are conducted. Consumers and representatives interviewed stated they feel comfortable to give feedback and this was evidenced by the feedback that is recorded in the complaints and feedback register of the service. The consumers interviewed stated they rarely make a complaint but if they have any concerns, they can refer to the information in their in-home folder, call their coordinator, or go into the office and speak to the Chief Executive Officer.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers have access to advocates or language services if they require assistance to give feedback or make a complaint. The Assessment Team noted staff give information to consumers during onboarding, review, and assessment processes about the ways they can make a complaint, including by speaking to their community workers, coordinator or the Chief Executive Officer about any concerns. Any barriers to communication, such as language barriers, cognitive decline, hearing difficulties, or not having external support, are identified and consumers are given information of how they can access support if they wish to make a complaint, or if they are not satisfied with the response to their complaint. Analysis of documentation showed that the client guide included in the in-home folder included information about making and resolving complaints, including contact details for advocates and the Commission, and the home care agreements also advised they can make a complaint directly to the Commission. The Assessment Team noted a recent quarterly newsletter was noted to provide consumers with contact information and information about the Older Persons Advocacy Network (OPAN).

Evidence analysed by the Assessment Team showed the service demonstrated that it responds appropriately to resolve complaints and uses an open disclosure process when things go wrong. Consumers and/or representatives, staff and management stated when interviewed that they feel the service has a genuine commitment to ensuring they are satisfied with the services and care they receive. The Assessment Team noted policies and procedures on complaint handling and open disclosure are available to all staff. Analysis of the complaints and feedback register of the service showed that complaints are recorded and acted upon promptly, actions are allocated and steps taken are recorded. The Assessment Team noted an open disclosure approach is used when a mistake has been made. Analysis of training records shows that all staff, other than administrative staff, complete training in the complaints handling process and using an open disclosure approach and administrative staff are trained to escalate any complaints.

Evidence analysed by the Assessment Team showed the service demonstrated that there are systems in place to ensure feedback and complaints are reviewed with a view to identifying areas where improvements can be made to the quality of care provided. Management described how data about feedback, complaints and incidents is collated, analysed, and included in the monthly clinical indicator and quality of care report. The report is reviewed at monthly leadership team meetings and tabled at Board meetings. The Assessment Team noted feedback and complaints are also considered during ad-hoc leadership team meetings and discussed during regular meetings of team leaders with community workers. Analysis of documentation confirmed that consideration of the clinical indicator and quality of care report is a standing item on meeting agendas. The Assessment Team noted a review of newsletters showed that consumers are advised of the results of independent client satisfaction surveys and are told how the service will respond to those results.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 7(3)(a) to 7(3)(e) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated that the workforce is planned and deployed to ensure the delivery of safe and quality care and services. Management during interviews with the Assessment Team explained the policies and procedures that are in place to assess and review workforce capacity to ensure that they have enough qualified staff to plan and deliver services and care. In addition to employed staff, the service manages a large team of volunteers who primarily provide social support and transport services. The Assessment Team noted allied health and home maintenance services are provided by third-party providers. Management when interviewed stated that they have an established relationship with their main third-party provider of allied health services who respond promptly to any referrals.

Evidence analysed by the Assessment Team showed the service demonstrated that the workforce interacts with consumers in a kind and respectful way, showing care and empathy for their individual circumstances, beliefs, and values. The Assessment Team noted systems are in place to aid schedulers to match consumers with their preferred community workers, whether those preferences relate to individual employees, or their gender or cultural background. Consumers and their representatives spoke about how kind and respectful the community workers are and stated the service listens to them and will assign different community workers if they are not a good match. Community workers when interviewed spoke about consumers in an empathetic and compassionate way and stated they love their jobs and obtain satisfaction from improving the quality of life of the consumers they assist.

Evidence analysed by the Assessment Team showed the service demonstrated that processes and systems are in place to ensure that all members of the workforce, including third-party providers, are competent and have the qualifications and knowledge to effectively perform their roles. The Assessment Team noted position descriptions describe the responsibilities and qualifications required for each role, and qualifications and competencies are verified during the recruitment process and on an ongoing basis. Complaints, feedback, and incidents are reviewed regularly to identify any gaps in staff competency, and opportunities to improve competency levels are explored and implemented. The Assessment Team noted analysis of documentation showed that a matrix is used to list the competencies and qualifications required for each role. Analysis of the electronic management system showed that every community worker has a profile and evidence of qualifications and competencies is recorded under their profile and used when assigning services to community workers. Management demonstrated how reports can be produced from the system to verify that all workers have provided evidence and are up to date with their qualification and competency requirements.

Evidence analysed by the Assessment Team showed the service demonstrated that it has systems in place to recruit, train, equip, and support the workforce to deliver safe and quality care and is constantly reviewing and improving those processes. The Assessment Team noted mandatory induction and ongoing training must be completed by every member of the workforce and compliance is monitored by management. The Assessment Team noted the recruitment process did not include a check of the aged care register of banning orders, but this was rectified after discussion with the Assessment Team and management confirmed that a check had been carried out and no current employees are listed in the register. The Assessment Team analysed registers used by management to monitor completion of training and noted all training was viewed to be updated or scheduled, with notations if training had not been completed due to staff being on extended leave. The Assessment Team noted completed training covered topics such as manual handling, infection control, medication training, cultural safety, elder abuse, diversity, the Quality Standards, and dementia awareness.

Evidence analysed by the Assessment Team showed the service demonstrated that systems are in place for annual performance reviews of all staff. The Assessment Team noted processes are in place to identify any gaps in the current competencies and skills of staff, and to rectify these through performance management processes that can include training and mentoring. Management when interviewed stated, and a review of meeting minutes confirmed, that the annual performance report process is being reviewed ahead of implementing the new electronic human resources management system. Part of that review has been to revise how the competencies link to the Quality Standards and the values of the organisation. Documentation analysed by the Assessment Team showed that annual performance management reviews are conducted annually between September and December, and management explained that the reviews for the current period have been purposefully delayed to ensure a smooth transition to the new process and system.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# 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

**Requirement 8(3)(a) to 8(3)(e) – Compliant**

Evidence analysed by the Assessment Team showed the service demonstrated that it engages consumers and uses their feedback to inform improvements to the way care is provided. Management when interviewed described the ways consumers are encouraged to provide input that can be used to improve the quality of care and services but also how they are provided with choice in how their care will be delivered to them personally. For example, a ‘multi-service’ might be incorporated into the care plan to allow the consumer to decide what assistance they need on the day. Management when interviewed stated that the chief executive officer holds an annual morning tea with consumers that is used to plan out the monthly information sessions for the forthcoming year. The Assessment Team noted independent consultants run six monthly consumer satisfaction surveys, the results of these surveys are shared with staff, the board, and consumers. The Assessment Team analysed a two-page succinct summary of the last survey that included information about improvements that would be made as a result of the survey that was distributed to all consumers. Management when interviewed stated, and documentation analysis confirmed, that plans are in place for a consumer advisory committee, comprising a board member, the chief executive officer, and consumers and carers, to commence in late 2023.

Evidence analysed by the Assessment Team showed the service demonstrated that the organisation promotes and is accountable for a culture of safe, inclusive, and quality care and services. The Assessment Team noted policies and procedures provide a framework that emphasise consumer safety and best practice approaches. The Assessment Team noted systems are in place to ensure that all consumers, staff, management, and board members understand that everyone is responsible for compliance with the Quality Standards and are encouraged to give input into how the quality of care and services can be improved. Management when interviewed explained the systems that ensure that the governing body is accountable for promoting a culture of safe and inclusive care. The Assessment Team noted the Board meets every two months, with board members sitting on subcommittees that oversee clinical matters, finance, compliance, and risk. board members and management have a broad range of qualifications and skills, a board matrix was analysed that identifies the skills and qualities of board members that shows the board has expertise in the areas of health, project management, financial and governance expertise. All board members are either members, or working towards membership, of the Australian Institute of Company Directors. The chief executive officer is a registered psychologist with AHPRA, another manager is a member of the Chartered Accountants of Australia and New Zealand, and another is a registered nurse.

The organisation has demonstrated that it has effective governance systems in place across all aspects of the operations of the business.

(i) Information management:

Documentation analysed shows that the organisation provides consumers and representatives with documentation that gives clear information about the services and care they are entitled to receive and what has been put in place to meet their assessed needs and preferences, how HCP funds are budgeted, and where they can find other assistance and support that may be useful to them. The Assessment Team noted that the electronic management and scheduling systems are used effectively by the organisation to capture information, including assessed needs and preferences of consumers, and to give community workers, schedulers, and customer services managers effective access to the information they need to deliver quality care and services to consumers. All staff have electronic access to the policies and procedures of the organisation.

(ii) Continuous improvement:

Management demonstrated a culture that promotes identifying and actioning opportunities for continuous improvement. Information provided to consumers and staff, and minutes of meetings, evidenced the many continuous improvements planned and effected. The Assessment Team noted that the continuous improvement plan of the organisation is used as a change management tool. As well as identifying the planned improvement, the plan includes actions, responsibilities, and time frames.

(iii) Financial governance:

Management explained how the service has reviewed documentation and processes to ensure that the organisation is compliant with the new HCP pricing reforms. The Assessment Team viewed price lists and HCP agreements that show the organisation is compliant with care management and package management capping requirements, third-party fee arrangements, and the prohibition on charging exit fees. Management advised that the price increases had not resulted in any reduction in services and care delivered to consumers. Systems were noted to be in place to ensure oversight and management of any unspent HCP funds.

(iv) Workforce governance:

Policies, procedures and systems were noted to be in place to ensure that expectations and responsibilities for all staff are clearly defined, including in the job descriptions for each role and the expectations set out in agreements with third party providers. Training is mandatory and support is available to all staff to ensure a skilled and competent workforce. The organisation has systems to identify and review its procedures when any regulatory reforms affect the conditions and rates of pay applicable to staff, or example the service can demonstrate its compliance with SCHADS award requirements, ensures there are no banning orders in place against any existing employees, and trains its staff in the aged care workers code of conduct.

(v) Regulatory compliance:

The chief executive officer sits on the state board of the Aged and Community Care Providers Association (ACCPA) and the organisation uses ACCPA to stay abreast of any regulatory reforms affecting aged care services. Management also accesses information from other sources such as email subscriptions and the Commission’s website. The organisation uses external consultants for legal and other aged care advice and networks with other organisations to ensure it responds appropriately to any regulatory reform that affects any aspect of its operations, including service delivery and work health and safety.

(vi) Feedback and complaints:

The organisation has policies, procedures, and systems in place to encourage and record consumer feedback and to use that information to improve the quality of care and services for individuals and across the organisation. Consumers, representatives, staff, and management said that there is a genuine intention to ensure that all consumers receive quality care in line with their assessed needs and preferences. Management when interviewed stated that the organisation has a good reputation in the local area for caring about its consumers and is mindful to protect that reputation by hearing and responding to any feedback and complaints. Management stated that if they are unable to resolve matters to the satisfaction of an individual consumer, they seek to better understand how the background and beliefs of each consumer might be contributing to their perception, expectations and behaviour which can often help the organisation to take a more compassionate approach to the consumer’s situation. – *End of ‘(vi) Feedback and Complaints’ Heading.*

The service demonstrated that an effective risk management framework is in place that includes policies, systems, and procedures to identify, prevent, and mitigate risk.

Managing high-impact or high-prevalence risks associated with the care of consumers:

The risk management system was noted to be comprised of a risk management policy, risk management plan and risk register, incident management system, and complaints and feedback system. Systems were noted to be in place to manage high-impact risks that have the potential to affect multiple consumers, for instance natural disasters, pandemics, and cyber-security risks. The risk register and plan are monitored and reviewed and minutes of meetings evidenced that both are reviewed by the Board.

Identifying and responding to abuse and neglect of consumers:

A review of training records showed that all staff complete training on how to recognise and report elder abuse and are supported by a policy and procedure that guides staff on how any reports should be managed. Management gave an example of how the service had responded when a staff member witnessed an abusive incident by a mentally unwell family member who lives with a vulnerable consumer. The matter was immediately escalated and risk to the consumer and staff were assessed and discussed by management. Risks were discussed with staff and with the consumer, and strategies put in place to support and protect the consumer and staff. Full details and appropriate alerts were viewed to be recorded in the client management system.

Supporting consumers to live the best life they can:

Assessment and care planning policies and procedures ensure that consumers have input into decisions about the care and services they need, and the way services are delivered. Dignity of risk procedures are in place to assist consumers to make informed choices and where they wish, to make choices involving risk, when those choices are important to their dignity and well-being. The current strategy plan for the organisation shows that the vision of the organisation is that older peoples’ lives should be as fulfilling as at any other stage of life and the strategic priorities and pillars of the organisation are built upon that concept.

Managing and preventing incidents, including the use of an incident management system:

Coordinators described the processes that are in place to assess risk and agree strategies for each individual consumer, to prevent incidents. Community workers confirmed that they follow the detailed instructions in each consumer’s care plan when delivering services. They were familiar with the processes to be followed when an incident occurs, including urgent escalation to coordinators if risk is high and completing an incident form and documenting fully in the progress notes. The incident management register was noted to record all incidents, and procedures require the immediate grading of risk and escalation according to risk. The management of incidents requires prompt action that includes the adoption of an open disclosure approach, identification and implementation of actions to mitigate further risk, and reflection to consider whether any changes to procedures could help to mitigate recurrence of the circumstances that lead to the incident. – *End of ‘Managing and preventing incidents, including the use of an incident management system’ heading.*

Evidence analysed by the Assessment Team showed the service demonstrated that a clinical governance policy framework is in place that ensures consumers receive safe and quality clinical care. Management when interviewed stated that the clinical governance framework is articulated with the governance statement and governance charter and provides a direct line between the staff and the Board, clearly delineating responsibilities, from the initial assessment through to reviews and the provision of care. Clinical care and services have been and are provided through preferred third-party providers. The Assessment Team noted this year the organisation has recruited a registered nurse who provide comprehensive clinical assessments and to provide clinical care and supports. The organisation has revised its procedures and systems related to quality and clinical governance to ensure compliance with the strengthened governance reforms to take effect in December 2023.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

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)