**Performance**

**Report**

**1800 951 822**

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| Name of service: | Mercy Health - Melb Metro North & West |
| Service address: | Mercy Place Keon Park, 15 Tunaley Parade RESERVOIR VIC 3073 |
| Commission ID: | 300096 |
| Home Service Provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Quality Audit |
| Activity date: | 31 May 2023 to 2 June 2023 |
| Performance report date: | 5 July 2023 |

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

**This performance report**

This performance report for Mercy Health - Melb Metro North & West (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Mercy Health Home Care Services - Your care, your home, your choice, 27083, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073
* Mercy Health Home Care Services - Your care, your home, your choice, 27084, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073
* Mercy Health Home Care Services - Your care, your home, your choice, 27085, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073
* Mercy Health Home Care Services - Your care, your home, your choice, 27078, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073
* Your Care. Your Way, 27079, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073

**CHSP:**

* Care Relationships and Carer Support, 24075, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073
* Community and Home Support, 24076, Mercy Place Keon Park, 15 Tunaley Parade, RESERVOIR VIC 3073

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* The provider’s response to the assessment team’s report received 27 June 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 | **Not Applicable** |
| **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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | 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

Evidence analysed by the Assessment Team showed the service demonstrated that each HCP and CHSP consumer is treated with dignity and respect, with their identity, culture and diversity valued. All interviewed consumers and representatives described in various ways how consumers are respected and valued as individuals. Consumers are informed about their rights and a code of conduct supports consumer dignity and respect. Staff interviewed provided examples of ways they show consumers dignity and respect by giving them time and space and talking nicely with them. Care documentation reflects background information for each consumer, including personal information and what is important to them.

Evidence analysed by the Assessment Team showed the service demonstrated that care and services for HCP and CHSP consumers are culturally safe. Consumers and representatives said the home care workers who attend regularly know their cultural background, feel valued and safe, provide care and support that reflects their needs and preferences. Staff spoke about consumers in a way that reflected their familiarity with the cultural needs of consumers. Care documentation provides staff with information on the cultural background of consumers and the things that are important to them. Management said they have a cultural diversity policy and relevant training is undertaken by staff. The majority of their staff are bilingual and able to communicate with consumers and representatives in their language and when required interpreting services are also available.

Evidence analysed by the Assessment Team showed the service demonstrated each HCP and CHSP consumer is supported to exercise choice and independence, including to make and communicate decisions about care, service delivery and those they wish to be involved, and maintain relationships of their choice. Interviewed consumers and representatives said in various ways that they can make choices and decisions and have sufficient control over the planning and delivery of care. Staff generally described how they support consumers to make choices and decisions about their care. Individual consumers’ file documentation identifies consumer choices and decisions about care and services.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives said in various ways they are supported to make choices and decide on the services they want to access that allow them to live the best life they can. Staff described support and assistance measures to ensure consumers are as safe as possible while living their best life. Consumer file documentation showed individual consumer risks and vulnerabilities, where risks and strategies are identified and documented. When risk is identified staff refer to the dignity of risk policy and discuss the risk with the consumer and/or representative and risk is documented as an alert in the consumer’s file which are visible by home care workers. Risk assessments are completed for purchases recommended by allied health professionals as documented.

Evidence analysed by the Assessment Team showed the service demonstrated information provided to each consumer is current, accurate and timely, and communicated in a clear and easy to understand way and enables them to exercise choice. Consumers and representatives advised they were provided with sufficient and clear information to inform their decisions about care and services. Staff discussed the various ways information is communicated and described strategies to communicate information to consumers with poor cognition. Documentation reviewed evidenced HCP consumers are provided with the Charter of Aged Care Rights, sign an agreement and receive a monthly itemised statement. Management provided a copy of a statement guide that has been developed and is provided to consumers and/or representatives with explanations and definitions on the information recorded in a monthly statement. The service has a separate information pack for both home care packages and CHSP consumers.

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer’s privacy is respected, and personal information kept confidential. Consumers and representatives interviewed were satisfied consumer privacy and confidentiality are respected. Staff described how they ensure consumer privacy and maintain confidentiality while providing care and services to consumers. Management advised that home care workers have access to consumer information on a mobile application. The consumer information pack includes information on privacy and confidentiality. Documentation reviewed showed the service has processes to maintain and share consumer records, policies and procedures.

# 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

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning processes, including consideration of risks, informs the delivery of safe and effective care and services for consumers. Consumers and representatives expressed they were satisfied with the assessment process advising that care advisors and home care workers understand the consumers’ needs and care plans are discussed and agreed upon. Care advisors interviewed described assessment and care planning processes and the ways risk is considered. Care planning documentation identified goals relating to mobility and independence within the home and evidenced where necessary, completed falls risk assessments and safe home risk assessments. There are policies and assessment templates to guide assessment and care planning.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses HCP and CHSP consumer’s current needs, goals and preferences including advance care planning/end of life planning if the consumer wishes. Consumers indicated care planning identified their current needs, goals and preferences. Consumer and representatives were able to recall discussions and receiving information on advance care planning and/or end of life planning. Care advisors and home care workers showed an understanding of the consumer’s current needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is based on partnership with HCP and CHSP consumers and others that the consumer wishes to involve, including other organisations, individuals and providers of other care and services. Consumers and representatives interviewed confirmed in various ways that the service involves them in assessment and planning. Care advisors discussed ways in which they keep the families involves and how they will call the consumer prior to going out for initial assessment to see if any family or support person would like to be present for the care planning assessment. Care documentation outlines who the consumers nominate to make decisions in collaboration with themselves regarding their care.

Evidence analysed by the Assessment Team showed the service demonstrated that the outcomes of assessment and planning are communicated to the HCP and CHSP consumer and documented in a goal directed care plan that is readily available to the consumer, and where care and services are provided. Consumers and representatives described the care and services delivered and confirmed they had a copy of the consumer’s care plan. Care advisors interviewed advised consumers are always offered a copy of their care plan. Support workers described how they access the consumer care plan via a mobile telephone application and were able to advise that care plans are updated when changes occur. There was up to date documented care plans on all consumer files reviewed.

Evidence analysed by the Assessment Team showed the service demonstrated HCP and CHSP care and services are reviewed for effectiveness regularly, when a consumer’s circumstance changes or when an incident may impact on the needs, goals or preferences of the consumer. Consumers and representatives advised that communication about consumer care and services occurs, including when consumer needs and conditions change. Support workers described how care is formally reviewed at specified intervals or as circumstances change and when incidents occur. Care advisors indicated how feedback from the home care workers guide them to undertake as needed care planning assessments to have the most updated care planning for the consumers.

# Standard 3

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

Evidence analysed by the Assessment Team showed the service adequately demonstrated that each consumer, during the provision of personal care or clinical care, is getting care that is best practice and generally tailored to their needs and optimises health and wellbeing. Consumers and representatives commented positively on the personal care and clinical care that is being provided by staff. Home care workers demonstrated their knowledge of each consumer receiving personal care services and described how they deliver care and services in accordance with the consumers’ needs and preferences. Documentation showed falls risk assessments and strategies regarding management of potential falls for consumers who require assistance during personal care.

Evidence analysed by the Assessment Team showed the service demonstrated the effective management of high impact, high prevalence risks associated with the care of each consumer. Where risks are identified and managed (such as wounds or falls), the service has referral avenues to allied health and nursing, and other risk mitigation strategies such as aids, to mitigate the risks associated with the care of the consumer. Consumers and representatives interviewed were satisfied with the way the service identifies risks and delivers care to manage these risks. Home care workers demonstrated an understanding of specific ways to manage consumers’ high impact, high prevalent risks. Care documentation shows risks for individual consumers are identified and strategies are in place to manage the risks, with input and collaboration between staff, the consumer and/or their representatives or other health professionals.

Evidence analysed by the Assessment Team showed the service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Although there are currently no consumers receiving palliative care or nearing end of life, the service demonstrated they can provide care and support to consumers who have been referred for or are receiving palliative care services. Care advisers and home care workers outlined processes they follow to support consumers, representatives and family who are nearing end of life.

Evidence analysed by the Assessment Team showed the service demonstrated effective systems and processes in place to ensure any deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives elaborated on how the service recognised and responded to change in the consumer’s condition. Home care staff provided examples of when a deterioration or change in condition of consumers was recognised and responded to and explained how they reported back any changes either through the reporting system or by telephone to the service. Care documentation shows some evidence where changes has been reported and actioned.

Evidence analysed by the Assessment Team showed the service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers and representatives reported staff know consumers care needs and they are not required to repeat any directions. Home care workers interviewed described how they accessed the consumer’s information and case notes via a mobile telephone application. Care documentation with care directives for personal care delivery are detailed to support unfamiliar staff in understanding specific preferences for each consumer. Consumer consent enables information to be shared internally and externally where responsibility for care is shared.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals occur to other organisations and providers of care and services. Consumers did not comment specifically on the timeliness of referrals however care documentation showed referral for allied health including physiotherapy, occupational therapy and district nursing. The care advisors demonstrated an understanding of when and how to make referrals and action recommendations.

Evidence analysed by the Assessment Team showed the service demonstrated infection related risks are minimised through a range of processes. Consumers interviewed all commented on staff taking precautions such as wearing masks and, where appropriate, gloves along with use of sanitiser. All staff interviewed said that had training on hand washing techniques and online training on infection control, along with personal protective equipment which is supplied by the service.

# 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. | **Not applicable** | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. All consumers and representatives interviewed expressed satisfaction with services and supports for daily living. Staff demonstrated an understanding of what is important to each consumer and how they incorporate this into the care and services delivered. Care documentation for CHSP and HCP consumers noted consumer goals and provided corresponding strategies to achieve goals, independence and quality of life.

Evidence analysed by the Assessment Team showed the service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. All consumers and representatives interviewed said in various ways they were satisfied with the services and supports for daily living. Staff and home care workers described how they recognise and support consumers when they feel low, including talk gently with them, asking about their needs, providing emotional support and referring to support services as appropriate. Care documentation goals for CHSP and HCP consumers identify what is important to the consumer and how to achieve this.

Evidence analysed by the Assessment Team showed the service demonstrated the consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers spoke of the HCP and CHSP supports they receive to assist them in accessing the community, including taxi cards and supported shopping. Staff and home care workers interviewed showed they talk to consumers, are familiar with their interests, and provided examples of ways they supported consumers to do things of interest to them. Care documentation noted consumers’ interests, individual support needs, preferences and interests.

Evidence analysed by the Assessment Team showed the service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation and with others where responsibility for care is shared. All HCP and CHSP consumers and representatives interviewed said in different ways that home care workers know the consumer’s daily living needs and how to provide individual support. Staff and home care workers sampled described how current information about each consumer is shared via an application on their mobile phone. Systems such as electronic scheduling used by the support staff to access the information about consumers from their mobile devices. Care documentation showed information being communicated to others including internal and external support staff, home maintenance and gardening, emergency services, equipment services, allied health and other services.

Evidence analysed by the Assessment Team showed the service demonstrated that appropriate referrals are undertaken to individuals, organisations and other providers of care. While interviewed consumers and representatives overall did not provide specific responses to this question, they said the service would assist them should they require other care and services. There are documented referral procedures and staff showed an understanding of referrals being made based on the consumer’s needs for services such as equipment recommendations, domestic assistance, personal support, assistive technology, gardening and home maintenance. Care documentation showed examples of referrals being actioned as required such as allied health services.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Interviewed consumers and representatives stated they either provided their own equipment or they were happy with the equipment provided by the service. Staff interviews and care documentation showed the provision of necessary equipment occurs only after assessment, recommendation and trial with an allied health professional. Home care workers generally took responsibility for cleaning equipment and notifying the service if maintenance was required. Equipment includes shower rails, wheeled mobility frames, mobility aids and is serviced and maintained through package funds.

# 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. | **Not applicable** | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** | **Not applicable** |

Findings

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

# 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

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers and others are encouraged and supported to make complaints and provide feedback. All HCP and CHSP consumers and representatives interviewed said they understood how to give feedback or make complaints. Staff described how they encourage consumer feedback and instances where they have supported consumers to provide feedback. Information on internal and external feedback and complaints is part of the information pack and handbook provided to consumers at commencement of a home care package or CHSP service. The provider records all complaints, comments and incidents in a complaints and incidents register (spreadsheet). The provider has a complaint handling procedure that includes reference to open disclosure and related guide and response flowchart.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Staff reported they have not had to support consumers to access advocacy or language services, however they have access to this information if required. Staff and management described ways they make consumers and representatives aware they can provide feedback and complaints. The consumer information pack documents each consumer’s right to be represented by an advocate and includes complaints information for both internal and external complaints and a feedback form.

Evidence analysed by the Assessment Team showed the service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives interviewed overall expressed confidence that complaints would be actioned. Staff demonstrated an understanding of open disclosure principles and described how they are applied on a day-to-day basis. Management discussed the process that takes place when the service receives feedback or complaints. The information is logged, assessed, investigated, and a response and resolution take place before the complaint is closed off. Complaints, compliments, and feedback are documented in the service’s complaints and incidents register (spreadsheet).

Evidence analysed by the Assessment Team showed the service demonstrated that feedback, complaints and compliments are utilised to improve the quality of care and services. Consumers and representatives interviewed provided examples of how their feedback is used to improve the quality of care and services. Complaints and actions taken are documented in the electronic feedback management register. Management advised that feedback received is documented on an improvement form and an action plan is developed to achieve an improvement. The quality team provides a monthly quality and safety report that includes complaints, incidents and hazards that are collated.

# 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

Evidence analysed by the Assessment Team showed the service demonstrated that programs delivered under the HCP and CHSP programs are supported with a workforce that is planned and enables the delivery of safe, quality care and services. Consumers and representatives said staff attend when they are scheduled and are mostly consistent, are advised of any unplanned changes to the schedule and are provided with options for care and service delivery. Staff reported being rostered with adequate time to complete required tasks. Management described the factors impacting staffing levels related to challenges with workforce shortages and reported recruitment activities occurs in an ongoing capacity. The service has workforce planning policies and procedures outlining recruitment and selection processes aimed at recruiting a highly skilled workforce to ensure the delivery of safe, quality care.

Evidence analysed by the Assessment Team showed the service demonstrated overall a commitment to kind, caring and respectful staff interactions with consumers. Consumers and representatives said in various ways that interactions with staff and home care workers who provide HCP and CHSP care and services are kind, caring and respectful. Care advisors and home care workers described in different ways how they provide care and services to consumers in a kind and respectful manner, including appreciating cultural and individual diversity, being compassionate, knowing their support needs and interests, and communicating well with them. Management outlined the service’s focus on ensuring staff are ‘best fit’ with the organisation’s values encompassing compassion and respect. Organisational and service communication including equity and inclusion shows the organisation’s commitment to respectful care and services.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives provided positive feedback that indicated staff are competent in the delivery of HCP and CHSP care and services. Staff described how they know their consumers and meet their care and support needs with confidence due to their qualifications and knowledge. Staff qualifications relevant to their position are required and staff confirmed participation in mandatory and ongoing training that promotes their competency in performing their roles.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Consumers and representatives interviewed expressed in various ways their confidence in the ability of staff to deliver quality care and services. Staff including subcontracted workers reported training is delivered on a regular basis including first aid and cardiopulmonary resuscitation training, and that they participate in other training relevant to their roles including elder abuse and the Aged Care Quality Standards. Care advisors interviewed demonstrated completion of mandatory training including equity and inclusion (inclusive of cultural awareness), life support, and hand hygiene. Staff training needs are identified to inform the development of a training calendar which is revisited and updated when new training needs are recognised.

Evidence analysed by the Assessment Team showed the service demonstrated staff performance is regularly monitored. The organisation has a workforce management framework including policies and procedures for the review, monitoring and performance management of staff. Consumers and representatives interviewed said in various way that they were satisfied with staff performance. Staff reported either a performance review has occurred within the last 12 months or is scheduled to occur in the near future, and that quarterly and 6 monthly probation reviews occur. Established systems for monitoring and reviewing staff performance include open feedback and dialogue from consumers and staff, complaints, incidents and performance conversations. A process to manage staff underperformance is in place.

# 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

Evidence analysed by the Assessment Team showed the service demonstrated that consumers and representatives are involved in the development, delivery and evaluation of care and services. The organisation has an overarching strategic framework and consumer engagement framework inclusive of a consumer advisory committee. Management advised that a consumer representative sits on the Board’s quality subcommittee to provide feedback at Board level and consumers and representatives are kept informed through organisational newsletters. Management discussed how consumer feedback is highly valued and outlined feedback mechanisms available to consumers. Consumer focus groups and forums have resulted in changes being implemented to assist in the delivery and evaluation of care and services. Feedback registers are used to inform consumer driven improvements and the continuous improvement register demonstrates ways the organisation engages consumers to implement improvements based on feedback trends.

Evidence analysed by the Assessment Team showed the service demonstrated that the organisation’s governing body promotes a culture of safe and inclusive quality care. The governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers receiving services through the Commonwealth Home Support Programme and Home Care Packages. The organisation’s Board is attended by eleven Board members and is supported by five subcommittees that monitor or promote key activity across the organisation including finance, audit and risk, quality and clinical governance. The Board meets monthly and receives a range of reports from the subcommittees such as quality governance which captures risk management information including incidents, complaints, and workforce issues. The home care quality manager is part of the board quality committee and reports all home care related issues to the subcommittee that reports to the Board. The board quality committee meets every second month to discuss risk management issues including complaint trends, incident trends such falls and when they occurred, medication errors and their origin and unfilled shifts. The board quality team provides regional monthly reports to all outlets and each regional manager is required to provide commentary.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

*Information Management:*

Evidence analysed by the Assessment Team showed the organisation has established information management systems that support information management. These include policies and processes to manage information and electronic information software. An information technology team monitors and manages security of information management systems, and information backup systems are in place. Management and staff are provided with individual login and password protected access to electronic systems and levels of administrative access apply to each role. Staff including home care workers reported access to information they need. All care staff are provided with access to relevant HCP and CHSP consumer information, and care directives on a mobile phone ‘application’ including shift information, emergency response procedures and mobility and communication needs. Privacy and consent to share information policy and procedures apply and the consumer information handbook explains information management processes.

*Continuous Improvement:*

Evidence analysed by the Assessment Team showed the service has a plan for continuous improvement that shows documented actions and improved outcomes. Improvements are identified through the feedback and complaint mechanisms, incident and risk management systems, external audits, consumer engagement processes, changes to regulatory requirements and through consumer, representative and staff suggestions. Internal audits of clinical and non-clinical indicators are conducted, and an audit schedule is in place and monitored by the quality team. The service demonstrated they monitor, analyse and use feedback and complaint data to improve the quality of care and services.

*Financial governance:*

Evidence analysed by the Assessment Team showed the financial governance is overseen by the finance subcommittee and reported to the Board and maintained through monthly reports. The service has electronic systems to manage consumer finance and monthly statements. Management advised the service will track consumers’ use of their packages including underspent and overspent of funds. Home care package consumers with high levels of unspent funds are identified and reported to management to prompt care advisors to discuss budgets with these consumers in relation to their care needs. Consumer statements are distributed monthly, and consumers and representatives stated overall that monthly statements were accurate and easy to understand.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the organisation’s human resources team works in conjunction with the national manager for learning and home care, to assist management with workforce accountability and processes including staff recruitment, selection, performance conversations and performance management, staff career pathways and progressions, and staff education. Ongoing recruitment and workforce planning occur to ensure the workforce is competent, skilled and equipped with the knowledge to effectively undertake the roles. Position descriptions reviewed included clear responsibilities and accountabilities for staff delivering services for the home care package and CHSP funded programs. Monitoring of subcontracted services, occurs primarily through consumer feedback and through regular contact with the third-party service provider, and remedial action is taken if services are not effective.

*Regulatory compliance:*

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last twelve months. Management receive and monitor changes to aged care legislation primarily through updates from peak bodies, legal counsel, government notifications, the Commission, and subscriptions. Changes are consistently monitored and updates to policies and procedures and required training are implemented. Key information about regulatory changes are communicated to staff by management and links to relevant policies, and procedures are accessible in the organisation’s document library.

Management maintains a register of subcontracted service providers within the electronic information management system, to monitor and track documentation including service agreements and compliance documents. Contract agreements with subcontracted providers outline minimum expectations for contracted staff and subcontracted providers are requested to provide probity checks including police checks, mandatory vaccinations, credentialing and training for subcontracted provider staff. A centralised contract team collects the information and performs checks to ensure service providers meet regulatory requirements and deliver safe and effective services. Consumer feedback informs care advisors of subcontractor performance.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the organisation has a feedback and complaint policy and process and an open disclosure framework to guide management and staff in open disclosure principles. The organisation monitors feedback registers for trends and the timely response and resolution of complaints and organisational feedback, and complaints data is reported to the Board. For additional evidence refer to *Standard 6. – End of ‘Feedback and complaints’ heading.*

The organisation has an effective risk management framework inclusive of systems and practices which enable the service to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents. The organisation’s framework includes an incident management reporting and escalation system, a risk register, policies and procedures, and auditing and reporting processes to enable the identification and control of risk. The demonstrated risk register (April 2023) reflected strategic risks overseen by management including clinical governance, contract management, medication errors, elder abuse and child safeguarding. Primary and secondary risk owners for monitoring each risk are documented and all risks have risk ratings and risk controls in place. Management said the highest rated service risk currently relates to industry wide staffing shortages and the recruitment of an adequate workforce, and strategies are currently in place to address this risk. The quality board team has oversight of this framework.

In relation to high impact or high prevalence risks associated with the care of consumers, management reported that falls risks, consumers with dementia and carer stress are prevalent. Management described a person-centred approach to consumer assessment and planning processes to identify hazards within each consumer’s home and risks related to consumer care needs. The service’s risk management processes document and capture trends associated with the care of consumers and management stated there were no trends of concern. Care documentation reflects consumer specific risks and risk controls, and care advisors and support staff demonstrated an understanding of how they manage risks to consumer health and wellbeing. Staff said they would report any incident to the service immediately. Clinical and operational risks are identified, managed and escalated to management and the Board as required.

In relation to identifying and responding to abuse and neglect of consumers, management advised that staff training in elder abuse forms part of the organisation’s mandatory training framework. Staff confirmed they have undergone training to assist in the recognition of elder abuse and neglect and as sighted on the organisation’s ‘learning ladder’. Policies and procedures inclusive of escalation pathways are in place to guide staff to recognise and respond to confirmed and/or suspected abuse or neglect. The organisation’s incident reporting system is reviewed daily by the quality team to identify and investigate reports relating to potential instances of consumer neglect and abuse.

In relation to incidents managed and prevented, the organisation has an established incident management system. An incident reporting policy and procedure is in place to guide staff including the reporting and management of Serious Incident Reporting Scheme (SIRS) reportable incidents. Prevention of incidents occurs through assessment of individual personal risks, home safety assessments, hazard reports, a register of risks and controls, and staff training. Incidents are monitored, trended and reviewed to determine whether an improvement is required. Management said that all incidents are monitored daily by the quality team including for potential SIRS related incidents, discussed with the clinical governance committee and reported monthly to the Board.

Evidence analysed by the Assessment Team showed the organisation demonstrated a clinical governance framework which outlines the service’s role in the provision of person-centred integrated care and clinical effectiveness, inclusive of the service’s approach to antimicrobial stewardship, minimisation of restrictive practices and open disclosure. The service has a clinical governance policy inclusive of terms of reference and key roles and responsibilities. An established clinical governance committee meets every two months and reports directly to the Board. Clinical care for HCP and CHSP consumers is provided by the service’s nursing team and/or allied health services.

In relation to antimicrobial stewardship the organisational framework includes infection prevention and control practices to identify and manage infections including COVID-19. The service has procedures to manage consumer and staff infection control, including participation in staff vaccination programs and mandatory training requirements such as hand hygiene and the use of personal protective equipment. Online learning modules for antimicrobial stewardship were demonstrated in the organisation’s ‘learning ladder’ and antimicrobial stewardship procedures and policies are in place to guide staff. While the service does not prescribe antibiotics, nursing services and home care staff provide medication prompting to consumers.

The service has procedures in place for minimising the use of restrictive practices. Staff have undergone relevant mandatory training on minimising the use of restraint and the Quality Standards, and a process is in place to immediately report the use of any restrictive practice to case advisors and management. Management advised no consumers have been recognised in the use of restraints, however in the case where bed poles are identified during consumer assessment processes, a full functional assessment is conducted. Occupational therapists are engaged to assess the reason and need for the use of bed poles in conjunction with relevant discussions with consumers and representatives, outlining the consequences of their use.

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)