**Performance**

**Report**

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| Name: | Mercy Services |
| Commission ID: | 200466 |
| Address: | 13 Brooks Street, WEST WALLSEND, New South Wales, 2286 |
| Activity type: | Quality Audit |
| Activity date: | 12 June 2024 to 13 June 2024 |
| Performance report date: | 26 July 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3082 Mercy Services  
Service: 23378 Mercy Community Care Packages

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7586 Mercy Services  
Service: 23712 Mercy Services - Community and Home Support

**This performance report**

This performance report for Mercy Services (**the service**) has been prepared by J Durston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 July 2024.

# 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.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

This Quality Standard has been assessed as compliant as six of six specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives said they were treated with dignity and respect and felt their culture and diversity was always valued by staff. Care plans included information about consumers’ culture, and staff at the office and day centre were observed to be respectful in their interactions with consumers, with one consumer stating staff go ‘over and beyond’.

Requirement 1(3)(b)

The Assessment Team found HCP and CHSP services demonstrated care and services are culturally safe. Consumers and representatives interviewed about cultural safety were satisfied the supports and services they were receiving were culturally safe. Staff described the specific cultural safety requirements of consumers, and consumers’ cultural care preferences are included in care plans. Staff were also able to identify those consumers who did not have specific cultural preferences.

Requirement 1(3)(c)

The Assessment Team found HCP and CHSP services demonstrated each consumer is supported to exercise choice and independence, make and communicate decisions about their care delivery and involvement of family, friends or carers in their care, and to make connections with others and maintain their relationships of choice. One consumer said they enjoy attending the day program 4 days per week as they do not have family nearby and they don’t see their neighbours anymore. A support worker noted when a consumer chose to maintain their independence the support worker assisted them with the things they were unable to do in the shower rather than the whole showering process.

Requirement 1(3)(d)

The Assessment Team found HCP and CHSP services supported each consumer

to take risks to enable them to live their best life. Feedback from consumers and representatives confirmed this. Care plans included consumers risks and mitigation strategies, and care staff confirmed they are kept informed of consumers’ risks by care managers, home care officers, consumers and their representatives.

Requirement 1(3)(e)

The Assessment Team found HCP and CHSP services demonstrated each consumer receives information that is current, accurate and timely and communicated in a way that they can understand and enables them to exercise choice. Consumers and representatives said they were satisfied with how information is communicated to them. Consumers are kept up to date with their care and services via, activity calendars displayed on the walls at the day centre, a blue folder located in the consumer’s home including their care plan and current information on their services.

Requirement 1(3)(f)

The Assessment Team found HCP and CHSP services demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives advised consumer privacy is respected. The service uses an electronic care management system to store consumers’ personal information, with password protected individual logins. Office layout included spaces to enable private conversations with consumers.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 2(3)(a)

The Assessment Team found HCP and CHSP services demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. CHSP home care officers and HCP care managers advised when clinical care is required, based on review of information from the consumer’s My Aged Care plan and initial home visit assessment, a registered nurse undertakes clinical assessments and develops clinical care plans. Review of care documentation evidenced comprehensive assessment of consumers needs and risks to their health and wellbeing, including risk mitigation strategies.

Requirement 2(3)(b)

The Assessment Team found HCP and CHSP services demonstrated assessment and care planning addresses consumers’ current needs goals and preferences. Consumers and representatives said they were satisfied with how the service meets their needs. Consumer care plans included consumers’ current needs goals and preferences and staff were able to describe these for individual consumers. Staff advised consumers often did not want to discuss end-of-life care. However, the Assessment Team reviewed multiple care plans for sampled consumers that contained their advance care plan.

Requirement 2(3)(c)

The Assessment Team found HCP and CHSP services demonstrated assessment and

planning is performed in partnership with the consumer and those they wish to be

involved in their care. All sampled consumers provided positive feedback on how the service worked with them to plan their care. Consumers’ files showed other providers, such as allied health, involved in their care.

Requirement 2(3)(d)

The Assessment Team found HCP and CHSP services demonstrated the outcomes of

assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available. All consumers and representatives confirmed they have copies of their care plan in the consumers’ home. One representative said the consumer’s (HCP L4) care planning process was professional and all areas of the consumer’s care needs were assessed.

Requirement 2(3)(e)

The Assessment Team found HCP and CHSP services demonstrated care and services are

reviewed for effectiveness and when incidents occur or when circumstances change. Consumers’ care plans are reviewed at least annually and when changes occur. This was evidenced in care planning documentation, consumer and representative feedback. Consumers and staff described how they communicate with HCP care managers and CHSP care officers and/or after hours on call staff when changes occur after hours impacting their needs.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# 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

This Quality Standard has been assessed as compliant as seven of seven specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 3(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer gets safe and/or effective clinical and personal care tailored to their needs that optimises their health and wellbeing. Most consumers and representatives confirmed this. Registered nurses provide clinical care. This was evidenced in care planning documentation, and positive consumer and representative feedback, such as the personal care tailored to minimise one consumer’s arthritic pain, attendance of care and monitoring as directed in areas such as wound care and diabetes management.

Requirement 3(3)(b)

The Assessment Team found HCP and CHSP services demonstrated high impact or

high prevalence risks associated with the care of consumers are effectively managed. The service had identified the high impact high prevalence risks for its consumers as living alone, falls and medication management, and has an incident register maintained and monitored by management. Care staff are kept informed about consumer risks and strategies to manage them through the electronic care management system (ECMS), weekly emails and verbal handovers. Care documentation included consumers identified high impact high prevalence risks with risk management strategies provided in areas such as wound management and weight loss. One consumer advised they are very happy with how the service is caring for their wound and it is healing well.

Requirement 3(3)(c)

The Assessment Team found for HCP and CHSP services are not currently managing any consumers that are at end-of-life or receiving palliative care. However, management said the service can refer consumers to the local health district for palliative care assessment and they can access resources from the organisation’s residential care services if additional support is required. Staff described how they would maintain the consumer’s comfort and dignity if they were nearing end-of-life.

Requirement 3(3)(d)

The Assessment Team found HCP and CHSP services demonstrated deterioration or a change of a consumer’s mental health, cognitive or physical function, capacity or condition is

recognised and responded to in a timely manner. Most consumers and representatives advised they were confident the service effectively identifies and responds to consumer deterioration or change in a timely manner. Staff were able to describe the signs of deterioration and how they escalate concerns to the care manager. The Assessment Team provided several examples

of consumer care evidencing effective identification and management of consumer deterioration and/or change in condition.

Requirement 3(3)(e)

The Assessment Team found HCP and CHSP services demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. Staff can access consumer information, including their needs and preferences, risks and mitigation strategies and any changes in consumers’ condition and needs from the ECMS using their phones. The care plan is located at consumers’ homes. This information is also communicated using monthly care staff meetings, weekly emailed information and verbally. Review of the ECMS showed assessments and reports from allied health, such as occupational therapists (Ots), dieticians and podiatrists are stored in consumers’ files and accessible to staff.

Requirement 3(3)(f)

The Assessment Team found the HCP and CHSP services demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. Review of care documentation and feedback from consumers confirmed timely, appropriate referrals are made. An OT assessment was conducted at a consumer’s (CHSP) home 3 days after a registered nurse assessed the consumer needed additional assistance with showering. Installation of a hand-held shower for the consumer occurred during the OT’s consultation.

Requirement 3(3)(g)

The Assessment Team found HCP and CHSP services demonstrated there are effective processes in place to minimise infection related risks. Consumers and representatives advised they are generally satisfied with the measures taken by staff to protect them from infection and said staff were careful. The service has mandatory infection control training in the staff induction program and ongoing, with assessments to confirm staff competence. Registered nurses described how they apply antimicrobial stewardship to suspected wound infection, including ordering pathology to determine if and what antibiotic treatment is appropriate to treat the infection. Management said they have a register of staff immunisations and most staff have

had annual influenza vaccinations. They are currently following up 2 staff with unknown vaccination status and if found unvaccinated, they said the staff would be removed from the roster until vaccinated. Vaccination status was observed in staff files. Staff were able to describe appropriate measures they take to prevent the spread of infection.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# 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

This Quality Standard has been assessed as compliant as seven of seven specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found HCP and CHSP services demonstrated each consumer gets safe

and effective services and supports for daily living that meet their needs, goals and

preferences and optimise their independence, health, wellbeing and quality of life. This was confirmed by sampled consumers and representatives. Staff demonstrated awareness of and care documentation included consumers’ needs and preferences in relation to services and supports for daily living. Consumers and representatives provided positive feedback on the day centre they attend and were observed to be enjoying the musical entertainer at the centre during the Quality Audit.

Requirement 4(3)(b)

The Assessment Team found HCP and CHSP services demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. This was confirmed by sampled consumers and representatives. Care staff were able to describe the different services and supports available to promote consumer wellbeing, but there was limited documentation of consumers’ specific needs and preferences regarding this area of care in care planning documentation.

Requirement 4(3)(c)

The Assessment Team found HCP and CHSP services demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. This was confirmed by sampled consumers. Staff described how they provided these services and supports and the information was documented in consumers’ care plans. Sampled consumers noted the things they enjoy, such as attending bingo and the entertainers at the day centre and advised that on bus trips they are asked where they would like to go.

Requirement 4(3)(d)

The Assessment Team found HCP and CHSP services demonstrated information about the

consumer’s condition, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Sampled consumers and representatives advised care assistants knew the services and supports for daily living to provide for them. Information about the consumer’s condition is communicated verbally between management, care managers (HCP), home care officers (CHSP) and care assistants, and consumers said they tell the care assistants what they want them to do. Care assistants said they are sent a weekly handover and receive text messages with updates on consumers needs and changes in their condition. The activities coordinator said they receive emails and phone calls regarding any changes for consumers.

Requirement 4(3)(e)

The Assessment Team found the management of HCP and CHSP services said referrals had not been made for their consumers to other providers of services and supports for daily living. They said their consumers attend the service’s day centres for social support. However, the services noted clinical referrals are made to allied health professionals such as podiatrists and occupational therapists if required.

Requirement 4(3)(f)

The Assessment Team found HCP and CHSP services demonstrated that where meals are provided, they are of sufficient quality and quantity. This was confirmed by sampled consumers.

Requirement 4(3)(g)

The Assessment Team found HCP and CHSP services demonstrated the service has purchased day centre equipment to support consumers’ interests and enable community participation. Other equipment has been purchased to assist consumer safety. One representative advised various equipment had been purchased for their consumer (HCP L4), such as a bed, handrails, non-slip bathmats and a showerhead with capped temperature setting to prevent burns. Tables with locks were purchased for one day program to improve consumer safety by ensuring tables do not move when consumers get up from their chairs. Two sampled representatives advised they were not satisfied that the service would not purchase continence aids and a massage chair for their consumers (CHSP) and (HCP L4) respectively. When this was put to the management team, they said they were aware of the concerns and would follow up with the consumers and representatives immediately.

In their response to the Assessment Team report the provider noted that regarding the continence aids not purchased for the consumer, the consumer’s continence needs had been assessed by the service on multiple occasions, but to date the Continence Aids Payment Scheme (CAPS) declined to fund the consumer’s continence aids. The provider advised the family have accepted this and they have informed the family that the service can reassess the consumer if their needs change.

Regarding the massage chair not purchased for another consumer, the service noted the OT sent an email to the representative to obtain a GP clearance letter to confirm the chair would be beneficial for the consumer. However, the representative did not return the letter or follow up with the OT. The OT advised the consumer already had a massage chair. Massage therapy sessions were offered during a home care review but were declined. The service has unsuccessfully attempted to contact the representative to follow up, and noted they will advise that the cost and lack of proven clinical need could not be a justified expense for the consumer’s home care package.

Based on the contextual evidence supplied by the provider including actions taken by the service regarding the concerns raised by representatives in relation to their consumers, I am satisfied the service is compliant with this requirement.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g).

# 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

This Quality Standard has been assessed as compliant as three of three specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 5(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging,

independence, interaction and function. The service runs social support groups at several sites in buildings leased by the service. The Assessment Team observed the social support group run at West Wallsend. Consumers meet in one large room and sit at tables while participating in group activities. The room enhances the function of consumers with declining mobility and/or cognitive impairment. Because there is enough space, consumers using wheelchairs can easily navigate around the tables and are assisted by staff if needed. The room was observed to be clean and freshly painted. Consumers and representatives said they felt welcomed at the service and were observed interacting with other consumers and staff during the quality review.

Requirement 5(3)(b)

The Assessment Team found HCP and CHSP services demonstrated consumers could move freely inside and outside the room at any time at the West Wallsend day centre. Consumers can access toilets down a corridor from the meeting room, and staff supported consumers to access the disabled toilet. The transport manager said the owner’s mange the leased buildings, including their cleaning. However, there is no preventive maintenance schedule in place for the leased buildings. The service manages 6 monthly maintenance of air conditioning and gutter cleaning at one site. The Assessment Team found the owners ensure the buildings are compliant with fire safety regulations. There was a fire extinguisher in the group room at West Wallsend day centre that was tag checked in April 2024 and a defibrillator and first aid kit displayed on the wall. The transport manager advised the bus that transports consumers to the day centre has a regular maintenance schedule and there are monthly licence checks for all drivers. The bus has a lift for consumers in wheelchairs, a first aid kit and PPE. Care workers and the driver are trained on how to operate the lift and assist consumers on and off the bus safely.

Requirement 5(3)(c)

The Assessment Team found HCP and CHSP services demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. The coordinator advised they can purchase any equipment they require for the day program. The kitchen off the group room was observed to be very clean and had well organised dry store areas.

Based on the information summarised above, I find the service compliant in Requirements 5(3)(a),5(3)(b) and 5(3)(c).

# 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

This Quality Standard has been assessed as compliant as four of four specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found HCP and CHSP consumers and representatives said consumers are supported to provide feedback and make complaints, and they felt comfortable raising concerns with staff and management. Most advised they did not have any issues with their services. Most consumers confirmed they had received information on how to make complaints when they commenced with the service. Management said the service supports consumers to give feedback and make complaints through their website, through service staff, the annual consumer survey and anonymously through the organisation’s ‘integrity hotline’ operated by an external provider. Staff liaise with consumers when they receive new services and regularly seek their feedback.

Requirement 6(3)(b)

The Assessment Team found HCP and CHSP services demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Most consumers and representatives advised this was included in the information they received in their initial assessment, and they have a blue folder at home containing information about making internal and external complaints such as the Aged Care Quality and Safety Commission and advocacy services. Staff described how they supported a consumer to contact the Senior Rights advocacy service for assistance after sustaining an unwitnessed fall at home and this was confirmed by the consumer.

Requirement 6(3)(c)

The Assessment Team found HCP and CHSP services demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Sampled consumers and representatives advised they were satisfied with how the service responds to their complaints. The compliments and complaints register and other documentation recorded an open disclosure process is used, appropriate action is taken in response to complaints and feedback, and complainant satisfaction with the outcomes of resolved complaints is documented.

Requirement 6(3)(d)

The Assessment Team found HCP and CHSP services demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services and the systems and processes are the same for both services. Management advised feedback and complaints are incorporated into the operational continuous improvement process and are discussed at the monthly risk and compliance committee meeting and other relevant meetings. The risk compliance officer reviews complaints daily and sends a weekly report to the head of home and community care. One consumer (HCP L4) raised a complaint at the consumer advisory council that there was no emergency contact information in their blue folder at home. The service addressed the consumer’s complaint, then checked all consumers’ folders and added emergency contacts where required. The consumer said they were very happy they had a voice at the service that could help others.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found HCP and CHSP services demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Most consumers advised they receive their services in line with their choices of days, times and staff preferences and staff arrived on time. Most consumers and representatives provided positive feedback regarding staff and their care and services. The care managers (HCP) and home care officers (CHSP) inform roster staff of consumers’ requirements to ensure staff are rostered to meet consumers’ needs. There was an increase in unfilled shifts over one week in May to 4% but staff advised there was an increase in staff respiratory/gastrointestinal illnesses that week.

Requirement 7(3)(b)

The Assessment Team found HCP and CHSP services demonstrated workforce interaction with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. This was confirmed by consumers and representatives. Staff spoke of consumers respectfully and demonstrated an understanding of consumers’ culture, preferences and customs. Care planning documentation reflected the culture and diversity of consumers.

Requirement 7(3)(c)

The Assessment Team found HCP and CHSP services demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. Consumers and representatives advised staff are trained and competent to deliver the care and services they require. Professional registration documentation showed all staff including subcontracted clinical/allied health registrations have current required qualifications for their role. The people and culture business partner said staff were up to date with their required competency assessments, including assist medication competency, infection control and first aid. The service does not keep centralised staff competency records to track overall staff compliance with competency requirements, as they are recorded in each staff member’s file. Management advised and documentation confirmed there is an action in the plan for continuous improvement to improve the service’s management systems and processes for oversight and tracking of competency assessments and mandatory training.

Requirement 7(3)(d)

The Assessment Team found HCP and CHSP services demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Consumers and representatives said staff know what they are doing, and they are satisfied with their care. Mandatory staff training is provided in areas such as safeguarding, manual handling and diversity. The head of home and community care advised they monitor mandatory training completions and staff community care assistants are followed up to ensure they have completed their online education. Sampled staff confirmed they have the resources and equipment they need to deliver appropriate care to consumers. The service currently does not have a centralised training and competency management system, but there is an action to rectify this documented in the plan for continuous improvement. This was considered in Requirement 7(3)(c).

Requirement 7(3)(e)

The Assessment Team found HCP and CHSP services demonstrated there is regular monitoring and review of the performance of each member of the workforce. Performance reviews for service staff are conducted at 3 months, 6months and annually. Most sampled staff advised they have an annual performance review. The service does not have a centralised register to track performance review completions, but the service was able to provide documentation to confirm most staff had completed their annual performance reviews. The people and culture business partner indicated they are in the process of developing a register of staff performance reviews to ensure greater oversight of performance completions and they are up to date.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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

This Quality Standard has been assessed as compliant as five of five specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found HCP and CHSP services demonstrated consumers are supported to engage in the development delivery and evaluation of care and services. The client advisory council has 6 HCP members and 17 community transport members. Members of the Board attend the client advisory council annually which is scheduled to occur in July 2024. Client advisory council and clinical advisory committee minutes from December 2023 to June 2024 showed consumers were being consulted and supported to engage in the delivery and development of care and services. Sampled consumers said they are very satisfied with the services provided and the engagement from the service. Consumers and representatives demonstrated awareness of the feedback process and advised they would use this process to improve services if needed. Management said the service is developing a ‘client mapping program’ where the service will identify and speak with individual consumers whose voice may not been captured at other forums.

Requirement 8(3)(b)

The Assessment Team found HCP and CHSP services demonstrated the organisation’s governing body promotes and is accountable for a culture of safe inclusive and quality care and services. The CEO is on each subcommittee including audit and risk and quality, safety and research subcommittee, and reports directly to the Board on key performance indicators that include areas such as deficiencies in systems, areas for improvements, workforce issues, regulatory compliance, critical incidents, and risks to consumers, and or business and consumer complaints. Minutes from sub-committees and Board meetings reflected Board oversight of these areas. The CEO described how a culture of safe, inclusive, quality care is promoted at the organisational level, noting it is reflected in the wording of the organisation’s vision and values statements, code of conduct, diversity and inclusivity policy and the organisation’s service integrity hotline.

Requirement 8(3)(c)

The Assessment Team found HCP and CHSP services demonstrated there are effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, complaints and feedback and regulatory compliance.

Information management

Consumers and representatives indicated information provided on care, services and fees is clear and current. The service has an ECMS and staff confirmed they have the information to deliver effective care and services to consumers. Staff can access relevant electronic policies and procedures. The organisation is improving its human resources/people and culture management system documented in the strategic business plan. Information is provided to consumers, representatives, staff and other stakeholders by mail, email, the organisation’s web site and newsletters.

Continuous improvement

The CEO advised opportunities for continuous improvement are identified and addressed at sub committee meetings. The service maintains its plan for continuous improvement. Opportunities for improvement are identified through areas such as consumer feedback, complaints, surveys, review of clinical indicators, incidents, and staff meetings.

Financial governance

The CEO has financial delegation within their role which is Board approved. The CEO

advised that unspent consumer funds are monitored and regularly communicated to the consumers and those over $20,000 are reported to the finance and property group monthly. Consumers with unspent funds said the service provides regular updates on their balance.

Workforce governance

The organisation’s people and culture team ensure internal service staff have the required qualifications, certifications and checks to meet regulatory requirements for aged care workers. The finance team is responsible for ensuring subcontracted staff have the right insurance and agreements in place to ensure greater oversight of subcontracted staff.

Regulatory compliance

The Board is responsible for ensuring they maintain oversight of changes to aged care legislation and regulations. The CEO and head of risk and compliance monitor changes, including information received from the Aged Care Quality and Safety Commission and the Aged and Community Care Providers Association.

Feedback and complaints

The Board and or subcommittees receives information regarding complaints and feedback from the CEO and ensures feedback and complaints inform strategic continuous improvement of care and services.

Requirement 8(3)(d)

The Assessment Team found HCP and CHSP services demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system. The organisation has a risk management framework, and incident management system that identify risk, and an escalation process to the CEO and the Board. The Board reviews the organisation’s risk appetite annually in line with risk tolerances and the business plan. There is a monthly risk and compliance improvement committee that oversee risks to consumers and reports to the relevant subcommittees. There are risk management and risk mitigation protocols for service level staff to follow.

Requirement 8(3)(e)

The Assessment Team found HCP and CHSP services demonstrated there is a clinical governance framework. Governance of clinical care is undertaken by the clinical advisory committee and reported to the board through the sub committees. Direct oversight of clinical services is conducted by registered nurses, care managers (HCP) or home care officers (CHSP). All staff including the governing body demonstrated an understanding of minimising the use of restrictive practices and how it is applied. The organisation’s feedback and complaints policy and procedure includes open disclosure and staff and management were able to provide examples of when open disclosure had occurred.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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)