**Performance**

**Report**

**1800 951 822**

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| Name of service: | Migrant Resource Centre North West Region |
| Service address: | 20 Victoria Crescent ST ALBANS VIC 3021 |
| Commission ID: | 300645 |
| Home Service Provider: | Migrant Resource Centre North West Region Inc |
| Activity type: | Quality Audit |
| Activity date: | 30 May 2023 to 1 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 Migrant Resource Centre North West Region (**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:**

* Migrant Resource Centre North West Region Inc Home Care Packages, 26993, 20 Victoria Crescent, ST ALBANS VIC 3021

**CHSP:**

* Community and Home Support, 25609, 20 Victoria Crescent, ST ALBANS VIC 3021

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers/representatives said in various ways that consumers are treated with dignity and respect and valued as individuals with their own identity and culture. Consumer information documented identifies what is important to each consumer in relation to their identity and background. Staff interviewed gave examples of ways they implement dignity and respect in practice, including being professional, acknowledging people for who they are and what they want, taking the time to talk with consumers as individuals, listening to them without bias, understand their culture and explaining how they would like to assist them.

The service demonstrated that care and services are culturally safe. Consumers/representatives said in various ways that staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff sampled showed they are familiar with the cultural needs of individual consumers as they are from the same or similar backgrounds. Management stated that the majority of their staff are bilingual and able to communicate with consumers/representatives when required, interpreting services are also available. A review of consumer files identified consumers’ backgrounds and preferred language.

Consumers/representatives are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Individual consumer’s file documentation identifies consumer choices and decisions about care and services and any substitute decision makers.

Consumers/representatives described in various ways their satisfaction that the service supports consumers to live their best life. Management discussed consumer risk stating the organisation has a risk policy to address risk. A home risk assessment and non-response to a scheduled visit action plan are developed during the initial assessment process. Home risk assessments are conducted, if risk to the consumer around their functioning is identified then a referral to the relevant allied health professional occurs. When risk has been identified it is documented in the consumer’s file. Support workers are notified of consumer risks via their rosters and verbally from the care coordinators. Support workers discussed supporting consumers to take risks by observing and assisting as required.

Consumers/representatives advised they were provided with information. The Assessment Team observed information is provided to CHSP and home care package consumers in an information pack. The information pack includes information on internal and external complaints, privacy and confidentiality, advocacy, Charter of Aged Care Rights, useful phone numbers and interpreting services. Consumers/representatives are provided with an information pack, home care agreement inclusive of the Charter of Aged Care Rights and sign a consent to share information when they sign up for a home care package.

Consumers/representatives provided feedback that staff respect their privacy and their personal information is kept confidential. Staff said they maintain consumers’ privacy when delivering services to consumers who may feel vulnerable by explaining what they are doing in a private environment. For example: Not discussing consumers with others, closing the bathroom door when providing personal care. Management advised the organisation has a privacy policy and privacy information is provided in the consumer information packs. All consumers accessing services sign a consent form to share information.

# 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

The service was able to demonstrate that planning and assessment informs the delivery of safe and effective services. Consumers/representatives interviewed reported attending various CALD social support groups, all noting that attending supports their health and well-being. Consumer files reviewed contained the Health and Chronic Conditions form developed by the Victorian Department of Health which contains prompts to gather information for each consumer related to health literacy, general health, self-care, main concerns, vision, hearing, health and chronic conditions including diabetes, falls risk, pain, and physical activity. In addition, all consumer files include the Accommodation and Safety Arrangements form developed by the Victorian Department of Health, which identifies if consumers live alone. Staff interviewed described how they undertake the assessment and care planning process, noting that risks such as diabetes or mobility limitations are listed in documents relevant to providing service, such as entering and exiting vehicles and on menus where applicable. Management advised that to ensure assessment and planning informs safe and effective care the service reviews consumer feedback and incidents, and ensures staff are appropriately trained to undertake effective care planning.

The service was able to demonstrate that consumers’ needs, and goals are effectively identified, addressed and documented in the consumers’ care plans and assessments. Consumers/representatives stated that the social support group is important to them, noting they look forward to going, getting out of the house, spending time with other people of a similar age and the mental stimulation the activity provides. Further, staff interviewed reported having guest speakers attend the service to discuss the advance care planning process in previous years. Management feedback noted that the service will commence providing advance care planning and end of life care planning in the information pack they provide to consumers annually.

The service demonstrated that they undertake assessment and planning in partnership with the consumer and those they wish to involve in their care. Consumers/representatives interviewed stated they are given the option to participate in decision making related to planned activities and outings. Consumer documentation reviewed demonstrated that a partnership approach to care planning was undertaken, with individualised, tailored care plans developed in partnership with consumers and those they wish to be involved in their care. Staff interviewed described how they ensure collaborative approaches to care planning, with all staff noting they ask consumers what they would like to do while attending the social support group, including seeking feedback regarding activities, food provided, and locations for outings, to inform service planning. All staff interviewed reported assessing outing locations including contacting the location directly to ensure accessibility; liaising with guest speakers and their relevant organisations to ensure consumers are provided with opportunities to access information for alternative service and supports. In addition, all staff interviewed possess knowledge of how to involve others, both internal and external to the service, to ensure consumers have access to other service and supports as required.

The outcomes of assessment and planning are effectively communicated with the consumer/representative and documented in assessments that are available to the consumer. While only four of eight consumers/representatives interviewed recall receiving a copy of their care plan, all consumers/representatives stated that they feel respected by staff, noting they are kind, respectful and supportive. Consumer files reviewed showed that care planning documentation is signed by consumers and contain prompts for the care plan to be offered to consumers. Staff interviewed reported offering consumers copies of their care planning information, noting that consumers often decline to receive a copy, however the service has not documented this in progress notes. Staff interviewed reported having access to a folder available where care and services are provided, containing information such as consumer allergies, dietary needs and preferences including those related to diabetes, consumer contact information including emergency contacts and information related to alternative services and supports from external providers.

The service demonstrated care and services are reviewed regularly for effectiveness, with annual reviews of goal directed care planning and consumer assessments. Consumers/representatives interviewed reported feeling confident that the service would support them to access additional services or provide alternative supports if their needs and preferences changed. Seven of the eleven consumer files reviewed evidenced that the care and service plans are reviewed annually, with four of the five social groups consistently ensuring care plan reviews occur each year. All staff interviewed reported understanding that care plans are to be reviewed annually. Management confirmed that care plans are required to be updated annually, noting that one social support group has experienced staffing inconsistency which has affected the service’s capacity to ensure continuity of service.

# 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

The service demonstrated that overall, each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers/representatives expressed general satisfaction with the personal and clinical care provided, commenting variously that staff knew what care was to be delivered. Support workers said in different ways that management advise and support on best practice care provision is always available when needed. Care documentation showed that the delivery of support is monitored by the service. The service has policies and procedures to ensure best practice guidance for staff.

The service demonstrated the effective management of high impact, high prevalence risks associated with the care of each consumer. Consumers/representatives interviewed expressed in different ways their satisfaction that risks associated with their care are well managed. Management and staff said that high impact, high prevalence risks included risk of falls, social isolation, carer neglect and consumers with dementia related behaviours. Staff described individual consumers’ risks and explained the tasks and techniques used to manage risks during care and service provision. Care documentation evidenced risks associated with the care and services for consumers are identified and documented.

The service was able to demonstrate that as required the service supports the needs, goals and preferences of consumers nearing the end of life, offering care and supports to maximise their comfort and preserve their dignity. The service has an end-of-life policy to guide staff and will assist consumers/representatives to access palliative care and end of life care when required.

The service demonstrated 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. While consumers/representatives did not consistently provide specific examples of deterioration and response, two representatives expressed confidence that staff would know if a consumer’s health or condition changed and respond appropriately. Support workers demonstrated awareness of their responsibility to immediately report consumer deterioration or change to the care coordinator and described the process of providing feedback, including contacting the office immediately, depending on the urgency of a consumer’s situation and completing an incident report, if relevant. Care coordinators interviewed demonstrated knowledge of details of consumer deterioration and how they are recorded in the consumer’s file. Reviewed care documentation evidenced changes in a consumer’s health or condition are reported, documented, and actioned accordingly.

The service demonstrated that information about consumers’ conditions, needs and preferences is documented and communicated within the organisation and with others responsible for care. Consumers/representatives expressed satisfaction that consumers’ conditions, needs and preferences are adequately communicated within the organisation and with others where care is shared. Support workers expressed satisfaction with the information provided at point of care and felt confident that any additional information required, would be provided by the consumer’s case manager. Reviewed care documentation included progress notes, referrals and referral reports, and information being appropriately communicated to others involved in care, including comprehensive task lists provided for internal and subcontracted support workers.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. When asked about referrals, consumers/representatives were aware that, when needed, other services would be involved in their service delivery. This included, for example, nursing services for wound treatment, podiatry for foot health, and physiotherapy for strength building to prevent falls. Staff demonstrated an understanding of referral networks and described referral processes to a range of service providers including allied health professionals through provider agreements. Reviewed care documentation evidenced referrals were made in response to identified needs, with corresponding reports and recommendations actioned accordingly.

The service demonstrated the minimisation of infection related risks. through implementing precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Consumers/representatives were satisfied with the measures staff conducted to protect the consumers from infection. The service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices. Staff are required to take precautions to minimise consumer and staff illness and reduce the need for antibiotics. While the service does not prescribe antibiotics, the service has an antimicrobial stewardship policy to guide staff.

# 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

The service demonstrated the services they provide are safe, effective and meet consumer needs, goals and preferences, supporting consumers independence, well-being and quality of life. Consumers/representatives interviewed stated that the service they receive helps them to maintain both their independence, as well as their quality of life. Twelve of thirteen consumer files reviewed demonstrated the service is effectively identifying and providing services and supports that support consumers to maintain their independence and quality of life. All staff interviewed reported that the service offers effective services to optimise consumer health, well-being and quality of life. Care coordinators and support workers described in various ways they provide effective services and supports for daily living. Care documentation noted consumer goals and provided corresponding strategies to achieve goals, independence and quality of life. Strategies included assistance with shopping, transport to activities and appointments, gardening services and equipment to support safety and independence.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers/representatives interviewed reported that staff know them well and would be able to recognise and support them if they are feeling low. Reviewed consumer documentation consistently included considerations for emotional and psychological well-being, including a social and emotional wellbeing scale form and the Kessler Psychological Distress Scale (K10) to ensure the service is monitoring consumer well-being. Staff members interviewed reported feeling confident that they would recognise if a consumer were feeling low, stating they would notice the changes in behaviour, tone, or how quiet they may be, noting they would check in and offer consumers one on one time to discuss strategies such as going for a walk, support to access additional services if required and check if they have discussed with family, friends or their general practitioner where appropriate.

The service demonstrated that consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers/representatives stated that the service supports them to keep in touch with friends and loved ones, as well as participate in their community through outings, activities relevant to their culture, and supporting them to develop friendships with others their age and who speak their language. Nine of eleven consumer files reviewed demonstrated the service has discussed with consumers their preferred activities and outing options that interest them, and effectively documents these in a client lifestyle survey. While the service is not consistently updating these lifestyle surveys, the level of information provided in consumer care plans provides adequate information related to consumer interests and personal relationships. Staff interviewed reported discussing with consumers regularly to determine activity and outing schedules that are of interest to them.

The service has been able to demonstrate that information about the consumer’s condition, needs and preferences are documented in their care plans and assessments, with consumer preference supported through collaborative service planning. Consumers/representatives interviewed reported feeling confident that staff know them and are aware of their care needs. Consumer documentation reviewed demonstrated that the service ensures that information relevant to the consumers conditions are sufficiently detailed to enable staff providing care to deliver safe and effective services and support. Consumer files reviewed contained consent to share information forms signed by the consumer or their representative where appropriate. All staff reported ensuring there is a consumer information folder available at point of care, for other staff responsible for the consumer’s care.

The service was able to demonstrate that they assist consumers to access increased or additional service and support through undertaking referrals as required in a timely and appropriate manner. Consumers/representatives reported the service supports them to access other services, including other lifestyle services where appropriate. CHSP consumer documentation did not demonstrate referrals to additional organisations or providers of care and services, however, staff interviewed discussed the process and noted that due to the nature of the social support program, consumers accessing the service have low needs and have not required or requested additional supports or services. Further, staff noted, and consumers interviewed confirmed, they decline additional services as they receive required support from family members, explaining that their cultural preference is to receive support from family rather than formal services.

The service was able to demonstrate that where applicable they are providing meals that are varied, and of a suitable quality and quantity. The social support groups that receive meals are the Sri Lankan and Indian social support groups. While the consumers interviewed who attend the Bosnian and Turkish social support groups reported receiving tea, coffee and morning tea such as biscuit or cakes, the Sri Lankan and Indian social support groups are provided lunch as a part of the service. Of the consumers attending the social support groups who receive meals as part of the service all consumers/representatives reported enjoying the food provided, noting it is really nice or lovely, and is food traditional to their culture.

The service demonstrated where equipment is provided, it is safe and suitable to meet consumers' needs. Consumers/representatives reported general satisfaction with the provision, care and maintenance of equipment. Staff and management demonstrated equipment provided to consumers is practical and relevant to the care needs of consumers. Care documentation evidenced allied health assessments and recommendations inform equipment provided, identified through assessment and planning processes.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Compliant** | **Compliant** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Compliant** | **Compliant** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Compliant** | **Compliant** |

Findings

The service environment is welcoming and optimises each consumers’ independence, interaction and function. Consumers/representatives interviewed reported feeling safe and welcomed at the service. Staff interviewed reported that they ensure consumers, and their visitors, feel welcome at the service through respectful greetings on arrival, using preferred ways of addressing consumers including preferred names and culturally appropriate language, speaking in the consumers own language, ensuring the service environment is an appropriate temperature, and celebrating days important to consumers such as birthdays or culturally significant dates. Management reported undertaking surveys to ensure the service is optimising consumer’s sense of well-being, belonging and interaction. Management also noted that potential consumers are invited to observe services prior to commencement to ensure they feel welcomed and enjoy the activities on offer.

The service environment is safe, clean and well maintained, and enables consumers to move freely within both indoor and outdoor areas. Consumers/representatives stated they find the service environments, vehicles and the community centres, to be clean and comfortable, noting they are able to come and go freely. All staff interviewed described how the service environment is cleaned and maintained through direct communication with the council, and that all consumers have free access to both indoors and outdoors at all times. Management confirmed that all maintenance is undertaken by the council, consistent with the requirements listed in the annual agreement held between the service and the council. Management added that staff undertake regular checks of the service environment prior to the commencement of each service to ensure safety for consumers attending.

Furniture and fittings are safe, clean, well maintained and suitable for consumers at the social support group. Consumers/representatives interviewed regarding the cleanliness, safety and maintenance of the furniture and fittings of the service environments reported that their needs are being met. Staff interviewed reported checking equipment regularly and reporting to the community centre office if there is furniture or equipment that requires repairs or maintenance. The service has three buses, two of which were purchased in August 2021 and two sedans that were purchased in 2022. Each vehicle has a folder with instructions for use of bus and a bus inspection checklist. Forms are filed and monitored by the executive assistant for servicing purposes. The executive assistant monitors staff drivers’ licences via a register and emails staff to request a copy of their new driver’s licence, when applicable. All vehicles are regularly serviced and maintained. The executive assistant monitors all vehicle maintenance.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | **Compliant** | **Compliant** |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | **Compliant** | **Compliant** |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | **Compliant** | **Compliant** |

Findings

The service discussed how consumers, their family, friends, carers and others are encouraged and supported to make complaints and provide feedback. Consumers/representatives said in various ways they are encouraged to provide feedback and raise any complaints and they feel safe to do so. Consumers/representatives said they are aware of the feedback process. Support workers stated they were aware of the feedback process and that consumers are provided with a feedback form in their information pack and would advise consumers/representatives to contact the office to provide feedback. The information pack and home care agreement provided to consumers/representatives included information regarding the internal and external complaints processes.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Access to language and communication services is available and interpreter services are available as required. 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 how to access interpreting services.

Consumers/representatives were satisfied that any concerns raised are actioned to their satisfaction. Management described the procedure for open disclosure which is defined in the organisations feedback and complaints policy. The policy has a hyperlink to the meaning of open disclosure. Complaints, compliments and feedback are documented in an electronic register. Management advised that they had only received one complaint in the past six months for home care packages and CHSP funded services. The complaint did not require management to follow their open disclosure process. Management was unable to provide any examples of open disclosure for any of the funded programs they provide. However, the organisation does have open disclosure processes in place when things go wrong.

Consumers/representatives are satisfied the service listens to their feedback and makes changes. Management stated that all feedback is documented in their complaints register that is monitored by senior management. Management advised that feedback is discussed and a feedback report is tabled at committee of management meetings as evidenced by the executive officer’s report to the committee.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | **Compliant** | **Compliant** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **Compliant** | **Compliant** |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | **Compliant** | **Compliant** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** | **Compliant** |

Findings

The service’s 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. Management stated that the organisation has an annual planning day to review the organisations strategic plan, business plan and that the funding they receive determines the number of staff they require. The executive officer makes a case of the staff required to the committee of management and they approve the recruitment of staff. The executive officer’s report for the period February to March 2023 includes an update on the CHSP programme extension and the recruitment of staff including the continuation of professional development and training sessions sourced via webinar sessions on mental health and well-being that are available and encourage staff to participate.

The service demonstrated a commitment to the provision of kind, caring and respectful staff and volunteers. Consumers are satisfied staff are respectful, kind and caring. Staff described how they treat each consumer as an individual, show respect, asking them what they want and respecting their decisions. Management advised that they try and match language specific consumers with language specific support workers and some consumers confirmed the process. Management advised the staff that operate the language specific social support groups speak the language of the group. The service demonstrated processes to ensure the workforce has the qualifications and knowledge to effectively perform their roles. Management discussed staff qualifications, skills and knowledge required to effectively perform their roles. Management stated they use information from observation, supervision and feedback to identify workforce competency. The service is a registered training organisation and provides Certificate III and IV training for migrants to obtain their support worker qualifications. This process was confirmed through discussion with an internal support worker. All staff have a position description.

The service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required by the Standards. Management stated they follow the recruitment and selection policy and described the recruitment, onboarding and induction process. Position descriptions for each staff member are available on the shared drive. Management discussed staff recruitment stating that the use online recruitment agencies, word of mouth, local community radio and social media platforms to advertise vacant positions. Successful applicants are requested to provide relevant compliance checks including police certificate, statutory declaration and drivers licence prior to being offered a position. Management advised that for their previous quality audit in 2017 that they obtained statutory declarations from all new staff. An example of a long serving staff members personnel file identified they had completed a statutory declaration back in 2017. New staff members receive an induction/orientation to the service and they sign a privacy, confidentiality and security agreement, internet and email agreement inclusive of privacy, code of conduct agreement and an employee checklist and are provided with an employee handbook. Staff advised that they have access to training that included first aid, CPR, food safety, infection control and sexual harassment in the workforce.

Consumers said in different ways that they were satisfied with staff performance. Management advised that an employee performance process is conducted at least annually. Team leader meetings discuss performance review and they are due each year in February. An example of a staff performance review 2021-2022 was sighted by the Assessment Team. The executive officer prompts the team leaders when performance reviews are due via email as sighted by the Assessment Team.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **Compliant** | **Compliant** |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | **Compliant** | **Compliant** |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | **Compliant** | **Compliant** |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | **Compliant** | **Compliant** |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | **Compliant** | **Compliant** |

Findings

Consumers are engaged in the development, delivery and evaluation of services and are supported in that engagement through feedback and surveys. Management stated that they consult consumers about their services and conduct consumer satisfaction surveys. Management provided the evaluation of their most recent survey 2021-2022 that included consumers from each of their different programs. Outcomes of the survey that have been included in the organisations continuous improvement process included recommendations to improve the provision of information that included the complaints policy and client satisfaction process to be explained further in details to consumers of all programs and services as a continuous improvement strategy for the organisation.

Management stated that care coordinators talk to consumers asking them how the social support group programs can be run better. Consumers interviewed at the German social support group stated they can make suggestions of activities to do and outings to go on. A consumer stated they like playing board games and the care coordinator arranged for board games to be played.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. Committee of management meetings are held at least five times during the year, the most recent meeting was held in March 2023. Members of the committee of management receive information via email and/or express post two weeks in advance of a meeting. The committee of management pack is inclusive of the executive officer’s report, financial reports, minutes from previous meeting, action items and changes to policies that require endorsement by the committee of management. The executive officers report includes information about the CHSP program, home care packages and if there were any complaints on incidents, staffing numbers and training. The organisations risk register, strategic and business plans are reviewed at an annual planning day and during the year and endorsed by the committee of management.

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:*

The service has information management systems in place that include a client and staff management systems, website, email, social media and face to face meetings to share information. Consumer information is maintained in an existing client management system, shared drive and paper based. Information is maintained securely and information privacy policies apply as identified by the Assessment Team during the quality audit. Staff have meetings during the year, team leader meetings are held monthly and staff meetings are held several times during the year and documented. Staff discussed receiving updates of what is happening within the organisation via email, meetings and telephone.

*Continuous improvement:*

Continuous improvement opportunities are identified through internal and external audits, complaints, feedback, staff suggestions and incidents. Discussions with management, staff and consumers show improvements are ongoing. The organisations plan for continuous improvement submitted to the Aged Care Quality and Safety Commission identified the organisation will review and update their statutory declaration processes, ensure training in advanced care planning is provided to staff and that all policies are customised to the organisation.

*Financial governance:*

Financial governance is overseen by the organisation’s finance officer, treasurer, the chair and the committee of management. The finance officer meets with the treasurer and chair every Wednesday to approve payments and invoices. The finance officer provides a transaction list, if any adjustments are required the finance officer will update the report. Financial reports, including balance sheets and profit and loss statements and transaction list are included in the committee of management pack that is provided to committee of management members prior to a meeting. Information relating to fees is included in the information pack and provided to consumers accessing the CHSP and home care package services. Home care package funding is overseen by care coordinators who monitor consumer invoices to ensure there is enough funding in the consumers package to pay for services. Care coordinators monitor consumer unspent funds.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

Workforce governance is overseen by the organisation’s executive officer and assistant. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

*Regulatory compliance:*

Management said, when asked the risk-based questions, there have been no adverse findings by another regulatory agency or oversight body in the last twelve months. The organisation maintains up to date information on regulatory requirements through their peak body, government departments, funding bodies and a legal company. Management stated they subscribe to their peak body and receive updated policies that they customise to meet their needs. A review of the policies by the Assessment Team identified the policies are yet to be fully customised. The organisation has an internal policies and procedure manual that is reviewed and updated by management and endorsed by the committee of management. Once the policy has been updated it is loaded into shared drive and provided to staff via email and discussed at meetings.

Management implemented the changes to the Social, Community, Home Care and Disability Services (SCHADS) Industry Award. Management stated none of their consumers were affected by the SCHADS award. Management discussed Serious Incident Response Scheme (SIRS) advising the Assessment Team that they and staff had attended a SIRS workshop on 5 December 2022. The agenda for the workshop was provided to the Assessment Team. The organisations incident management policy includes reference to SIRS.

*Feedback and complaints:*

Management advised when asked the risk-based questions, that their complaints data shows no trends in complaints received in the last six months. The organisation has a feedback and complaints policy. The policy has a hyperlink to the meaning of open disclosure. Complaints, compliments and feedback are documented in an electronic register. – *End of ‘Feedback and complaints’ heading.*

The organisation has a risk management framework inclusive of a risk management policy and procedure, risk register and risk management plan. The risk management plan was previously reviewed by the occupational, health and safety committee is and is now reviewed and endorsed by the committee of management at least annually. A copy of the risk management plan was provided to the Assessment Team.

The organisation has processes in place for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. In relation to managing high impact or high prevalence risks associated with the care of consumers, management stated that home risk assessments are conducted and when risk is identified a referral to an occupational therapist occurs. A non-response to a scheduled visit action plan is also developed and was sighted on home care package consumer files.

In relation to identifying and responding to abuse and neglect of consumers, management advised that the organisation has an elder abuse policy and staff advised they had attended elder abuse training. Staff have also received sexual harassment training.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice and sense of self. Staff described ways they support consumers to live their best life, including asking their preferences for the type of care and services they require that meet their needs and goals.

In relation to managing and preventing incidents, an incident register operates. Staff report incidents to the office and they are then documented and monitored via the incident register. Management and staff are guided by the organisation’s incident management policy. Management provided a copy of their incident register, there have been no incidents in the past six months. Incidents are monitored, trended and reviewed to determine whether an improvement is required. Senior management stated they monitor incidents and report on incidents to the committee of management through the executive officer’s report.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. In relation to a clinical governance framework, management has access to a clinical governance policy and framework through their peak body.

In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications. However, all staff are trained in infection control and vaccinated, thereby minimising the need for antimicrobial use. Service management and staff are aware of the need for antimicrobial stewardship.

Management discussed open disclosure and advised staff are guided by feedback and complaints and incident management policies inclusive of open disclosure. The feedback and complaints policy takes the reader to an open disclosure hyperlink. The service received open disclosure training during an aged care workshop in July 2021 and some staff have completed the Aged Care Quality Standards online training inclusive of open disclosure.

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)