**Performance**

**Report**

**1800 951 822**

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| Name of service: | Mt Gravatt Community Centre Inc |
| Service address: | 1693 Logan Road UPPER MOUNT GRAVATT QLD 4122 |
| Commission ID: | 700400 |
| Home Service Provider: | Mt Gravatt Community Centre Inc |
| Activity type: | Quality Audit |
| Activity date: | 4 July 2023 to 6 July 2023 |
| Performance report date: | 22 August 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 Mt Gravatt Community Centre Inc (**the service**) has been prepared by Katrina Sharwood, 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:**

* Queensland Ageing and Disability Services, 27739, 1693 Logan Road, UPPER MOUNT GRAVATT QLD 4122

**CHSP:**

* Community and Home Support, 24049, 1693 Logan Road, UPPER MOUNT GRAVATT QLD 4122
* Care Relationships and Carer Support, 24048, 1693 Logan Road, UPPER MOUNT GRAVATT QLD 4122

# 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
* the provider’s response to the assessment team’s report received 13 July 2023

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Consumers/representatives reported they are always treated with respect and dignity and stated staff are caring and polite. Sampled staff spoke respectfully about consumers and showed an appreciation for each consumer’s identity. Staff were observed to be interacting with consumers in a kind manner, and consumers did not report any issues with how they were treated.

Consumers/representatives confirmed that staff understand their needs and preferences and feel safe and respected when services are being delivered. Policies, procedures, and the service’s training register confirmed that staff have the resources necessary to understand and appreciate the unique cultural background of consumers. Staff were able to discuss how services are altered to meet the cultural needs of consumers.

Consumers confirmed that the workforce understands their individual needs and preferences and that they are supported to exercise choice about how their services are delivered, including making decisions about when to involve family or others in their care. Conversations with staff demonstrated that the workforce respects each consumer’s right to make decisions about their care and services and that they recognise the consumer is the expert of their own experience.

Staff described the importance of discussing potential risks with consumers and then allowing them the freedom to continue taking those risks if they choose. Management confirmed that the service respects each consumer’s right to take risks to live the best life they can and stated conversations discussing identified risks must be documented on their file.

Consumers/representatives confirmed that the information they receive is current, accurate and timely. Representatives stated they are happy with the communication from the service and did not report any confusion about the services offered. The workforce described strategies used to help communicate with consumers who may experience communication barriers. HCP consumers receive an itemised monthly statement that details the services provided, their cost per unit, number of hours received, along with any associated care or package management fees. CHSP consumers noted they receive quotes for work which include the total cost of the service, followed by their required co-contribution.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and their representatives are provided resources to understand how their personal information will be used, and their consent is sought before sharing their information with other providers involved in their care. Staff stated consumer information is stored securely in electronic databases that require a username and password to access. The service’s privacy policy contains appropriate information that enables consumers to understand how their personal information is collected and used.

In their response, the Approved Provider agreed with the Assessment Teams findings.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 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

The Quality Standard is assessed as Compliant as all five of the five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Consumers/representatives reported staff involved them in the consumer's assessment and care planning and ongoing reviews. Sampled consumers stated they are satisfied the care and services provided meet their current needs, goals and preferences. Risk assessment tools are used to identify health and well-being risks to consumers and risks are clearly outlined in care plans. Care workers were able to identify risks for consumers and care planning documentation provides detailed information to guide the delivery of care and services for each consumer. Care interventions include detailed information and are linked back to the consumers’ goals.

Consumers/representatives said they were included in the assessment and planning process and their care meets their needs, goals and preferences. Consumers said they have day to day control of the service they receive. Interviews with staff demonstrated they know the consumers well, including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs. The service has policies and procedures to guide staff in assessment and care planning processes. Consumers are provided with information about Advance Care Planning in their information pack and staff and management confirmed consumers are asked about Enduring Powers of Attorneys (EPOA) and Advance Health Directives (AHD) during their initial intake appointments.

The service demonstrated assessment and planning involves the consumer and others involved in the care of the consumer. Consumers/representatives confirmed they participate in the planning and review of the services consumers receive. Staff described how they work in partnership with others when undertaking assessment and care planning and communicate regularly regarding changing needs of consumers. Documentation evidenced consumer/representative involvement in the planning of services and the involvement of others involved in the care of the consumer.

Consumers/representatives reported being satisfied with the information they receive from the service about their care and services. Although consumers sampled could not remember if they had received a copy of their care plan, they advised regular and new care staff alike are aware of their care needs and preferences. Consumer signatures are on all care plans reviewed. Management outlined how care plans are printed and sent to consumers after they have a care plan review. Care staff advised they can view consumer care plans in their app and said they are informed of any changes to consumer’s care and service delivery needs in a timely manner via emails. Care workers advised if they had any concerns with service delivery or changes in the consumer’s condition or circumstances, they would contact the care manager.

The service demonstrated care and services are reviewed regularly and when consumer circumstances change. Consumers/representatives said staff regularly communicate with them about the service they receive and make changes to meet their current needs. A review of care planning documentation demonstrated reviews occurred for all HCP consumers and CHSP consumers who receive in-home care, at least every 12 months. Reviews were also completed when there was an identified change in the consumer’s health and well-being or circumstances. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required. For CHSP consumers who receive out of home care, if they had not been in contact with the service or were not currently receiving ongoing services, management provided evidence that these consumers were contacted in September 2022.

In their response, the Approved Provider did not dispute the findings of the Assessment Team.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 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

The Quality Standard is assessed as compliant as all seven specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Consumers/representatives reported that clinical and personal care received is safe and effective and optimises the health and well-being of the consumer. Staff had a good knowledge of consumer’s needs, goals and preferences and could describe how the service ensures care is tailored to the consumer’s needs. Care plans accurately describe consumers’ personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. Reviewed care documentation for consumers, including assessments, care plans, progress notes and relevant correspondence, reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies, procedures, and assessment tools to guide staff practice in delivering personal and clinical care.

Risk assessments are undertaken for high prevalence or high impact risks to create strategies to minimise their occurrence. Risks identified include falls, cognitive decline and allergies. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Care workers advised that should they require further information on managing consumers’ high prevalence risks, they would refer to the consumers’ care plan or contact the care manager for further guidance. Care workers described how they would report consumer incidents and management described how incidents are documented, reviewed and the outcomes of any action items followed up. Policies and procedures are available to all staff on high impact or high prevalence risks associated with the care of consumers.

Consumers/representatives sampled did not discuss palliative care specifically, however, they described how care and services provided to consumers preserve their dignity and maximise their quality of life. Management and staff discussed how care and services are adjusted for consumers nearing the end of life. Although this service does not provide direct palliative care, the service liaises with palliative care teams from whom consumers are receiving services or refers consumers to appropriate services, as required. Management stated the service ensures regular ongoing contact with the consumer’s GP and their representatives.

The service demonstrated that a deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Consumers/representatives described how the service recognises and responds to changes in a consumer’s condition, including RN assessments, referral to a GP or other allied health professionals, as required. Review of consumer care planning documentation identified when reports or changes to a consumer’s condition were received and when action was taken. All staff interviewed demonstrated an understanding of recognising, reporting, and responding to consumer deterioration or changes in their health and well-being. Care workers advised they observe consumers for signs they may be unwell, including changes in behaviour, and report these to the care manager.

Care workers receive information about service delivery via their App and are advised of any changes in the consumer’s condition by the care manager by email or a phone call. Management advised changes, incidents and other notable information is documented in progress notes and escalated to the care manager for action. The service has a clinical governance framework and policies and procedures which guide staff practice. There are reporting and escalation processes to ensure information is communicated effectively within the organisation and with those who are involved in the consumer’s care.

Consumers/representatives said the delivery of care, including referral processes, are timely and appropriate. Consumers said they have access to a GP and other health professionals when they need it. Review of consumer care documentation demonstrated input from others is sought, such as GPs, hospital discharge staff, physiotherapists and OTs and their recommendations are incorporated into care plans. The service has policies and procedures in place to guide staff practice in relation to referral processes.

Consumers/representatives interviewed described staff practices to prevent the spread of infection including hand washing, the use of hand sanitiser and the use of Personal Protection Equipment (PPE). Staff described how they maintain appropriate infection control and minimise the risk of COVID-19. Training records reviewed demonstrate staff are trained in effective infection control practices within their areas of responsibility. Staff have completed COVID-19 training and are trained in donning and doffing PPE. Management advised their service requests that care staff wear face masks for all care services and for personal care they wear full PPE. This is in place to not only protect consumers but ensure the safety of staff and reduce sick leave. The service has policies and procedures in place related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

The Approved Provider confirmed in their response that they are not disputing the findings of the Assessment Team.

When I consider all evidence before me, I am satisfied that the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers/representatives reported the services and supports consumers receive help them to maintain their quality of life and independence. Staff interviewed demonstrated an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents were individualised and outlined the services and supports to be provided. Consumer preferences in relation to how the services are delivered, reflecting the involvement of the consumer/representative, were documented.

Consumers/representatives stated their services and supports for daily living promote the emotional, spiritual and psychological well-being of consumers. Care planning documentation outlined information about the consumer’s emotional, spiritual and psychological wellbeing. Staff demonstrated an understanding of what is important to the consumer and provided examples of how the well-being of consumers is supported. Staff said if a consumer is feeling down, they take the time to have a conversation with them and listen. Staff report any concerns about a consumer’s emotional or psychological well-being to the care manager, who takes necessary action to manage the consumer’s health.

The service demonstrated services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. Consumers said they are provided with opportunities for social interaction and social connection through the supports they receive. Care workers provided examples of being flexible in providing social support based on what the consumer’s preference is for the day. Care planning documents provide care staff with detailed information about each consumer’s goals and how they can be supported to achieve those goals.

Consumers/representatives are satisfied information about their needs and preferences is shared within the service and with others involved in their care. The service has consumers sign a consent form in relation to information sharing on intake. Consumers/representatives reported staff have a good knowledge of their needs and preferences and staff advised they access information about the consumer’s care and services on their App. Care planning documents have sufficient information to guide staff in delivering care and services in line with the consumer’s preferences. The provider demonstrated how information about the consumer’s condition, needs and preferences is communicated within the service and with others, where responsibility for services and supports for daily living is shared.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers/representatives said they are satisfied with the services provided by organisations the consumer has been referred. As the service is a neighbourhood centre a lot of different support options are available for consumers including emergency relief, social groups and outings, craft groups, computer classes and English classes. Staff advised that during intake to the service they provide consumers with information about the different support options available at the centre. Staff and management could describe the process for referrals to other organisations and individuals involved in the consumer’s care, when required. Care staff advised if they identify an additional need for a consumer, they contact the care manager, who, depending on the nature of the need, conducts a review of the consumer’s care and services. Following the review, referrals are made to other services where required. Management advised of external services they utilise to ensure consumers/representatives access the broad range of supports needed.

Consumers/representatives expressed satisfaction with the meals provided by the service. Staff advised that consumers who receive meals in their homes have choice over what they receive. Additionally, consumers who received meals through brokered services were satisfied that the meals met their expectations and provided sufficient quantity and variety. Risks clearly outline when a consumer has a food allergy.

The service demonstrated where equipment is provided it is safe and suitable and meets consumer needs. The service requests assessments where there is an identified need for equipment to support independence, safety, and well-being, including demonstrations on how the equipment is to be utilised. Where consumers own the equipment, the service demonstrated processes in place to ensure the equipment is clean, safe and suitable for the consumer to use. Staff were able to explain the process should unsafe or ineffective equipment be found in a consumer’s home.

In their response, the Approved Provider agreed with the Assessment Teams findings.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

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

Findings

The Assessment Team did not assess this Standard because the service does not operate a service environment under Commonwealth funding. Consumers funded under the CHSP or HCP program may attend the service, however, this is arranged through other funding arrangements that do not fall under the remit of this regulatory activity.

# 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

Sampled consumers/representatives confirmed they are encouraged to provide feedback on care and services. When asked how the service encourages consumers to give feedback on care and services, management advised of various methods. The Assessment Team reviewed the information provided to consumers in a ‘welcome pack’ when first engaging with the service. Consumers are provided information about how to make a complaint, as well as the importance of raising feedback. In addition, consumers are informed about the various methods of raising feedback.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. On commencement with the service, consumers are provided with a ‘welcome pack’ which contains information about interpreter services, advocates, and external complaint handling bodies.

During the Quality Audit, the Assessment Team provided feedback to management that one area of the ‘welcome pack’ contained outdated contact information for the Commission. Before the conclusion of the visit, management made efforts to correct this action, including updating the template for the booklet and ordering sticky labels with the current and up-to-date contact information. As a result, the Assessment Team considers the service has taken corrective action and therefore concludes that the service has met the expectations of this Requirement.

The service demonstrated that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong. The Assessment Team reviewed several complaints received from consumers. Following receipt of the complaints, the service utilised an open disclosure process while seeking a resolution.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The Assessment Team observed that information is provided to the governing body regarding complaints and feedback. Information provided to the Assessment Team evidenced that the service listens to recurring feedback from the consumer cohort and seeks to make improvements to services in response. Consumers/representatives felt confident that if they provided feedback to the service about the care provided, the service would listen and make appropriate alterations to services.

In their response, the Approved Provider did not dispute the findings of the Assessment Team and provided evidence that they have applied improvements to their feedback and complaints processes by updating their MGCCI information booklet to include the correct phone number for the Commission.

When I consider all evidence before me, I am satisfied that the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The service demonstrated that the workforce is planned to enable the delivery and management of safe and quality care and services. Management discussed some of the previous difficulties in obtaining and retaining new staff. In response to the challenges, management implemented several changes to ensure that the quality of care and services were not affected.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity and diversity. Staff were observed to be interacting with consumers in a kind and respectful manner. Consumers sampled stated they are treated with dignity and respect and could not report any instances of current staff being disrespectful or rude. Management described and the Assessment Team observed some of the strategies used by the service to ensure consumers are respected, and their diversity is reflected.

Sampled consumers felt that the workforce is competent and can perform their roles effectively. The organisation has appropriate Human Resources (HR) policies, procedures, and guidelines to enable the monitoring of staff competency. Management advised that all roles require staff members to have appropriate qualifications, experience, and background checks.

The service demonstrated that the workforce is trained and equipped to deliver the outcomes required by these Standards. Management stated, and a review of documentation confirmed, that relevant staff delivering aged care must complete initial and annual refresher training. Part of each staff member’s orientation involves being assigned a ‘buddy’ that will demonstrate how to do various tasks. Part of the ‘buddy’ system involves oversight of the new staff member’s competency to ensure they are suited to their position. Staff reported that they felt supported by the service to continue their professional development. Feedback from the workforce indicates that requests for training in additional relevant topics are accommodated whenever possible.

The service has appropriate processes in place to assess, monitor and review staff performance. Formal performance reviews occur annually and allow the staff member to request additional training and discuss whether they are enjoying their role. Additionally, it allows management to identify areas for improvement and discuss performance overall. Additionally, management stated regular informal discussions are conducted with each staff member.

The service provided evidence of performance appraisals having taken place. The evaluation of staff provides management with the opportunity to discuss various aspects of their performance and experience. The Assessment Team reviewed several examples of performance reviews in their various structures, with each meeting the expectations set by this Requirement.

Based on this evidence and the Approved Provider not disputing the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 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

The Quality Standard is assessed as compliant as all five specific requirements have been assessed as Compliant. The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard and provided relevant corroborated examples to support their findings.

The service demonstrated that consumers are engaged in developing, delivering, and evaluating the services they receive and are supported in that engagement. The service conducts surveys asking consumers whether they are happy with the services provided and allows them to make suggestions about how the organisation can improve. The survey includes questions and sections that provide consumers with an appropriate opportunity to provide feedback. The Assessment Team reviewed the results of the most recent survey in 2022. Survey results indicated that consumers had an overall positive view of the service. Consumers provided positive comments about staff and how they are treated. There were no comments indicating consumers are not treated with dignity and respect.

The service demonstrated that the governing body is accountable for the delivery of a culture of safe, inclusive, and quality care and services. The governing body remains informed of the service’s operations through formal governance frameworks, leadership and reporting pathways, and feedback and complaint mechanisms. Incidents and feedback are managed at the service level and reported to the governing body through regular formal updates. The service utilises various strategies to create an inclusive and welcoming culture for consumers and others. Sampled consumers/representatives and staff felt confident the service was well run and responsive to their needs and preferences. No sampled consumers/representatives provided negative feedback regarding the culture of how care is conducted at the service.

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

The service is:

* Engaging and supporting consumers in the development, delivery and evaluation of care and services.
* Identifying risks through the utilisation of a risk management system and supporting consumers to live the best life they can.
* Promoting a culture of safe, inclusive and quality care.
* Demonstrating effective organisation wide governance systems.
* Utilising an effective clinical governance framework.

Based on the evidence of the Assessment Team and the Approved Providers response supporting the findings of the Assessment Team, I find the following requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

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