**Performance**

**Report**

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| Name: | Muslim Care |
| Commission ID: | 201195 |
| Address: | 1/33 McMahon St, HURSTVILLE, New South Wales, 2220 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5845 Muslim Care  
Service: 26453 Muslim Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8159 MUSLIM CARE  
Service: 27964 MUSLIM CARE - Care Relationships and Carer Support  
Service: 23911 MUSLIM CARE - Community and Home Support

**This performance report**

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

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

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

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Evidence analysed by the Assessment team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and/or representatives felt the service staff treated them with dignity and respect through the delivery of care and services. Consumers and/or representatives were confident that staff and management knew their identity, culture and background taking into consideration the things that are important to them.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. Consumers and/or representatives confirmed that staff delivering care and services understand their needs and preferences and respect them through the delivery of culturally safe care. Management spoke to providing consumers with culturally safe care and services and advised of the workforce’s participation and access to training through online modules (ALIS) and further education during staff meetings. Management advised of the workforces’ abilities to support consumers through the delivery of care and services through communicating with them in the same language and tailoring services to cater for consumers cultural preferences.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers and/or representatives advised of their involvement in making decisions about their care and services. Consumers and/or representatives spoke to how the service supports consumers to maintain relationships of choice through the delivery of care and services. Management spoke to supporting consumers to make decisions about their care and services and provided examples of doing so in practise. Staff were able to describe how they encourage and support consumers to make decisions about their care and services. Sighted consumers assessment and planning documentation demonstrated information that indicated consumer’s relationships, such as their listed marital status, partner/carer details and a section listed as ‘relevant stakeholders/service providers/people involved’ highlighting details such as health professionals and other services involved in the care of consumers.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers and/or representatives feel supported by the service to participate in care and services of their choice. Representatives explained they felt consumers were encouraged to remain independent and feel staff supported consumers through enabling them to partake in risks them to live the best life they can. Representatives spoke to the service communicating with them when risk is identified. Management advised of supporting consumers to understand risk by informing them of risks and possible consequences in their decision making about their care and services. Management spoke to the services dignity of risk form completed during assessment and planning process is required and when risk is identified. Service policies and procedures in place to support staff and consumers to make choices about their care and services including when risk is involved.

Evidence analysed by the Assessment Team showed the service demonstrated information provided to each consumer is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers and/or representatives advised of being provided with information upon commencement and spoke to receiving information and being involved in discussion regarding the care and services offered as well as other services provided. Representatives felt supported by the service to the understand information provided to them and spoke to receiving monthly statements that are clear, itemised and easy to understand. Social outing calendars provided to consumers and/or representatives and relevant aged care posters located in the service environment were sighted by the Assessment Team. The Assessment Team noted that the information was current, accurate and timely, and communicated clearly, easy to understand through translated options to enables greater consumer choice.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and/or representatives feel that that the service and staff respect their personal privacy while delivering care and services and advised of staff adapting care to consumer cultural preferences to maintain privacy. Consumers did not raise any concerns regarding their privacy or confidentiality. Management demonstrated how they respect consumer’s privacy and ensure consumers personal information is kept confidential through not sharing information that is not relevant to the essential care need of consumer. Management further spoke to issuing consumers with regular support workers to maintain privacy for consumers.

Staff demonstrated an understanding of protecting consumer information and respecting consumer privacy while delivering care are services. Staff spoke to only communicating with the case managers and advised of their participation in meetings where the services privacy policies are discussed.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 1.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. During assessment risks are identified and discussed with the consumer and/or their representative. Mitigating strategies are agreed upon and documented in alerts, and the individual safety plan. Consumers discussed how the service identifies their care needs and any risks. Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation. Managers outlined the assessment process they follow. They said the Registered Nurse RN onboard new consumers, accepting referrals from My Aged Care (MAC). Then they book in for an in-home assessment to complete the assessment such as service agreement, initial assessment, risk assessment to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. Then the consumers are allocated to the care manager. Care manager is the primary point of contact and this team focus on ensuring consumer are supported through the development and maintenance of goal-oriented care plans, assessment, and referrals. The care plan included information in relation to emergency planning including non-response to visit procedures per consumer.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses the consumers current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Support workers are provided information by care managers in relation to the care needs of consumers and are provided with access to the care plan, that includes clear instructions. They access electronic progress notes on their phone and are updated in relation to changes and discuss at regular staff meetings. Care planning documentation sighted by the Assessment Team included specific tasks for support workers and in accordance with consumer goals. Consumers are helped with advance care planning, however management said discussion in relation to end of life planning is not always appropriate. Consumers interviewed confirmed services meet their care needs.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Policies and processes are in place that describe how assessment and care planning development are undertaken, in consultation with consumers and/or their representatives. The Assessment Team interviewed consumers, asking the consumer about how they are involved in assessment and care planning, reviewed their care planning documents, and interviewed staff about how they use assessment and care planning documents and review these on an ongoing basis. Progress notes sighted evidence of liaison with other agencies as required such as GP for health summary or referral to the OT for mobility and functional assessment. Sampled consumer documentation reviewed provided evidence of the assessments undertaken with the consumer and/or their representatives. Consumers/representative confirmed service has organised physiotherapy and other referral is made as required.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and representatives interviewed confirmed they participate in assessments and ongoing reviews and were involved in the development of their care plan. They felt they were well informed by the care manager of the services they could access. They were able to provide details of what services they receive, including days and times and these were noted to match with care plans sighted in their files. Most consumers said the services they receive are in accordance with their needs and preferences and agreed upon by them. Consumers/representatives confirmed they were provided with a copy of their current care plan. Care plans were sighted in all sampled consumer files. Updated care plans were also sighted based on reviews and changes in consumers’ care needs. Support workers have access to consumers’ care plans through the database system also the folder in each consumers’ home.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are reviewed regular for effectiveness, and when circumstances change. Policies and procedures guide staff in relation to review and reassessment. Managers said they review the individual care plan with each consumer every year or as needed. Support workers tend to see the same consumers and are able to identify deterioration in their physical and mental wellbeing, and relay this to the case manager, who follow-up and keep them informed of any changes. Detailed care managers notes were also sighted in the database that reflected changes in needs based on reviews, upgrading to a higher-level package and discussions with care workers.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2.

**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

Evidence analysed by the Assessment Team showed the service demonstrated clinical care provided is congruent with best practice and optimises the health and well-being of the consumer. Policies and procedures sighted by the Assessment Team confirmed that the requirements for the provider’s initial assessment, and all subsequent re-assessments ensured consumer care plans contained all information necessary to ensure personal care provider to the consumer was safe and effective. The provider Director confirmed to the Assessment Team that all staff were trained in all necessary areas and had regular re-training to ensure consumers always received best practice. The provider does not offer clinical services however the service does employ an RN who is involved in the assessment of all but the lowest needs consumers to identify any potential clinical issues that may affect services offered. Interviews with the provider’s RN confirmed that assessment and re-assessments were extensive and ensured all information needed to provide safe and effective care tailored to each consumers specific needs were obtained.

Evidence analysed by the Assessment Team showed the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Policies and procedures sighted by the Assessment Team confirmed that the requirements for the provider’s initial assessment, and all subsequent re-assessments ensured consumer care plans were assessed for High impact and High prevalence risk. Although the Provider does not offer clinical services Interviews with the Provider’s Director confirmed that they had recently employed an RN to Attend assessments and to help ensure that high impact and high prevalence risk in addition to clinical risk was mitigated and assessed at an early stage. The director confirmed that all staff were trained to identify high impact or high prevalence risk and to refer such finds back to the RN.

Evidence analysed by the Assessment Team showed the service demonstrated the needs goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. The service has a large and comprehensive set of policies and procedures governing all aspects of assessment, planning and service delivery. These included dedicated polices for the consideration of end-of-life care and the Assessment Team observed a dedicated policy for the treatment and care provided to end of life consumers receiving care from the service. Interviews with Provider Director confirmed that the service promoted a culture of care and compassion in the support and services provided to consumers identified as nearing the end of life. He confirmed the service provided specific training to enable care workers to better support consumers in addition to recognising and supporting the emotional effects such demands place on the care workers who may have been supporting the consumer for some years. Interviews with three Care Managers confirmed that training and support was given to staff to support them when working with consumers nearing the end of life. The Assessment Team was told that currently the provider did not have any consumers nearing the end of life.

Evidence analysed by the Assessment Team showed the service demonstrated deterioration or a change in consumers health is recognised and responded to in a timely manner. Policies and procedures observed while the assessment team were on site demonstrated a commitment by the service to the ongoing assessment and monitoring of consumers mental and physical function capacity and condition. Procedures in place also demonstrated a commitment to the responses to changes when identified that ensured changes to service provision would be made when necessary. The provider Director told the Assessment team that the recent employment of an RN despite not offering clinical services now ensured that the provider was now better able to identify and respond appropriately to change or deterioration. The assessment team noted care plans had significant details on follow up and action taken when changes were noted.

Evidence analysed by the Assessment Team showed the service demonstrated information about the consumers condition, needs and preferences is documented and communicated within the organisation as well as with others involved in their care. Observation of the care plans demonstrated comprehensive and ongoing information was obtained for each consumer’s conditions, needs and preferences initially during the first interviews and then from regular updates provided by care workers as conditions changed. The service IT platform provided an accessible portal for care workers and service providers to have access to consumer information and be able to share that information to others where the responsibly for care is shared.  Interviews with the care managers demonstrated that staff did ensure information was shared when needed and that Consumer information was communicated within the organisation and shared where necessary. The provider RN stated this was especially noted with consumers who had clinical care needs given the provider did not provide clinical services. In these cases, it was the RN’s role to ensure GP’s and other clinical services needed to be fully informed of conditions and changes in all aspects of a consumer’s care.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals are made to other organisations and providers when required. Care plans observed by the assessment team demonstrated that referrals to other organisations, individuals and other providers of care and services was guided by the needs and preferences of the consumers. It was noted that the service did not provide clinical services however the provider had recently employed an RN who had taken on the role of ensuring consumers with clinical needs were referred to the correct agency. Interviews with the Provider Director confirmed that care staff were required and encouraged to feedback all issues to the care managers who would then refer either to the RN for re-assessment or to an outside organisation or individual for further support. Interviews with the provider RN confirmed that he often received reports of additional clinical needs, in addition to needs the provider was unable to support. He confirmed that in these instances he would always refer to an appropriate agency or individual.

Evidence analysed by the Assessment Team showed the service demonstrated the service minimises infection-related risks to consumers. Policies and procedures seen by the Assessment Team during the site visit confirmed that the service provider had polices in place to ensure the minimisation of infection risk. Interviews with the Provider Director, the Provider RN and three care managers confirmed that all staff had extensive training on the use of PPE during the recent Covid outbreak and also extensive training on practices to reduce transmission-based infections. Interviews with three Care Mangers confirmed that care staff were vigilant in their adherence to hygiene and in practices to reduce infection-based risk and that brokerage agreements with external services required a high level of adherence to best practice to minimise transmission-based infection and high level of adherence to prescribed appropriate antibiotic use. The provider does not administer antibiotics so has no practices in place to manage antibiotic resistance.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 3.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer gets safe and effective services that meet their needs, goals, and preferences. Consumers and/or representatives informed of their satisfaction with their current services. Consumers spoke to receiving services of their choosing and advised of staff supporting them to be safe and independence improving their health, well-being and quality of life. Management spoke to obtaining satisfaction through consumers feedback to measure if services and supports optimise consumer independence and quality of life. Management advised of providing consumers with options on care and services and advised of how they encourage the services social outings to ‘get consumers out of isolation’ and communicate with support worker highlighting the use of care plans to deliver care and services in line with consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service demonstrated that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and/or representatives felt supported by staff and the broader service with their emotional, spiritual and psychological well-being. Staff and Volunteers demonstrated an understanding of promoting consumer’s emotional, spiritual and psychological well-being and were able to speak to how they support consumers.

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers feel supported to participate in opportunities of interest within their community and outside of the organisational environment. Consumers and representatives and explained the service assist consumers them to maintain relationships. The service demonstrated how they support consumers to participate in their community within and outside of the service.

Evidence analysed by the Assessment Team showed the service demonstrated it is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. Consumers and/or representatives indicated their satisfaction with the care and services provided and most explained how the service know their care needs. Representatives spoke to service improvements regarding communication and advised of staff turning up on time. During discussions with staff and management, the Assessment Team determined that the workforce had knowledge of individual consumer needs and preferences.

Evidence analysed by the Assessment Team showed the service demonstrated it is making timely and appropriate referrals to individuals and other organisations. Consumers and/or representatives sampled spoke to feeling supported by the service to connect with other services and advised of the service coordinating referrals when identifying changes in their support needs through referrals for allied health services. Management further highlighted the services Handbook issued to consumers inclusive of information on advocacy services.

Evidence analysed by the Assessment Team showed the service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives advised of their involvement in assessments and trails of equipment with the service subcontracted allied health professionals and spoke to being provided with choice in regard to equipment options. Some Consumers and/or representatives could recall staff ensuring that equipment was clean and well-maintained. On the contrary, some representatives spoke to their communication with external equipment providers and advised of advised of how they assist them by showing how to use the equipment.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 4.

# 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

Evidence analysed by the Assessment Team showed the service demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The Assessment Team visited the service environment located in the Bayside Council owned building located in Arncliffe NSW. During the audit period the service did not have social group running at the service and conduct social groups at the service environment every Thursday. The Assessment Team based their findings on consumer, staff and management interviews as well as observations of the service environment when unattended by consumers. In discussions with Management, they advised of welcoming consumers to the service environment through an initial, meet and greet and assisting and encouraging them to make a coffee, tea and/or access light refreshments upon arrival.

Evidence analysed by the Assessment Team showed the service demonstrated the service environment is safe and well maintained. Consumers felt the service environment was, well-maintained, clean and comfortable. Consumers advised they are able to move freely both inside and outdoors of the service environment. Management informed the Assessment Team of the processes for repairs and planned maintenance at the service environment. The provision of repairs and planned maintenance is reported and provided by the Bayside City Council. Management advised that they communicate with the council to arrange for repairs and maintenance where management examined are actioned in a timely manner.

Evidence analysed by the Assessment Team showed the service demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. The service demonstrated that the fittings and equipment in use by consumers were safe, clean, well maintained, and suitable. Consumers are satisfied with the furniture, fittings and equipment. The Assessment Team notes that consumers were not observed in the service environment using furniture, fittings and/or equipment however during operations of the vacant the provided chairs and table and broader fittings were observed to be safe, clean, well maintained. The Assessment Team was informed of the use of items at the service environment including but not limited to art and craft supplies, bingo supplies and gardening equipment.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 5.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. The service adequately demonstrated processes and systems in place to encourage and support consumers and/or representatives to make a complaint or provide feedback. The service agreement as well as the service handbook provided to consumers at the initial assessment contains information encouraging consumers to provide feedback and make a complaint. Consumers and/or representatives interviewed provided positive feedback regarding the service. They said they were aware of how to provide feedback and make complaints. Staff explained how the service encourages and supports consumers and/or representatives to provide feedback and make complaints through various avenues such as but not limited to annual survey, phone calls and emails and through the organisation’s website. The Assessment Team reviewed consumer welcome pack and governing polices and the results of the 2023 annual survey. The Assessment Team observed ACQSC complaints posters displayed at the centre for group-based activities.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The service demonstrated that appropriate action is taken to ensure consumers and/or representatives are aware of and have access to advocacy, interpreting services and other methods for raising and resolving complaints. This includes support to access alternative external complaints handling options. Staff interviewed demonstrated an awareness of the support, needs and strategies for people living with cognitive, vision and/or hearing impairments and the services that are available to assist consumers in raising their concerns with the service.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. To ensure complaints are addressed in a timely manner the service has a 7 day period to acknowledge and respond to a complaint. All staff and management confirmed training in complaints handling and open disclosure when they commenced in their role, office staff that are involved in complaints handling and resolution are able to describe the concept of open disclosure. The Assessment Team reviewed the complaints management system that evidenced consumer satisfaction and open disclosure being practiced during the complaints handling process.

Evidence analysed by the Assessment Team showed the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. The service utilises complaints and feedback to improve the quality of care and services. Staff advised they have access to the continuous improvement plan and management will be alerted when an action is due or overdue, updates and planning discussed at meetings. Management advised feedback and complaints is discussed and reviewed in staff meetings and reported to Board as well as the newly established consumer advisory board. Regular review of Complaints and Feedback occurs by the quality car advisory board (QCAB) Recommendations are made by the QCAB to improve service delivery model.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 6.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated 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. The service recruitment process is managed by human resources (HR). Casual support workers provide their availability to the HCP case managers who manage consumers rosters and ensure support workers are present at CHSP group-based activities. Consumers and/or representatives interviewed by the Assessment Team provided positive feedback regarding staff and said they are always on time, and they have not experienced a cancellation and are happy with the staff. Staff interviewed said they feel like they have enough time to complete tasks and if there was an issue, they would feel comfortable to approach management to raise their concerns. Staff described an open and transparent approach to recruitment needs where staff can voice their need for staff who meet the needs of the consumer.

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives interviewed said staff they dealt with when receiving services treated them with kindness, respect, and dignity. Staff advised they completed the mandatory “Code of Conduct” module. Staff advised utilised a consumer centred approach to build rapport with consumers. Staff advised of the mandatory requirements during onboarding such as criminal record checks that must be renewed every five years. Management had knowledge of the consumers and spoke respectfully of the consumers identity and background.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives interviewed said they feel staff know what they are doing when they interact well with them and feel as though they can have their questions about services answered confidently. They said the support staff were aware of their needs and preferences. Staff confirmed they have been through a formal recruitment and onboarding process where it is desirable for staff to provide minimum qualification of a Certificate 3 in individual support. All staff have access to Alis modules and complete as prompted or when required. Home care managers obtain regular feedback from consumers regarding experiences with subcontractor services.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Consumers and/or representatives provided positive feedback about staff and management. Consumers and/or representatives said they felt staff were trained well and always treated them with respect. No issues were raised with regards to staff in feedback provided to the Assessment Team. Management advised the service has annual performance appraisals in place for ongoing monitoring and reviewing of the performance of each staff member that is completed by their line manager.

Evidence analysed by the Assessment Team showed the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their managers. Staff advised each year they evaluate themselves and discuss with their manager and have the opportunity to request training for personal development that is in line with their role and responsibilities. All staff advised management to have an open-door approach and they are available for them to discuss any issues with at any time. Management advised the service has annual performance appraisals in place for ongoing monitoring and reviewing of the performance of each staff member that is completed by their manager. Casual support workers report to the HC manager that will complete their yearly performance appraisals.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 7.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and/or representatives interviewed were able to provide examples of times that they have provided feedback informally and informally to the service. Consumers and/or representatives said they have been given information on the many ways they can provide feedback and feel comfortable doing so. Consumer feedback/complaints, incident register and informal feedback, reschedules and consumer cancellations are reported every month to the governing board. The information can identify trends and informs the continuous improvement plan. Staff also said they think the service is well run and feel supported to engage and ensure consumer engagement particularly regarding feedback about staff, delivery, and quality of care. Staff confirmed they have weekly, monthly and bimonthly multi-disciplinary aged care meetings where they discuss consumers’ care and general business.

Evidence analysed by the Assessment Team showed the service demonstrated the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The operational manager reports to the board to provide updates regarding how the care and services are being delivered and improved to meet the organisations strategic plan that provides overall direction for priorities and goals. The operational manager remains informed of the delivery of quality care and services regarding key risk areas through regular meetings and monthly reporting from service delivery managers,

Evidence analysed by the Assessment Team showed the service demonstrated effective organisation wide governance systems. The service demonstrated it has effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Evidence analysed by the Assessment Team showed the service demonstrated effective risk management systems and practices. Risk management systems are in place to ensure safe and quality care. All work health safety, injury management and risk in conjunction with individual service delivery guidelines. Systemic issues can be identified through incident reporting. High Impact or high prevalence consumers are identified at initial assessment, a vulnerable clients checklist that uses a points system to indicate if the consumer is assessed as being a vulnerable consumer, the form is also used when reviewing consumer and when changes in care needs occur, deterioration or hospitalisation. Staff advised folders in the consumers home have a deterioration checklist, managing unexpected medical emergencies checklist and falls flow chart to support and guide staff when required.

Evidence analysed by the Assessment Team showed the service demonstrated where clinical care is provided—a clinical governance framework. The clinical governance framework defines responsibilities and how the service is to manage the provision and oversight of clinical care to consumers. Clinical governance committee have oversight of clinical care and ensure best practice and regulatory compliance.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 8.

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)