**Performance**

**Report**

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| Name of service: | New Home Care |
| Service address: | Suite 1102, 89 York Street Sydney NSW 2000 |
| Commission ID: | 201420 |
| Home Service Provider: | New Home Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 30 August 2023 to 1 September 2023 |
| Performance report date: | 2 November 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 New Home Care (**the service**) has been prepared by A.Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Home Care Service, 26165, Suite 1102, 89 York Street, Sydney NSW 2000

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **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** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **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** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Consumers and representatives said both office and care staff treat them with dignity and respect when delivering care and communicating with them. They also said they are confident staff know about each consumer’s identity, culture and background, and the things that are important to them. Care staff were able to speak about consumers with knowledge and respect to their individual services. Coordination staff said they keep in contact with each consumer frequently to ensure they build rapport and build relationships with consumers where they speak about their background, culture, and identity to ensure these characteristics of consumers are respected and valued. Sampled consumer files reviewed included assessments and care plans containing information on consumer culture, diversity, life history, relationship information and care preferences. All notes were documented in a respectful manner.

Consumers and representatives said staff understand their preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. Those consumers from CALD communities felt staff knew about their cultural backgrounds and respected them. Care staff interviewed were able to describe how they delivery culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. They said they are often matched with consumers based on languages spoken and may also prepare culturally appropriate food the consumer enjoys. Management advised they specialise in providing services to consumers from a culturally and linguistically diverse (CALD) background and their main consumer language groups are Mandarin, Cantonese, Korean and Arabic. They have coordinators that speak these languages and conduct assessments in the consumers’ preferred language wherever possible. They will use interpreters when needed but said this does not need to occur often. Care staff assist at doctors’ appointments both with transport and stay with consumer to help translate if family unable to attend.

Consumers and representatives described how they can exercise choice and independence, making their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Care staff were able to describe the methods they use to encourage consumers to make decisions in relation to their care, such as choosing activities they like to participate in and where to go shopping. Coordination staff said they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. Sampled consumer files sighted all contained information on consumer relationships, support person/representative and their contact details. There were also instructions on who to contact for next of kin or emergencies. Care plans were observed to be signed by consumers, demonstrating their involvement in care planning processes.

Consumers and representatives said the care and services they receive supports them to remain living at home and staff encourage them to be independent. None felt there were any particular risks they needed support for but felt the service would assist them if there were. Feedback was received on how any individual risks they may have been managed. Care staff were able to demonstrate how they support consumers to live life fully and take risks if they wish, for example, go out into the community even though they may have mobility risks. They felt they were provided with enough information on individual consumer risks and how to manage these. Policies and procedures and other organisational documentation included decision making and choice, duty of care, dignity of risk and overall risk management regarding consumers, for example, home environment assessments, assessments, and care plans.

Consumers and representatives said that on commencement of services, they recalled being provided with lots of verbal information and a client agreement for their home care package. They also received the charter of rights and responsibilities, a budget and get sent monthly statements regarding their package funds. They felt the statements were clear and easy to understand. Assessment team sighted information provided to consumers and representatives and noted it covered complaints, privacy and confidentiality, fees/charges, and other aspects of service delivery such as delivery days/times and programs regarding outings and social activities. All consumers receive a copy of their care plan, which was noted to contain information regarding service delivery such as days/times/service type and care staff.

Consumers and representatives sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy. They said if they are having private conversations at home with family staff are mindful of this and give them privacy at this time. Care staff were aware of privacy and confidentiality when providing care to consumers and advised management provides reminders on a regular basis regarding this. Coordinators and management were able to describe the methods they use to ensure consumer information is kept secure. All staff interviewed confirmed that consumer information is mostly kept digitally, through a password protected system. Any hard copy consumer information is also kept secure, in locked cupboards in the office.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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** |
| 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** |
| 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** |
| 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** |
| 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** |

Findings

Consumers and representatives interviewed reported that their care plans reflected the services they were receiving. Most consumers and representatives recalled receiving service documentation in a folder, which included their care plan, service agreement and additional supporting documentation. Consumers also described their individual services and noted how the service assesses their individual risks. During interviews with the Assessment Team staff demonstrated extensive knowledge of consumer care needs and potential risks associated with each consumer's care. Staff demonstrated consideration being made when assessing risk to the consumer and ability to identify individualised risks to a consumer’s health and wellbeing, including care staff using information available to them to inform the delivery of safe and effective care and services. Clinical staff explained that they attend each consumer’s home to conduct the initial assessment meeting as this informs the service of the relevant risks to consumer’s safety, health, and wellbeing.

Consumers and representatives reported care plans accurately reflect the services consumers are receiving and included information outlining advance care planning (ACP) and end of life wishes. Clinical staff attend consumer’s home to conduct the initial assessment meeting as this captures an accurate picture of the individual, who they wish to be involved and what is important to them. This includes their current needs, goals, and preferences, such as specific mobility needs, their preferred language and their interests and routine. Consumers are helped with advance care planning, however staff said discussion in relation to end of life planning is not always appropriate. Care planning documents reviewed by the Assessment Team demonstrated consumer’s needs, goals and preferences are discussed in consultation with consumers and their representatives inclusive of ACP’s. Staff provided evidence of assessment tools utilised by the clinical staff, including the ‘Risk and Vulnerability Screening Assessment’ and ‘Home/Workplace Risk Assessment Form’.

Consumers and representatives advised they are involved in assessment and care planning processes and provided positive feedback on how the coordinators, care staff and clinical Registered Nurses (RN) and Enrolled Nurse (EN) involve them. They also confirmed they received ongoing reviews of their needs and where they have indicated they wish family or others involved in discussions this always occurs. Analysis of eight care plans demonstrated ongoing commitment to regular input to service provision from consumers, representatives and other external services including clinical and allied health professionals. Each consumer file listed the consumers GP as a main partner in the consumers care.

Consumers and representatives interviewed confirmed that they have all received an initial information folder, known as the ‘consumer handbook’ containing their care plan, service agreements and additional information from the service. Interviews with care staff outlined that care plans were available on the mobile application and provides sufficient details about the care and services required for them to effectively deliver services. Staff advised that when attending an infrequent consumer due to filling the regular care staffs shift, current particulars or information may not always be readily available in the care plan on the mobile application system, however staff explained how they would receive real-time notifications or alerts with additional updated information relating to the consumers wishes or needs. Interviews with care coordinators and clinical RN’s / EN’s confirmed that consumers are provided with a copy of their care plan once details are agreed by the consumer and representative, accompanied with a signed copy of the service agreement.

Consumers and representatives confirmed reviews of care and services are conducted on an annual basis, however there is frequent contact between the consumer, representative, care staff and care coordinators. Consumers and representatives advised they speak with the service regularly and felt they could change their support and services with prompt response if their needs changed. All staff interviewed were able to describe the review of services process and described how they could access the services CRM system for any consumer information updates. The Assessment Team sighted consumer plans that were current, contained recent medical information and preferences that had been recently updated. All consumer files sampled had evidence of progress notes from service delivery staff along with communication from sub-contractors and other health professionals.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **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** |
| 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** |
| 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** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **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** |

Findings

Consumer and representatives’ feedback was positive in relation to personal care services. Consumers and representatives explained how the service takes time to assess and understand their care needs and care staff consider individual preferences when providing direct care. The service utilises brokered nursing services for clinical care when needed, however the service has no current consumers receiving clinical care through brokered services. Coordinators interviewed by the Assessment Team advised that majority of consumers utilise community nursing in the first instance or have their own private arrangements such as receiving ongoing clinical care and management from their GP. The services clinical RN and EN confirmed that clinical assessments as well as additional assessment tools including falls and home risk assessments are conducted on all consumers, even those who do not appear to require personal and/or clinical care. Once complete, the clinical coordinator discusses options with the consumer and representative when deemed as requiring clinical and/or personal care. Consumers are referred onto the appropriate brokered services, such as nursing or other allied health services contracted to the provider. The Assessment Team reviewed eight care plans which demonstrated that personal and clinical care was tailored to meet individual needs and optimise health and wellbeing.

The service demonstrated and staff explained how high impact and high prevalent risks were identified during the initial and ongoing care planning process. High impact and high prevalence consumers are recorded on an electronic information management system and reviewed regularly by automatic system alerts, clinical coordinators frequently reviewing along with addressing specific cases during monthly clinical meetings and/or case conferencing on a needs basis. Coordination and care staff said the consumers care plan and profile identified risks, with consumer strategies outlined and to be used when completing a service. Care staff ensure a safe environment for service delivery is maintained and are required to document and report any identified concerns immediately to the consumers coordinator.

Consumers and representatives felt the service takes their preferences into account when providing care, including any goals and preferences. They recalled the offer by the care consultant to discuss advanced care directives/end of life care. Consumers are helped with advance care planning, however clinical staff advised that discussion in relation to end of life planning is not always culturally appropriate. Clinical RN demonstrated awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community. The clinical RN further outlined the importance of involving the consumers family and relevant healthcare professionals, including the palliative / advance care team and at times pain management team to ensure comfort is maximised for consumers.

Interviews with consumers and representatives expressed their confidence in staff and care staff could identify changes to their condition or deterioration. Care staff said they are made aware of the consumers physical, sensory, and cognitive abilities, including any medical alerts such as dementia, diabetes, falls risks prior to commencing service. Staff access information through the mobile application and receive real-time notifications if a consumers information changes. Observation of eight care plans / consumer files noted that the care teams updated relevant information on consumers care plans whenever there was a reported change in consumer behaviour, cognitive function physical function or personal capacity. The Assessment Team noted care plans and progress notes had details with follow up and action taken when changes were noted.

The Assessment Team was advised by the services sub-contracted occupational therapist that in instances where a consumer’s condition changes, they may receive a re-referral to conduct another assessment of the consumer, separate to the annual functional review. The sub-contractor explained how they receive documented information from the service which assists them to understand the purpose of the reassessment. They occupational therapist advised they proceed with the reassessment and report back to the service to organise additional supports for the consumer where required.

Consumers and representatives were satisfied with the referral processes and confirmed they were assisted to access external services as needed, for example physiotherapy, hydrotherapy, occupational therapists, podiatrists, and such. They said this always happens in a very prompt manner. Following the services thorough clinical assessment, brokered service staff advised how they conduct their own assessments, promptly referring their recommendations back to the service to coordinate and build an appropriate plan to align with the consumers’ needs, requirements, and financial budget available. Analysis of eight care plans demonstrated that referrals to brokered services, external organisations and other providers of care and services were guided by the needs and preferences of each consumer. Consistent feedback from consumers and representatives, service staff and brokered staff indicates the referral process to be promptly attended to.

Consumers and representatives reported that they had observed staff wash hands and use hand sanitisers, gloves, foot covers and masks where appropriate. Consumers and representatives expressed satisfaction with the precaution measures used by staff to prevent and control infection when providing a service and entering and exiting their homes. Interviews with care staff and management, confirmed that care staff were vigilant in their adherence to hygiene and in practices to reduce infection-based risk and that brokerage agreements with allied health services required an adherence to relative industry best practice. The Assessment Team sighted the providers clinical governance framework that provided a policy governing the delivery of clinical and personal care. Policies and procedures reviewed by the Assessment Team during the site visit confirmed that the service provider had well considered polices in place to ensure the minimisation of infection risk.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **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** |
| 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** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Not applicable** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** |

Findings

Consumers and representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services as needed, such as Occupational Therapists, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding care staff helping them do the things they want to do through in-home or community based social support services. Care staff gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing, and quality of life. Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers and representatives advised they enjoy services and feel comfortable, happy, and safe with their care staff while receiving care. They said care staff check how they are on each visit and if they have any concerns will report this to the coordination staff. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff which is important to them and helps improve their overall health and wellbeing. Coordination staff also demonstrated a good knowledge of individual consumers’ needs, personalities and interests and were able to give examples of how they meet the emotional, spiritual, and psychological needs of individual consumers. Sampled consumers’ files demonstrated the assessment of emotional, spiritual, or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual, or psychological wellbeing, with care plans updated as required.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them and access many things independently or with family, however the care staff will take them wherever they wish on their social support services, such as to specific shops or for a drive. Coordination staff gather information on consumers’ life stories and social needs on entry to the service. They said this was so important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf or transport them to visit friends or relatives. They advised some consumers may receive transport to activities such as Mah-jong or church, but they also provide cab charge vouchers where consumers are independent and want to access these activities independently.

Consumers and representatives were satisfied the service had good communication systems in place to ensure care staff knew their needs and when changes occurred with their care. They knew care staff reported back regarding aspects to ensure their safety, such as when they didn’t respond when care staff came to provide service or when they were ill, and care staff may call an ambulance for them. Care staff said they were satisfied with the information they received, as it helps them identify any consumers who may need additional support, such as provide mobility help while out in the community. They also said they are provided with updated information as care needs change and provide regular feedback to coordination staff. They advised coordination staff are quick to act on anything they have reported.

Consumers and representatives said referrals are made from time to time, with their permission for additional services including those to increase their ability to access their community, such as for mobility equipment. Consumers advised they may access their community independently, with family or with care staff assistance. Coordination staff outlined referral processes and noted the importance of timely referrals for consumers to maintain their mobility and enable social connectedness. Consumers can be referred to external group activities, such as day centres, if they wish but noted that many consumers are already involved in their local communities independently. Care staff advised they have frequent contact with coordination staff regarding consumers and their increasing needs and report back after each service and they may be advised of referrals made, especially where they have raised issues with consumers needing additional care or services or those wishing to access activities in their communities.

Some consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Care staff advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the coordination staff. They also receive information on any aids the consumers may use either at home or when accessing the community. Coordination staff advised consumer equipment is accessed based on individual needs and provided through individual package funds. Details are included in care plans for more complex equipment such as lifters and whether the consumer uses any other mobility equipment. If they have not saved enough in their package to purchase the equipment renting it is also an option. There are also policies and procedures in place to guide staff practice regarding equipment. Coordinators were able to provide examples where consumers had accessed home modifications, beds, walkers, and chairs.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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** |
| 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** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

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

# Standard 6

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

Findings

Overall consumers and representatives interviewed said that they can and are supported to provide feedback and make complaints. The consumers and representatives advised they are able to contact the admin, or coordinator with their concerns. Customer experience manager advised if they receive feedback from consumers or the care staff or through their coordinators, and scheduling teams, they contact the consumers and or their representative to inquire and assist. Management advised all consumers receive an information package which explains the complaints/compliment/feedback process and includes the charter of aged care rights, outlining a consumer’s right to complain. The client handbook contains information about external bodies like the commission and advocacy services which the consumers can refer to if they are dissatisfied with their service. A complaints policy guides staff in complaints and feedback mechanisms at the service, including relevant timeframes which the Assessment Team noted.

Consumers said they know of their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed. Management advised consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said client folders contain forms and brochures from peak bodies for example Seniors Rights Service and National Aged Cares Advocacy Line Older Person Advocacy Network (OPAN). Management said whilst their information is available in English and translated in other language such as Korean and Chinese. The ‘Complaints Policy’ described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management show staff are educated on the role of external agencies including aged care advocacy services and the Commission.

Consumers and representatives’ feedback on their experience of the complaints’ management process is good. For some consumers, an immediate response for example in response to a query on statement or reimbursement was actioned generally to their satisfaction. The service provider’s complaints documentation show complaints are logged in the feedback and complaint register linked to the consumer, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show there was contact with the consumers or representatives to find options to resolve the complaint. The service provider demonstrated how they apply analyses to identify why a complaint was raised and how it should be resolved. Management report that a complaint is not closed until resolved with the consumer and where staff are sick and unavailable to provide service, they apologise to the consumer and representative and discuss alternate arrangement. Management advised they visit the consumer/representative post complaint resolution to review the consumer experience. Staff training has been provided in complaints management and open disclosure; staff involved in complaints management were able to describe the concept of open disclosure.

Consumers and representatives said the service seeks their feedback regularly about the services they receive. They are invited to provide suggestions through client surveys. They said their coordinator asks them about the care staff and about the external agencies if we are happy with them. Management described how they use the information from surveys, feedback, and complaints to gain an insight into the quality of their service. The director manages the complaints register and review and report to the board and shareholders. IT support team then analyse themes or trends monthly and report to the Director. Complaint trends around monthly statements and reimbursements were identified through trending thus they have invested on the new accounting software system. Evidence noted less complaints since the system has been introduced. Policies regarding feedback and continuous improvement guide staff practice. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted some correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

# Standard 7

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| Human resources | | HCP |
| 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** |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | **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** |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | **Compliant** |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | **Compliant** |

Findings

The service demonstrated that the number and mix of workforce members delivering personal and nursing care are sufficient to deliver safe and quality services to consumers requiring personal and nursing care and services. The service presented data of unfilled shift is 1% which is 11- 12 shift in a month. Management advised due to the impact of the workforce shortages and Covid-19 it has prioritised its essential services such as clinical and personal care and these consumers have had their care and service needs met. A review of documentation, including consumer support plans and dated notes, demonstrate communication to consumers/representatives regarding replacement staff and services are scheduled in a timely manner. Consumers interviewed provided positive feedback regarding staff and said they receive care and services from two or three of the same care staff and they are very happy with the staff. They said if someone is sick other staff covers those services. Some consumer said they preferred to reschedule services in order to have a same care staff, however they have not missed any important appointment due to staff availability.

Management advised, and consumers confirmed the service is employing staff from culturally and linguistically diverse backgrounds matching its HCP consumers. Consumers and representatives confirmed staff treat them with respect and are responsive to their needs. The Assessment Team observed staff at the service interacting with consumers in a kind, caring and respectful manner. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elder abuse and the reporting process. The Assessment team sighted the training matrix which evidenced staff are provided training for elder abuse.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Management described how they ensure staff have appropriate qualifications, including checking registrations as part of their monitoring process. Management discussed that all roles have a detailed position description. Nursing services are sourced through brokerage service and there is a process in place regarding monitoring of nurse registrations and training.

Overall, the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction processes. The service has a continuous improvement approach to staff development. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. The Assessment Team sampled staff training records shows infection control, SIRS, ACQSC, code of conduct, introduction of dementia, consumer engagement in aged care personal care feedback and complaints, open disclosure, WHS and Altura training are mandatory training and during induction process. Management identifies staff training needs directly from staff through staff meetings, informal chats with staff, reviewing progress notes and through incidents/complaints.

The service was able to demonstrate regular assessment, monitoring and review of the performance of most members of the workforce is undertaken. The service has a performance appraisal system in place for most staff and the organisation has a performance and development process in place where yearly appraisals are completed for staff. Staff confirmed they were supported in their performance review process during meetings and post incidents and found it a useful process. The Assessment Team sighted annual performance appraisals tracking for a manager, care staff, coordinator, and rostering staff. All appraisals included input from both staff and management and had opportunities for further training and development.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | **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** |
| 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** |
| 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** |
| 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** |

Findings

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. Consumers and representatives sampled expressed satisfaction with the quality of the service and gave examples of how the service is delivered to meet their diverse needs. Some consumers and representatives said the service provider has improved system regarding monthly statements based on consumer feedback. Staff stated the service is well run and advised management is responsive to consumer feedback in relation to assigning care staff and flexible with visit schedules seeking to ensure consumer preferences are met based on individual consumer circumstances. The staff said they seek consumer feedback when reviewing care plans and when providing care which is then subsequently recorded in an Electronic File. Management advised consumers are encouraged to provide feedback during home visits, phone, or email contact, via the service website, and the service Feedback in addition to completing an annual survey. The trends and themes from the survey results are analysed together with feedback and complaints data, which the clinical governance meeting reviews, and any initiatives or indicators coming out of these are provided to the Directors and the board committee.

The coordinator and scheduling team advised they have regular and on needs basis meetings to discuss care staff allocation based on individual consumer needs and priority, to address consumer requests and preferences. Management advised the current industry wide care staff shortage has made meeting consumer preference with care staff allocation challenging and are constantly recruiting to build their pool of staff. The service is undertaking a process to rollout, their new client management system to manage client information and this will better reflect consumer requirements to merge with care staff requirements and statements. Management advises the service has organisation wide governance systems and processes that underpin the governing body’s responsibilities for, and commitment to, promoting a culture of safe, inclusive, and quality care and services across the organisation. The governing body is supported by an experienced team and responsible for monitoring risk and quality in relation to care and services. Reporting processes occur through the meeting structure to provide information and advice to the governing body to meet responsibilities and to maintain oversight. Based on discussions with management and an analysis of the information provided by management, including meetings minutes, copies of reports, strategies to address the statement issues and continuous improvement plans; the governing body demonstrated they are accountable for, and committed to, promoting a culture of safe, inclusive, and quality aged care services.

*Information Management*

Electronic information management systems are in place and include a consumer file management system – Turn point; a care staff rostering system, online training system - human resource management system. The service manages a shared drive where policies and procedures can be accessed and has a wide variety of other communication systems. The care staff can access consumer information to facilitate their visit through their mobile apps. All information related to the consumer is maintained confidentiality and backup systems are in place to ensure information is not lost in the event of an IT issue.

*Continuous improvement*

The service has strategic planning and continuous improvement processes in place. Continuous improvements are sought by the service staff via feedback surveys (consumers and staff), staff meetings, review of management systems including staff performance, incidents, and complaints. Improvement registers sighted specific to services developed against the standards. Feedback provided to executive management for purposes of inclusion in overall strategic plans via the various business units.

*Financial governance*

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management has oversight of the service’s income and expenditure, this is reviewed regularly and discussed by the governing body. Services are reviewed on a regular basis by home care management staff and adjustments made to costs of services when required. Consumers are advised of any changes in costs well before implementation. All consumers receive monthly invoices for their services.

*Workforce governance*

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. For example, the Assessment Team sighted current certification for staff including but not limited to, nursing registrations, police checks and driver’s licenses for staff. Management advised they know when certifications are due because they maintain the spread sheet and monitor applications/reapplication through to completion. The Assessment Team sighted the roles and responsibilities of board members, for example, approving budget and monitoring expenditure and approving key policies.

*Regulatory compliance*

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies on regulatory information, which is monitored by the board, directors, general managers and implements changes as needed in partnership with the relevant business unit. Information is fed down to relevant managers and staff through regular meetings, emails, training, policies, and procedures. Assessment Team reviewed how the service provider planned the changes in line with the regulatory changes.

*Feedback and complaints*

Overall consumers and representatives interviewed said that they can and are supported to provide feedback and make complaints. The consumers and representatives advised they are able to contact the admin, or coordinator with their concerns. Consumers and representatives’ feedback on their experience of the complaints’ management process is good. The service provider’s complaints documentation show complaints are logged in the feedback and complaint register linked to the consumer, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. – *End of ‘Feedback and Complaints’ heading.*

Management outlined their incident management policy and ‘Incident Management Register’ overseen by the senior manager with inclusion of the director and clinical and compliance manager. The policy outlines the recording, escalation to senior management and tracking of action. Staff are supported by management if they identify any abuse and neglect of consumers, and relevant action is taken and referrals made, if required. Staff during interviews outlined processes they follow if they were concerned about a consumer. Online training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify high risk consumers, including those with special needs, cognitive and functional difficulties, and limited supports through care plans. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting staff who understand them and know of their needs.

Management advised their Clinical Governance Framework outlines the level of responsibilities for all employees. The service has a registered nurse (RN) who reviews clinical aspects of the consumers care plan. The RN is supported by the Director who has a clinical background and responsibility of reviewing clinical policies and procedures which guide the coordinator and care staff. Care staff collect data on incidents like falls with/without injuries, infections, elder abuse and hazards which are included in monthly reports to the general management meeting. Management advised staff are supported with training on clinical care, infection control, antimicrobial stewardship and use of restraint which they access through online training. Assessment team sighted the relevant courses which are monitored by the HR manager. Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as generally consumers liaise directly with their GPs regarding the use of antibiotic prescribing. The service practises open disclosure and this forms part of the services overall monitoring and evaluation strategy.

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)