**Performance**

**Report**

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| Name of service: | Newtown Neighbourhood Centre |
| Service address: | 1 Bedford Street NEWTOWN NSW 2042 |
| Commission ID: | 200608 |
| Home Service Provider: | Newtown Neighbourhood Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 19 April 2023 to 21 April 2023 |
| Performance report date: | 7 June 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 Newtown Neighbourhood Centre (**the service**) has been prepared by G. McNamara, 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

**CHSP:**

# Social Support - Group, 4-7XV7F9Z, 1 Bedford Street, NEWTOWN NSW 2042

# Social Support - Individual, 4-7XV83A7, 1 Bedford Street, NEWTOWN NSW 2042

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 May 2023.

# 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 | **Not applicable** |
| **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 | | CHSP |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Demonstrating that consumers’ identity and culture is captured, respected, and valued.
* Ensuring that care provided to consumers is culturally safe.
* Demonstrating that consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships.
* Supporting consumers to take risks to enable them to live their life the best they can.
* Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand.
* Respecting the privacy of consumers and ensuring personal information is kept confidential.

Policies and procedures sighted by the assessment team while on site demonstrated that the service has robust procedures in place to ensure staff and volunteers are aware of the service’s requirements for the treatment of all consumers with dignity and respect and to ensure their culture and identity is valued. During the teams site visit observations were made of two support groups run by the service, including Portuguese and Inner west social support groups. The team observed several staff interacting with consumers, and consumer interaction with each other. Observations confirmed a highly dignified and respectful culture throughout the service’s provision regardless of culture or identity.

The service operates under the umbrella of the larger neighbourhood centre. This allows the service to utilise the organisation’s extensive range of policies and procedures. Those governing culture diversity and dignity come under the ‘the Inclusion and Diversity policy’ and several procedures were written for the specific nature of the service provider’s needs that accompany this document. These documents are comprehensive and more than cover the dignity and diversity requirements as noted in this standard.

The nature of the services social support groups ensured that the service maintained a strong focus on ensuring ethnic diversity within its services. Each group specialised in a specific ethnic grouping, Portuguese, Greek and countries of the former Yugoslavia. In addition to a culturally diverse group catering to inner west elders. However, staff and consumers from the culturally focused groups assured the assessment team that should members of a different ethnic or cultural background wish to join one of the ethnic specific groups they would be welcomed

The service operates under the umbrella of the larger neighbourhood centre. This allows the service to utilise the organisation’s extensive range of policies and procedures. Under the ‘Client dignity and inclusion policy”, in addition to several other associated policies, available to all staff the service has robust guidelines and policies governing the need for staff to support consumers to exercise choice and independence to further enable them to live the best life they can. The service assessment intake team completes a comprehensive assessment for when consumers first start with the service that allows consumers to confirm their own choices around what services are offered and how they are delivered. The service assessment team also confirmed that family, friends and support workers were welcomed and encouraged to support consumers where the consumers had expressed such a wish.

The assessment team observed social support groups the service ran. Consumers were encouraged to interacted and participate as well as be active in choices made about how the groups progressed. The activities, speakers and outings the support groups offered were extensive and the consumers told the assessment team that no request was too hard, and the group coordinator always tried to accommodate every request. During these groups the assessment team observed service staff encouraging interaction between consumers and it was observed that the consumers interacted well with each other, supported each other, and had formed strong connections within the group.

22 consumers interviewed during the Portuguese and inner west social support groups all confirm they felt that their needs were always listen to and any request, regardless of the risk to the consumer was accommodated where possible, after any risk concerns had been highlighted and discussed with the consumers first.

Interviews with the service manager confirmed that when consumers expressed a desire to take risk the service did not believe were in the best interest of the consumer, or possibly contradicted medical advice the service staff would discuss the options with the consumer and outline the risk to them. However, the management did stress that should a consumer wish to continue with the risky behaviour they would do all they could to support this, on condition it did not put the welfare of others at risk.

The team observed the initial information packs provided to consumers when they first accessed the service. The Information contained in the pack was current, found to be accurate and was communicated in a way that was easy to understand, and offered the consumers choices in how they accessed the services and how they obtained information about service provision. Interviews with the service manager noted that the staff were fully aware of the need to ensure that consumers who identified as having English as a second language were identified and supported to ensure they were fully aware of all the services on offer and all information the consumers needed to understand and exercise choice. The consumer assessment team confirmed that staff worked closely with family, friends and representatives to ensure the consumer was linguistically supported both at the initial on-boarding and at all times when accessing the service.

8 consumers’ information files observed by the assessment team demonstrated that consumer information was accessed only by those in the service authorised to do so, or by those authorised to by the consumer. Interviews with the assessment team staff confirmed that information obtained about each consumer was always treated as confidential and that robust procedures were in place to ensure this was the case.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers and representatives are involved in assessment and planning of their activities with risks to consumer’s well-being considered and informs the safe and effective delivery of social supports at the centre.
* Working in partnership with consumers to ensure activity planning processes are inclusive of consumers wishes.
* Guiding staff and volunteer practice through a range of mechanisms both formally and informally.
* Ensuring consumers receive the services they need through the initial membership and activity assessment planning processes, and these are reviewed annually or when needs change.

The Assessment team identified that the service was not identifying consumers’ needs, goals and preferences concerning advanced care planning and end of life care planning, however I am satisfied the service has subsequently rectified this.

As to requirement 2(3)(b) which I find to be Compliant

All consumers interviewed said that the social supports provided meets their needs, goals and preferences and that staff, volunteers and the manager know them very well. Staff said the consumers attending group social support and individual social support outings are very vocal and know the group/individual support is for them, some consumers like to come and socialise others love to take part in the group activities, there is a mixture, it was observed by the assessment team that staff know their groups and consumers, they enjoy the company of one another, and the activities planned for the day. The Assessment team sighted documentation that listed current strengths, needs and any further support identified, risk assessment noted strategies to assist consumers when attending activities.

However, the assessment team observed in the services self-assessment that as a social support service it does not typically have discussions regarding advanced care planning or end of life planning. Where this is required, referral will be made to a more appropriate service including recently funded Inner West Healthy Ageing Advisor role at the service. The assessment team observed no mention of advanced care planning in documents sighted. Interviews with staff and the aged care manager the confirmed that the service did not include advanced care planning during the initial assessment stages of assessment, follow ups or reviews. The service did not provide any services related to advanced care planning and as such believed there was no need to include this in initial assessment process.

Management advised that documentation can be amended at management level to include question addressing advanced care planning and the service will liaise with Inner West Healthy Ageing Advisor (or other provider) to implement regular information sessions about advance care and end of life planning. The assessment team’s experience of the efficiently run service indicates that the measures to be put in place by management will ensure this standard is met in future.

In its written response the provider identified what measures it had taken to implement these improvements. I am satisfied that the provider has addressed the concerns identified and that this requirement is Compliant.

As to other Compliant requirements

The service demonstrated assessment and planning takes into consideration the risks to the consumers’ health and well-being and informs the delivery of safe and effective care and services. The initial assessment process for individual support is completed by the intake and individual support coordinator for individual social support or social group coordinator for group social support and is done in consultation with the consumer and their representative if required. For individual social support consumers are required to complete an environmental risk assessment, group social support consumers a risk assessment that required observation and a completed risk matrix observing the consumer while attending social support.

Consumers interviewed stated that they knew of their risk assessments and service plan, they attended the service weekly, and they can speak to their coordinator/group assistants when they wish. All consumers had attended the service for a vast number of years and were highly satisfied with the quality of service and communication. Interviews with staff said that the information gathered at the initial assessment process is utilised to inform the delivery of safe and effective care. Initial assessment and planning process confirmed that initial assessment process is in line with organisational policies and procedures, is consumer focused meeting the consumers’ needs, and preferences and additional information that can be provided through my aged care portal can be utilised to inform the delivery of safe and effective care.

Management advised staff are experienced and trained in conducting intake and risk assessments with the specific client groups (evidenced by referee and qualification checks at time of recruitment). Individual risk assessments and service plans are undertaken upon commencement and reviewed annually or as needed when client needs change, if risks increase, coordinator will liaise with carers and/or other providers to ensure participation does not pose any further risk to the individual. The assessment team reviewed policies pertaining to case notes, intake and assessment, consumer files that included intake form, service plan and individual risk assessment, case notes that the service collected and utilised to inform ongoing planning and assessment and effective service delivery.

Consumers interviewed confirmed they are involved in assessment, planning and review of the services they receive. Consumers said they can choose what activities they would like to participate in, the destination of the monthly excursion and what they would like to do for individual social support. Staff described how they work with the consumer and others in the assessment and planning of consumer’s care and services. Where the consumer is unable to participate, they can use an interpreter, involve their representative, carer or nominated advocate in the process. This information aligned with feedback from consumers. If consumer needs are outside of the group or social support services staff can refer consumers to the information and referral department within the centre.

Management advised staff will speak to carers/representatives if there are any concerns. The service has an annual consumer satisfaction survey. Individual social support coordinator regularly talks with consumers and volunteers to review service. Confirms service strives to develop and maintain partnership with consumers and volunteers. Referrals to information and referral department are made by coordinator as necessary and relevant to support goals.

The assessment team observed documentation that confirmed consumer and/or representative involvement in the planning of services and in ongoing and annual reviews. Social support group coordinators and assistants that were able to speak the languages of the consumers attending the groups.

Consumers interviewed said they have been offered a copy of their service plan, some consumers said they sign the form, they don’t need a copy, but they know they can ask for a copy of their service plan. Staff interviewed said service plans can be completed with the help of an interpreter, the group assistants can speak the languages of the consumers or service plans can be verbally agreed to and posted or consumers can be given a copy at the centre. Volunteers are emailed a copy of the service plan and can communicate to coordinator if the consumer or their representative would like a copy.

Management advised the organisation’s process for reviewing care plans and undertaking reassessment is annually or when needs, preferences or goals change, and service plans are always available to consumers. The assessment team observed group coordinators assisting in groups and speaking to consumers, the assessment team reviewed consumer documentation that asked if the consumer understands what they are signing, and a client register that recorded dates for review and hyperlinks to consumer documentation.

Consumers interviewed said can talk to staff when they want. They feel like it is a family environment, and they look out for one another. All consumers sampled said that if they had concerns or didn’t like anything they know who they can speak to. Staff were able to provide examples of communication and observation that identified needs, goals and preferences have changed, are communicated, or observed.

Management advised program coordinators and group assistants observe and monitor all clients in group settings, weekly phone contact and periodic reviews conducted for all individual social support consumers, regular and ongoing monitoring/feedback tool is in development to ensure client feedback is regularly obtained in real time and recorded and actioned and training to be scheduled for volunteers and staff on the ‘Better Impact volunteer management system’.

The assessment team observed service and risk assessments plans for eleven consumers, case notes detailing updates and changes to consumers’ needs, goals or preferences that were actioned by staff in a timely manner, service and risk plans that were updated due to better impact volunteer management system, volunteer, and client communication register.

# Standard 3

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| Personal care and clinical care | Not Applicable |  |

The organisation does not provide personal or clinical care therefore this Standard is Not Applicable and was not assessed.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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. | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five applicable requirements have been assessed as Compliant.

The service is:

* Ensuring each consumer gets safe and effective services that meet their needs, goals, and preferences.
* Demonstrating that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* Supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them.
* Communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required.
* Making timely and appropriate referrals to individuals and other organisations.

Consumers interviewed overwhelmingly expressed satisfaction with the social supports they receive. They said the staff are approachable and described how the social support activities are tailored to support their individual preferences. Updated documentation has enabled the service to capture more detailed information about consumers goals, needs and preferences. Staff interviewed were able to describe the ways that they support consumers to achieve their goals and ensure that their needs and preferences are met. Individual support service plans are negotiated with the consumer and the coordinator Activities are varied and can be specific to each group, activities are based are based on the consumer feedback and engagement, staff supported consumes to participate in activities that will assist consumers maintain their independence and add to their health, well-being and quality of life. For example, easy moves activation program twice a month an exercise program, bingo and music are activity favourites and speakers monthly ranging from Centrelink to the Sydney eye hospital.

Management advised consumer input and feedback actively sought by staff and improvements adopted regarding group outings, presentations, activities to optimise health and wellbeing outcomes for clients. Service calendars summarise program of activities including health education sessions. The service will seek support from the Inner West Healthy Ageing Advisor to consult with all consumers and their representatives regarding initiatives to support and increase health, wellbeing, and quality of life for clients.

The assessment team reviewed eleven consumer files indicated that their goals were discussed with staff and recorded in the support plan. All consumer needs, preferences and the services that will assist in meeting these are recorded and shared with staff where appropriate.

Consumers interviewed reported the services provide a sense of purpose and the staff, volunteers and service manager provide emotional, spiritual, and psychological wellbeing support. Staff interviewed said that emotional and psychological support are important elements of their role. The coordinators said that at the time of intake and assessment, they will ensure they record information about what the consumer likes to do, what makes them happy and their informal supports such as family or friends to inform care staff and coordinators and guide their interactions with consumers.

Management advised staff endeavour to match client needs, interests, likes with services/ group activities and volunteer support. Health and wellbeing education provided regularly through group social support calendars. Socialisation activities key feature of the social support programs the service provides are a connection to community. The assessment team observed a variety of activities that support consumers emotional, spiritual, and psychological wellbeing, consumer documentation that identify preferences to ensure services provided are effective.

Consumers advised that staff support and the services they receive enable them to do the things that are of interest to them, participate in their community and maintain relationships, all consumers said they are supported to maintain community participation through the services provided and that volunteers and group assistants sort to ensure consumers had access to these groups where possible. Consumers mentioned monthly visits to local parks for picnics and barbeques and visits to local clubs, scenic drives, and the zoo.

Staff advised some of the activities that support consumers are Senior’s week, where local community seniors invite other seniors to attend the centre, easter celebration rapid love for knitting programme where consumers knit blankets or wraps for people in need, annual morning team event where the proceeds are donated to the Cancer Council.

Management advised aged consumers are consulted about activities and events and preferences included in program of activities. Group assistants are proficient in languages that facilitate community access and socialising of individuals of particular language/cultural backgrounds. Individual social support activities are tailored to meet individual needs and preferences. Activities include coffee, drives, phone calls in which client and volunteer decide together the activities and there are opportunities to participate in activities of interest beyond the service like art therapy group.

The assessment team observed environmental risk assessments that are completed prior to excursions ensuring venues are fully accessible and consumers can bring their equipment with them. The assessment team were able to observe two social support groups at the service, during the sessions consumers and staff demonstrated an active and extremely positive setting. Consumers spoken to at the group were very positive about their experiences and told the assessment team the groups had made a great improvement to their lives.

Group assistants demonstrated that information about consumers’ needs, and preferences is known and shared with others within the organisation and with others where appropriate. All staff interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others. For example, Group assistants said they can access consumer files and case notes through SharePoint however coordinators are in constant communication with them, so they are informed immediately about ay important information regarding the consumer’s condition, needs or preferences.

Management advised Service plan and individual risk assessment is completed for each client outlining needs and preferences. Treating doctor and Emergency contacts are obtained to ensure client health and wellbeing is maintained. Individual Social Support Program Coordinator regularly contacts clients and volunteers to monitor complex situations.

The Assessment team reviewed consumer and coordinator volunteer communication register, eleven consumer files that had service plan and individual risk assessment completed for each client outlining needs and preferences. Four consumers had evidence of emails being sent between staff members responsible for the care of the consumer, and phone calls regularly made to the consumer or their next of kin to check in on them. For example:

The nature of supports at the service is predominantly social support in a group and individual setting, all consumers interviewed said if they need anything they just speak with the staff as they are always accessible. Staff noted that they do not make referrals to external organisations however the Newtown Neighbourhood Centre offers a wide range of community services.

Intake and Individual support coordinator said that there have been times where consumers wish to take part in group social support, and she can send an email referral to group social support coordinator to inform her. Management advised referral to other agencies will occur when required at management level and an identified increase in support needs can result in liaison with carer and/or other agencies such as Home Care Package provider.

The Assessment team sighted case notes from coordinators that evident monitoring of situations to identify if a referral is required, note conversations with consumers and/or their representatives.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as three of the three specific requirements have been assessed as Compliant.

The service is:

* Providing a welcoming, easy to navigate and spacious environment.
* Providing a safe, clean, and well-maintained environment.
* Providing equipment that is safe, clean, maintained, and suitable for the consumers.

All consumers interviewed said the service environment is welcoming to their friends, families, and carers, plenty of space to interact with others and those who use mobile support aids were able to move around freely and leave their walking aids where it did not stop others from moving around freely. The assessment team observed one of two sites used by the service to facilitate social support groups. The site was found to be extremely welcoming, spacious, secure, and easy to understand. Natural lighting from outside throughout the office and access to fenced courtyard through sliding door. The support groups run by the service utilised the spaces well and ensured that the consumers sense of belonging, independence interaction and function were all enhanced.

Consumers interviewed said they feel safe in the service environment it is always clean, well maintained, and comfortable and they can access parts of the service that is required. The assessment team noted that the Newtown centre is purpose built and designed, they observed group assistants wiping down equipment and cleaning activities room at the end of each day, ensure the floor is clean. There was natural lighting from outside throughout the office and access to fenced courtyard through sliding door. The environment was found to be clean, well laid out and the area wide and easy to walk around. Natural lighting from outside throughout the office and access to fenced courtyard through sliding door.

The service aged care manager said the building is new and there are ongoing renovations, but it was designed to be fit for purpose, the buildings had been designed to allow easy movement and this was demonstrated to the team when it observed the interaction between staff and consumers during social support group.

Consumers said the furniture and fittings were always clean, brand new, and suitable for them to attend the groups. The staff said they are responsible to ensure the furniture, kitchen and activity room is safe, clean, and well maintained, for example:

* Group assistant wipes down tables, chairs, and kitchen at the end of the day.
* Coordinators said if there is a furniture or building issue, they can email facilities to investigate the issue.

The assessment team observed cleaning wipes and disinfectants available to staff, hand sanitiser stations in main entrance, toilet exits, in the kitchen, and hand washing instructions.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Providing access, support and information to consumers to encourage feedback and complaints.
* Promoting and providing information of relevant external agencies and advocates.
* Practising open disclosure where required.
* Actively encouraging consumers to feedback their experiences to the service.
* Treating feedback and complaints as a positive way to improve the service.
* Responding to consumers feedback with service improvements.

Policies and procedures sighted by the assessment team while on site demonstrated that the service has robust procedures in place to ensure staff and volunteers are aware of the service’s requirements to encourage complaints and feedback and to ensure consumers and representatives are supported in doing so. Separate polices for complaints and for Feedback both emphasised the importance of complaints and feedback as a positive means of change and improvements for the service.

The assessment team were provided with copies of the initial induction pack sent to new consumers when they first joined the service. The pack contained full information about translation services, and advocacy services provided locally in addition to full information forms and advice on making complaints and providing feedback. Information provided to all consumers contained full contact details of other bodies for consumers to feedback or complain to.

The assessment team spoke to consumers attending the Portuguese social support group who identified as having English as a second language. Both used service staff and family to support communications. Both consumers confirmed that they were very happy with the service and were fully aware of the processes for providing feedback and making complaints and confirmed they were happy to do so if the needed.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong, consumers were able to discuss actions taken and use of open disclosure when they have raised a complaint. Management advised the program social support leaders and service managers are responsible for managing complaints in the first instance, and complex complaints are escalated for action, where appropriate. Care staff described the process for actioning feedback and complaints and how they communicate the consumers concerns to the relevant case managers or case coordinators. Interviews with Service manager confirmed that the service was fully aware of the need for and had full understanding of open disclosure and this was practiced in all elements of the complaints and feedback process.

Interviews with consumers confirmed that feedback and suggestions were both readily accepted and resulted in changes or action if needed. Service improvements had come from such feedback. However, the assessment team noted a lack of documented evidence of complaints and follow-up, despite policies and procedures in place to encourage such actions. Interviews with the service manager and other senior management confirmed that complaints and feedback were listened to and recorded and did form part of the service review process. However, they had been unable to find records of these and did accept that the process for recording complaints required improvement, and was included in the continuous improvement plan.

While these areas did need to be addressed, I am satisfied that oral evidence from consumers was sufficient to demonstrate the service was, on balance, Compliant with this requirement. In its written response the provider identified what measures it had taken to implement these improvements.

Consumers from the Inner west social support group recounted their need to have transport to and from the service. Consumers confirmed that the service had listened to their complaints and had responded by providing a bus. However, this facilitated further complaints regarding the cost of the bus. Both consumers and the service manager confirmed there were ongoing discussions regarding this complaint and both consumers and the service manager anticipated a successful outcome as a result.

# Standard 7

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| Human resources | | 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 |
| 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 Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Able to demonstrate workforce is planned to enable delivery of safe and quality care.
* Providing training and support to the staff and volunteers to increase competency and skill and better care for consumers.
* Able to demonstrate it has systems to review performance based on assessment and consumer feedback.

The service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services. All consumers interviewed said they were very happy and appreciative of the service delivered by the service. All consumers interviewed also said they care staff to be competent in delivering safe and quality service. Consumers receiving 1:1 social support confirmed staff are not rushed when delivering services and they receive a phone call or a text message if a volunteer was running late.

Management advised when preparing the rosters, sufficient resources and mix of members are deployed to ensure delivery and management of safe and quality care and services. For example, the social support co-ordinator told the assessment team that in-home social support volunteers are matched with the consumers care need so that care needs are met as per the care plan and delivered in line with best practice.

The assessment team observed policies and procedures while on site that governed the interaction between all staff at the service and consumers. These policies strongly emphasised the need for respectful interactions regardless of identity, culture, and diversity. Observations of two social support groups, the Portuguese group and the inner west support group demonstrated to the assessment team that social support staff were kind and caring with all consumers and that they were respectful of each consumer’s identity culture and services.

Care staff confirmed that all consumers who wanted to attend the groups would be welcomed regardless of culture and/or background and that this included consumers from cultures different from the focus of the group.

Observations of two social support groups demonstrated to the assessment team that social support staff were competent and able to communicate easily with the diverse language mix that the groups presented (Greek, Portuguese, and languages from the former Yugoslavia).

Interviews with consumers confirmed that staff were well liked and were able to interact and engage in the social activities the groups took part in.

Interviews with recently employed Group support assistant demonstrated that employed staff were recruited due to experiences in the aged care field in addition to relevant qualifications in the specific area the staff member was working. Additional training was provided to the new staff member to enable the Group support assistant to use the relevant software packages she would need in her role.

Policies and procedures covering the hiring and support of staff provided robust processes for ensuring all staff members had the necessary experience training and on-going support and training to perform their roles in addition to supporting other team members in their roles.

The social support co-ordinator interviewed by the assessment team confirmed that performance was reviewed regularly. Team meetings and individual meetings with management were regular and frequent and formed part of an on-going review process. The service manager confirmed that staff assessment and performance reviews were conducted every 6 months.

Observations of personal records, interviews with staff and with the centre acting CEO confirmed to the assessment team that performance reviews were carried out and that regular assessment monitoring and reviews of performance was standard across the service.

# Standard 8

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| Organisational governance | | 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 |
| 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. | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four applicable requirements have been assessed as Compliant.

The service is:

* Promoting consumers access and engagement with them through their care planning and consumer surveys.
* Able to demonstrate it promotes care and support delivery in culturally safe, inclusive manner.
* Able to demonstrate its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement.
* Supporting consumers to live their best life by identifying risk and having policies to manage these

Interviews with the service Manager confirmed that the service carries out regular feedback questionnaires. The questionnaires were sent out every 12 months in addition, 1:1 volunteers and the care staff delivered the social support groups were encouraged to talk to the consumers and seek feedback and suggestions where possible. Observations of staff and consumers during social support groups (inner west and Portuguese) while the assessment team was on site demonstrated that staff spoke to consumers regularly to discuss service and ensure consumers are happy.

Interviews with a staff member confirmed that consumer care files were regularly checked to ensure contact had been regular with the consumer and should there be no recorded contact with a consumer for a few weeks a follow up call to check and seek feedback would be arranged. Interviews with 15 consumers confirmed that all consumers were regularly consulted, and all felt able to discuss the service and to provide feedback.

Interviews with the joint Chair of the service management board confirmed the service’s strong relationship between the management committee and the staff and management of the service. The Chair confirmed the Board met bi-monthly and received reports on all aspects of service delivery and ensures that all policies and procedures, staff arrangements and volunteer provisions are of high quality and more than adequate to meet the needs of the service. The joint Chair confirmed that all members of the board understood the responsibilities they had towards the service and its consumers. The Service Manager confirmed that board members were all actively involved in service delivery in addition to acting on the board and would often help with volunteering and fund raising were needed.

The assessment team observed robust policies and procedures governing Information Management, Continuous improvement, Financial Governance, Workforce Governance, Regulatory compliance and Feedback and complaints. In addition, the assessment team also observed the service’s continuous improvement plan and interviews with the Service CEO confirmed the Continuous improvement plan was an on-going working document that continuously served to improve service delivery. The assessment team also observed the annual reports and copies of the services monthly board reports and found the service to operate efficiently and with strong financial governance.

The service provides a low impact social support service and the consumer base has high ability and is high functioning. However, full medical histories are taken and were observed on care plans in addition to any potential risk factors consumers chose to inform the care service about during the initial assessment and subsequent reviews. Staff can identify and report any neglect and abuse and inform management who manage any incidents, and report to authorities. The Assessment team sighted staff training records for completion of training on identifying abuse and neglect of consumers.

Management advised that they support consumers to live the best life they can by understanding the consumers’ background, how they would like to live their life, past experiences and what they would like to do, looking at the holistic view on how to empower them within the confines of the social support offered in each group. The process starts from intake, understanding their goals and preferences, medical history, and working with the consumer to ensure their needs are met and create care plans accordingly.

The service does have an active incident register and a comprehensive incident management policy. However, the low-risk nature of the service resulted in very low numbers of incidents.

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