**Performance**

**Report**

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| Name: | Novacare |
| Commission ID: | 200213 |
| Address: | 51 Robertson Street, CARRINGTON, New South Wales, 2294 |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 29 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1606 NovaCare Community Services Limited  
Service: 17680 Newcastle Aged Care CACPs  
Service: 17692 Novacare EACH  
Service: 17693 Novacare EACH Dementia  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7864 Novacare Community Services Limited  
Service: 24861 Novacare Community Services Limited - Care Relationships and Carer Support  
Service: 24862 Novacare Community Services Limited - Community and Home Support

**This performance report**

This performance report for Novacare (**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.

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

All consumers and/or representatives interviewed by the Assessment Team stated staff make them feel respected and valued as an individual. A care support specialist interviewed was able to describe how they show dignity and respect towards CHSP consumers, and also provided examples of their actions in a metaphorical situation where they had identified a consumer being treated disrespectfully. The Assessment Team noted they visited the services ‘Milpara’ social support day centre at Merewether, and the ‘Ailsa Craig’ dementia specific cottage style respite situated at Hamilton, staff at the two group activities were observed communicating effectively with consumers, while being kind and caring. Staff demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual needs. Overall, Assessment Team observations confirmed a highly dignified and respectful culture throughout the service’s delivery regardless of culture or identity. The Assessment Team noted the services staff training register, which details a number of care staff have had dignity & respect training throughout 2023.

Consumers and/or representatives interviewed by the Assessment Team confirmed staff understand the consumer’s background, preferences and what is important to them, which makes them feel valued and culturally safe. A CHSP support worker interviewed by the Assessment Team demonstrated that they are aware of providing care in a culturally safe way and described how they do this in practice. During interviews with the Assessment Team management stated that case managers and care staff have completed cultural safety online training in July 2023. The services mandatory education staff training register analysed by the Assessment Teams showed numerous staff have received training in 2022/2023 in the following areas:

* LGBTQI Awareness in Aged care;
* The importance of Cultural Awareness in Home Care;
* The Health & Care of First Nations Australians; and
* Cultural Diversity.

The Assessment Team noted emails were also sighted to Care Managers from HCP Team Leader promoting ‘pride day & pride events’ at the Service.

Consumers and/or representatives interviewed by the Assessment Team stated that the staff encourage them to make decisions about their services. Assessment and care planning policies and procedures viewed by the Assessment Team include the involvement of nominated representatives and consumers in making decisions regarding their services and individual support needs of each consumer.

Consumers and/or representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. A support worker described the importance of supporting consumers in their choices and described how consumers have the right to take risks in a safe way and explained support and assistance measures to ensure consumers are supported. The support worker explained how they help consumers to take risks to maintain their independence and do things that are important to them. Care planning documentation outlined preferred care and services, any goals the consumer had identified and individual strategies to support consumers to maintain their independence and mitigate identified risks.

All consumers and/or representatives interviewed confirmed they receive monthly statements from the service detailing how their budget is spent and were satisfied with their statements. The Assessment Team viewed a sample of monthly HCP consumer statements for April, May and June 2023, and noted all income (government funding), expenses and closing package balances were summarised on first page, with remaining pages detailing itemised income, services and costs, being in date order and clearly detailed the available funding allocation, care management fees & products and services, closing balance and unspent funds. The Assessment Team noted larger fonts were used to detail the services, income, and expenses. During interviews with the Assessment Team management stated they ensure consumers understand their budget and monthly statements, they explained that all clients have a budget for their services, with any updates new budget is sent out. The Assessment Team noted for consumer statements the service intake team talk to consumers through their statements. The Assessment Team noted the home care agreement analysed showed details and explained the various financial elements of consumers HCP including package funds, service charges, monthly statements and payments/interest.

All consumers and/or representatives interviewed by the Assessment Team stated that they feel staff respect their personal privacy while delivering care and services to them. A support worker interviewed by the Assessment Team described how they maintain consumer’s privacy when providing care and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality. Management when interviewed by the Assessment Team stated they manage privacy when consumer information is being shared by having the ‘consumer consent to share form’ completed by the consumer. This enables the sharing of client information between those directly involved in their care and who the consumer wishes.

The Assessment Team also viewed the service’s information management policy – which describes how consumer personal information is shared between parties, including retention of records. The service’s consumer agreement and consumer information handbook also contain information about privacy and personal information.

# Standard 2

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

Findings

Consumers and/or representatives interviewed advised the Assessment Team the types of services they receive from the approved provider and stated it helps them remain independent in their own homes. The Assessment Team sighted care plans for consumers which showed the care and services they receive align with their care planning and assessment documents. All staff at the service described the types of care and services they provide to consumers which the Assessment Team observed to be reflected in consumer care plans. All Staff could describe the individual risks associated with each consumer’s care and services and advise they are guided by the consumer’s care planning and assessment information and the consumer’s individualised service plan, for each different service consumers, are receiving. All staff interviewed by the Assessment Team advised consumer’s care planning and assessments are available in the consumer home folder and on the services client management system. Staff explained the strategies in place to mitigate consumers’ associated risks. The Assessment Team noted all consumer care planning and assessment documents sighted by the Assessment Team were sufficiently detailed and accompanied by validated risk assessments of the consumers and their home environment. Each care plan sighted was noted as domain focused and documented the consumers area of support under a relevant domain.

Overall consumers and/or representatives advised the Assessment Team the service provides them the care and service they require. Consumers and/or representatives confirmed staff raise advance care planning with them and stated they have been provided with information. The Assessment Team sighted evidence which showed the service is consistently raising advanced care planning with consumers. All consumers interviewed by the Assessment Team advised their goals and preferences with the service are to access the care and support they need to maintain independence. Staff interviewed stated consumers’ needs, goals, and preferences are located in their home folders and via the services consumer management system. Staff advised they have access to all information required to care for consumers and stated consumer individualised care plans, case notes, and service plans provides enough information for them to deliver care appropriately. All consumer care and service plan documents analysed by the Assessment Team contained individualised care needs, goals, and preferences. All care plans analysed showed clear and concise information and step-by-step instructions for staff in the area of support delivery. The service-evidenced consumer care plans include their needs goals and preferences and information about advanced care planning is provided and discussed with consumers.

Consumers and/or representatives confirmed the service and their care team involves the people most important to them when deciding the areas of support services. Consumers advised the service seeks permission before involving others and reported they felt the process was easy. Management advised information from representatives, family members, and other organisations involved in the care of the consumer is a key area of the consumer assessment and planning process. Management stated information is gathered from consumers’ carers and/or other agencies to help the service determine the level of assistance the consumer requires to maintain a safe standard of living and is accessing the correct areas of support. Management advised details of the consumers support network or other organisations involved in their care are documented and acknowledged in their care plan and support needs. Management stated consumers assessment identifies the others involved in the care of consumers and consumer care plans determine the coordination schedule of supports for service delivery. The Assessment Team sighted the approved provider’s care planning policies and procedures, which described how the organisation undertakes assessment and care planning in partnership with consumers and others.

All consumers and/or representatives confirmed receiving a copy of their plan and confirmed staff explain and provide information regarding their supports offered and service fees under the relevant HCP and/or CHSP funding program. Staff advised consumers care plans are available at the point of care and include service plans and case notes that outline how the supports will be delivered. Management advised consumers and/or representatives receive information about the assessment process including its purpose and possible outcome. Management stated the service works collaborative and in consultation with the consumers and /or representatives regarding outcomes and any changes in their assessment and planning documents. Management stated the care plans are updated to reflect any changes in line with a validated assessment tool and will be communicated to care staff, other organisations and a copy is placed in the consumers home folder at the point of care. The Assessment Team analysed consumer care planning documents which showed evidence of a documented care plan for each consumer reviewed.

All consumers’ care plans and assessment documents sighted by the Assessment Team showed the service is regularly reviewing and completing reassessments in response a change in the consumer’s condition. The Assessment team observed this to be consistent across each funded area of support services provided, including the organisation’s allied health services. Staff interviewed by the assessment team described the process for reviewing each HCP and CHSP consumers care plan and services. Staff demonstrated they knew the consumers well and stated they report to case managers and clinical staff if they notice a change in the consumer’s condition which will also trigger an immediate review of the care and services. The Assessment Team interviewed staff who work mostly with CHSP consumers. Staff advised if a change in condition or deterioration for any CHSP consumers is noticed, they contact the clinical team at the service and said they are supported by management and the clinical lead to do so. Staff advised the clinical lead or registered nurse to provide CHSP consumers with emergency clinical support and assess their support needs using validated assessment tools.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and/or representatives provided positive feedback and confirmed they were happy with how their care team provides their clinical care and personal care. Consumers and/or representatives reported their personal and clinical care is mostly provided by the same person each time and confirmed they have a designated care team. Staff interviewed by the Assessment Team were able to describe consumer personal and clinical care needs and how they are guided in by the service to deliver care and support tailored to the consumers’ needs care. The Assessment Team noted during interviews, staff did not need to access the consumer’s care documents to describe the consumers clinical and personal care needs. All staff interviewed were aware of the types of restraints and advised they do not apply restrictive practices to any consumers they deliver support to. Staff interviewed advised there are many consumers they worry about and confirmed they contact the case managers or clinical team if they have a concern. Staff stated management and clinical staff are very proactive when a concern is raised regarding a consumer and explained how the service responds when a concern is raised or reported.

Management, care staff, allied health professionals and a clinician advised the Assessment Team all consumers who receive care and supports from the organisation are at risk of falls and described strategies in place to mitigate and minimise their risk of falling. Staff stated all consumers undergo a mobility assessment during the assessment process and confirmed consumers are continuously reassessed throughout their care. Staff confirmed there is an alert visible on the consumer health record in electronic system, and the outcome of the falls risk assessment (FRAT) is available at the point of care in the consumer home folder. Management advised consumer mobility and pressure injuries are the services trend in high impact high prevalence risks and advised the trends are gathered and analysed via the services incident management system and collaboration and/or communication between the CHSP manager, HCP manager, and the clinical team. The Assessment team sighted evidence which showed how the service monitors and adjusts practices in relation to high impact and high prevalence risks for consumers. The Assessment Team sighted the organisation’s ‘risk management, hazard and incident reporting' policy and other tools utilised to monitor and respond to high impact and high prevalence risks to consumers.

The needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Consumers and/or representatives advised that they felt confident that when they are nearing the end of life the service would support them. Staff interviewed described the way care delivery changes for consumers nearing end of life and the application of safe practical ways in which consumers’ comfort is maximised near the end of life. The Assessment Team analysed evidence which showed consumers’ care and services being adjusted which aligned with their goals and preferences and was reflected in their advance plans. The Assessment Team analysed care planning policies and procedures which detailed the services processes for asking consumers about their end of life wishes. The Assessment Team noted the service demonstrated having appropriate processes in place for connecting consumers with specialist palliative care providers.

Consumers and/or representatives when interviewed by the Assessment Team stated staff would identify if there was a change in their condition, and staff described what they would do if they recognised a change in the consumer’s condition. Management advised staff follow certain procedures if staff notice changes or conditions with deterioration in the health or function of a consumer, and all staff are trained by the services clinical registered nurses to use assessment tools and refer the consumer to other areas of the organisation or service providers if needed. Care planning policies and procedures analysed by the Assessment Team described processes for staff to report changes in the conditions of consumers. Consumer care planning documents sighted by the Assessment Team showed regular adjustments in care plans in response to changes in consumers conditions.

Consumers and/or representatives advised staff knew their care needs and stated they completed a range of care planning and assessment documents when receiving their care from staff at the organisation. Management, care staff and clinical staff advised consumers care and services are documented in real time via the services app in the consumer progress notes in the electronic system. Management and staff stated new care planning and assessment, case notes, and service plan are readily available for service at the service. Staff stated carers and representatives are provided with care plans and assessments with the consent of the consumer. The Assessment Team reviewed consumer care planning and assessment documents which showed all were sufficiently detailed and their information was consistent and current across various documents. Care planning policies and procedures sighted by the Assessment described the organisation’s process for staff to communicate information relevant to the consumer’s care needs both within the organisation and with other relevant parties such as their GP, careers and/or representatives. The Service demonstrated having an appropriate robust process in place which ensures relevant information about the condition of consumers is communicated between parties involved in their care.

Consumers and/or representatives advised the service is regularly communicating with their doctors and have advised the service has made referrals to other care and supports they require and staff interviewed advised referrals to other organisations including, sharing consumer outcomes of assessment and areas of support the consumer requires. Clinicians when interviewed by the Assessment Team stated that recommended treatments for the consumer are provided to their GP or other relevant parties involved in their care where appropriate. Management and staff interviewed by the Assessment Team described the process for referring consumers to other service providers or organisations and confirmed referrals are made with the consent of the consumer and usually occur when the consumer requests to be referred, or on the day of an outcome of an assessment or reassessment which identifies a referral is required. Consumer care planning documents sighted by the Assessment team evidenced the service making timely referrals for consumers.

Consumers and/or representatives interviewed by the Assessment Team stated all staff wear masks and gloves and have observed staff practicing hand hygiene when in their homes and staff advised when interviewed they are provided with regular and sufficient training in infection control. Management and the clinical team advised staff are provided with personal protective equipment (PPE) such as RAT Tests, face masks, and gowns to help keep consumers safe and ensure staff do not present a transmission risk when attending consumers’ homes or during their care delivery. Management provided evidence which showed staff are provided with regular and sufficient training in infection control and the organisation has an appropriate system in place to track and follow up staff influenza and COVID-19 vaccinations. The Assessment Team analysed the organisation’s ‘infection control’ and work health safety and environment policies which showed the procedure for infection control, which aligned with all staff interviews.

# Standard 4

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

Findings

All consumers when interviewed by the Assessment Team reported that the service made them feel safe, and they were able to receive supports and services that enabled them to remain in their own home and maintain independence and quality of life. Care Staff interviewed by the Assessment Team all indicated they feel the service supports consumers to maintain their independence and quality of life. Care plans analysed by the Assessment Team were individualised, included the consumers services and supports required, and specific instructions for how they are to be provided, reflecting the involvement of the consumer.

The service demonstrated that care and services provide spiritual and emotional support to consumers for their daily living. Consumers and/or representatives interviewed felt that care staff can recognise if consumers are feeling low and know how to respond when this is identified. Support workers when interviewed provided examples of how they would know if a consumer were feeling low and what they would do. The Assessment Team noted a number of examples were provider throughout the interviews with staff. Care planning documents analysed by the Assessment Team reflected individual emotional, spiritual and psychological needs are supported where appropriate.

Consumers and/or representatives confirmed the organisation is flexible in the delivery of services enabling consumers to maintain their social networks and do the things that are important to them. A lifestyle & activities coordinator interviewed by the Assessment Team referred to numerous activities offered by the service for both CHSP & HCP consumers, including at the services 3 x social support day centres at Merewether, Swansea & Morisset. This being cycling without age, art days, bingo, Men’s club & Ladies groups, lunch outings, social and scenic drives (incl lunch), exercise classes, morning tea in the Hunter, etc. The Assessment Team noted consumers also can be assisted to attend these events. The services social calendar for July and August 2023, for the Merewether ‘Milpara’ day centre was viewed by the Assessment Team, which listed numerous activities and social outings. Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers and/or representatives interviewed by the Assessment Team reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they require. Consumers and/or representatives also indicated they were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care staff when interviewed stated they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support. Additionally care staff stated they are provided with updated information as care needs change, through the electronic care management app which must be read prior to going into clients home. Care planning documents analysed by the Assessment Team showed they are well documented and contain sufficient information in order to deliver care.

Management explained they have existing arrangements with a number of other organisations and local providers of services and supports across the region in which they operate. This has been driven and developed through consumer choice and preference of service providers. The Assessment Team noted management monitor these providers to ensure they meet the standards for contractors as outlined in the operations guidelines of HCP. For CHSP, the services consumer liaison officer acts as a conduit to support consumers with increasing needs to access additional funding resources and community linkages to meet needs where the emerging needs are outside the scope of the services CHSP program. Management when interviewed by the Assessment Team advised how they engage with others outside the service to supplement the lifestyle services offered by the service. The Assessment Team analysed policies and procedures during the site visit, which detailed that the service provider had robust procedures in place to ensure referrals were made to outside agencies, organisations and individuals to provide additional care services when needed.

Although meals can be accessed through HCP and some components of them can be claimed, such as administration and delivery, the food component cannot be included under HCP funds, therefore this requirement is “not applicable.” Regarding CHSP meals are provided at the social groups when on site and at the respite centre. Menus are developed to ensure food is nutritious and portion sizes are of suitable quantity, based on individual consumers’ needs and preferences. Staff interviewed were knowledgeable about individual consumers’ meal preferences and noted they keep lists on site regarding this, which the Assessment Team sighted. Consumers interviewed at the groups advised they were satisfied with the range and quality of food provided on site and did not have any complaints to raise regarding the food.

Care staff interviewed by the Assessment Team described how consumers equipment needs are prescribed by OT’s and Physiotherapists. Care staff stated they check equipment for safety as needed and would report back any issues to the service, who then organises it to be reviewed or serviced by suppliers. Care staff provided two examples where they have ensured equipment is safe, clean and well-maintained for consumers. Management advised any equipment provided or costed back to a consumer’s HCP funding requires scripting from an accredited clinical professional and follows a quality process, to ensure that the equipment clearly links to an assessed care need and falls within the scope of HCP operations manual. During general review processes, case managers review how a consumer is tracking with their equipment and seek feedback on any concerns regarding the equipment, and referrals are issued for revision of equipment if any concerns are identified regarding quality of equipment. The Assessment Team noted at centre-based sites, regular equipment audits are conducted to ensure the equipment meets WHS standards and is safe for consumer use. The Assessment Team noted progress notes analysed included referrals to occupational therapists for assessments where required.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | 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. | Not Applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Compliant |

Findings

The Assessment Team visited a number of service locations and noted the service locations were welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. When speaking with consumers, they reinforced positive feedback of the service environment. Consumers felt that the environment was welcoming and allowed them to move around independently, comments from consumers expressed they felt welcomed by staff when attending the group activities at the service environment. The Assessment Team noted all bathrooms inspected by the team at the service locations were clean, easy to locate, and free of obstructions to support consumers independence, and were easy to locate with navigation aids. Consumers expressed that they felt the service environments were clean and well maintained and expressed that it served its purpose well. During interviews with the Assessment Team staff were able to explain that any maintenance issues identified result in the relevant contact being alerted promptly.

# Standard 6

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

Findings

All consumers and/or representatives sampled stated that they are aware of how to provide feedback or make complaints, as they had received information on this, and would feel comfortable doing so. Staff when interviewed by the Assessment Team were able to describe how consumers/representatives and others may provide feedback and complaints, and how they are encouraged to do so. The Assessment Team noted mechanisms for feedback and complaints include verbal feedback provided to care workers or volunteers, calling coordination staff, by email/writing or feedback through the ongoing review process. Management advised at commencement of services, consumers are provided with an information pack that includes information on feedback and complaints and this was sighted by the Assessment Team. The Assessment Team noted this included information on external agencies such as the Commission and also included several advocacy services that could assist them if they wished.

All consumers and/or representatives interviewed by the Assessment Team confirmed they have been made aware of their right to use a representative/advocate, advocacy and language services and other methods for raising complaints, consumers and/or representatives stated it was included in the information provided at assessment. Management and coordination staff could demonstrate consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service (the Commission). The service could show documentation that supports consumers to access these services including advocacy services such as the senior rights service and to the Commission’s aged care complaints process. Management and coordination staff also stated that if it’s apparent a consumer does not appear to have family supports, lives alone or any other apparent vulnerabilities they will encourage the consumer to contact an advocacy service, and ensure the consumer is aware of what an advocate can do for them.

Consumers and/or representatives were overall very complimentary about services received with many saying the staff were caring, provided the services they required and had never had any problems. The Assessment Team noted some consumers stated they had raised issues in the past, they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. Management when interviewed by the Assessment Team described their processes for documenting and addressing consumer complaints. Staff when interviewed by the Assessment Team demonstrated an understanding of open disclosure and how it is implemented in service delivery. All staff stated if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability and care staff stated they would escalate to the coordinator or manager for their action. Policies and procedures and other organisational documentation include policies on feedback and complaints (including open disclosure) and advocacy and the complaints register.

Consumers and/or representatives when interviewed by the Assessment Team stated the service regularly seeks their feedback and suggestions for improvement on the services they receive. Consumers and/or representatives are invited to provide feedback verbally through care workers/volunteers or directly to coordination staff by phone, email or in person. The Assessment Team noted consumers and/or representatives can also provide feedback through the regular consumer review process and surveys every couple of years. The Assessment team analysed the Complaints Register and no particular trends were noted in register, although the provider advised trends often relate to not being able to have their regular care staff/volunteers due to last minute staffing changes and general staff shortages. The Assessment Team noted follow up actions were noted against all complaints in the register. During interviews with the Assessment Team management stated they do trend analysis through their meetings to see if overall improvements can be made based on feedback and evidence of this was sighted in meeting minutes analysed by the Assessment Team.

# Standard 7

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

Findings

The service demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly regarding care staff through the COVID period. The Assessment Team noted the service uses their own nursing team composed of registered nurses who conduct clinical assessments and provide direct clinical care services through their nursing program, the Assessment Team noted they also have their own care workers, who provide direct care services to consumers. Subcontracted workers can be arranged as needed, or based on consumer preferences, and regular feedback on the services provided is sought from consumers/representatives. Service agreements are in place with subcontracted service agencies. Due to the large number of consumers the provider has across both HCP and CHSP services, a number of staff are employed, who ensure adequate coverage for staff absences/leave. The clinical team on site are able to work individually with care staff as needed, to ensure they have the necessary skills to meet an individual consumer’s needs. Management advised when recruiting staff and volunteers, they try to ensure a mix of language proficiencies and availabilities for shifts are indicated to ensure consumer services and preferences are appropriately delivered. Regular rosters, organised by coordination staff, ensure consumers have their preferred care workers scheduled wherever possible and options are provided for consumers where changes occur.

All consumers and/or representatives sampled stated staff they come into contact with when receiving services treated them with kindness, respect, and dignity. Consumers also stated their preferences were respected regarding choice of care workers and timing for their services. They felt the way the provider encouraged them to provide feedback also made them feel respected. Evidence analysed by the Assessment Team showed mandatory training for all staff includes the code of conduct, elder abuse, cultural awareness and respect and dignity, all staff interviewed by the Assessment Team confirmed they had received relevant training. Discussions with staff showed they are aware of consumers’ individual circumstances and all spoke respectfully regarding consumers. All consumer files reviewed indicated a use of respectful language to each consumer and their individual circumstances. The Assessment team also observed coordination staff participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner. Policies analysed by the Assessment Team also include respect, code of conduct for aged care and policies around diversity and inclusion.

Consumers and/or representatives stated they feel staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently. Consumers and/or representatives stated even new staff know what their needs are and they do not usually need to repeat this information. Management 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. The Assessment Team noted all staff have job descriptions in place and receive an induction to their role. AHPRA registrations for allied health staff are checked and relevant qualifications for staff are recorded in their electronic system, which was sighted by the Assessment Team. Management stated they oversee the delivery of services by any subcontracted agencies, and ensure any subcontracted staff have relevant qualifications and knowledge to perform their roles. The Assessment Team noted subcontractors are monitored for appropriate regulatory requirements. The service regularly seeks feedback from consumers about the performance of subcontractors and internal workers and would record this on the complaints register if any issues arose.

Management advised staff complete mandatory training during onboarding and induction in addition to ongoing training and support also offered to all staff. Staff training included cultural awareness, elder abuse and neglect, infection control and WHS. Staff have access to the suite of policies and procedures, which are aligned to the aged care quality standards. Management advised that the service offers annual training to staff, which due to COVID has largely been done online, although face to face has recommenced. The Assessment team sighted training records on recent training sessions which were completed. Staff provide feedback on any training received and can also provide suggestions for future training sessions. Coordination and nursing staff stated they participate in regular meetings where training, feedback and concerns and any other issues are raised and discussed.

Management advised the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed samples of appraisal documentation for staff across a number of various positions including case managers, management and care staff. All had documentation that demonstrated appraisal systems are in place and completed on a minimum twelve-monthly period. Staff interviewed stated that they are supported in day-to-day operations by coordinators and management, have regular meetings and receive information relevant to their role. Staff also stated they receive feedback from management and have appraisals as required. Regarding subcontracted staff, feedback is regularly sought from consumers and representatives on their performance and any issues would be addressed through ongoing discussions with the relevant agencies. Management stated to the Assessment Team agencies with ongoing performance issues would be terminated and new ones organised as needed.

# Standard 8

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

Findings

Consumers and/or representatives were able to provide examples of times that they have provided feedback to the service, both informally and formally and the service could demonstrate when they have used this feedback to develop and improve services. Management advised consumer feedback and suggestions are collated and trended which then informs the continuous improvement register/plan. This information is primarily gathered from direct consumer feedback at reviews and when attending social activities at the centre. The service noted consumers and/or representatives sometimes provide feedback through emails or phone calls. The Assessment Team noted consumer surveys are often conducted and can be targeted towards particular topics/issues. The Assessment Team noted the organisation also holds ‘Scone Time,’ which is a community engagement activity, these are held in different locations once or twice a month and high tea is provided at no charge. There is also a yarning group with five regular Indigenous ladies attending. The respite cottage also has a carer’s group aligned with it where carers receive support but can also provide feedback/suggestions regarding care and services. Staff stated they think the service is well run and management is responsive to consumer and staff feedback, particularly regarding feedback received about staffing. Staff when interviewed by the Assessment Team stated the service is flexible to assigning care workers to meet the requests of consumers.

Management demonstrated the service has organisation-wide governance systems and processes that promote the governing body’s responsibility to providing safe, inclusive, and quality care. These include risk management systems and regular staff meetings and discussions. The board receives regular reports on services including risks such as incidents, complaints and information about the higher needs of consumers. The board is involved in strategic planning mechanisms and generally meets monthly but can have ad hoc meetings as required to respond to any significant issues. Two board members also sit on the clinical governance committee and all board members attended recent training in governing for reform. The board is responsible for signing off relevant policies such as governance, financial management and risk management but other policies may be delegated to specific managers for review. Coordination/assessment staff are aware of the individual circumstances and services of each consumer and a risk assessment is completed for each consumer that includes their home environment. Clinical risks are assessed through the nursing team and monitored through clinical governance meetings, that are usually held every twelve weeks. All staff stated that they are aware of best practice support for consumers regarding both clinical and non-clinical care and that they service supports them to deliver these outcomes, primarily through ongoing training developed from key risk areas, consumer feedback and staff feedback.

Information Management

The service has a centralised information management system for consumer records. Staff stated they think the system is fairly easy to navigate and includes all basic information they need to access to perform their day-to-day duties. Feedback from external agencies is usually provided by email and copied into the database or by phone and coordination staff will make a note in the system. All consumer documentation such as care plans, risk assessments, agreements and charter of rights are kept on file electronically and multiple examples of these were sighted by the Assessment Team. Any hard copy information is kept in secure storage on site. Risk, feedback and incident registers are all kept electronically and are easily accessible for relevant staff and were all sighted by the Assessment Team.

Continuous Improvement

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer feedback/complaints, surveys, incidents and staff feedback. The Assessment team sighted the continuous improvement register/plan, which is monitored by management for progress. The register has items relevant to quality standards and shows planned actions, planned completion dates and outcomes.

Financial Governance

Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. The Assessment Team noted there are also relevant policies and procedures in place to guide financial governance which were sighted by the Assessment Team. Meeting minutes demonstrated that finances are monitored regularly on an ongoing basis, there is a finance manager who oversees overspends and underspends regarding individual consumer’s budgets but case managers are also involved in discussions with individual consumers regarding this.

Workforce Governance

The Assessment team analysed job descriptions for staff and management during interviews confirmed all staff, both operational and management/board, have job descriptions in place that include clear explanations of roles and responsibilities and these were viewed by the Assessment Team. All staff interviewed were aware of their roles, accountability, and responsibilities. Members of the board have a handbook/pack which was sighted by the Assessment Team and new members receive an induction to their role. The Assessment Team noted all staff are provided with training to support them in their role and all staff are also supported by their supervisors/managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly.

Regulatory Compliance

The service monitors staff compliance with regulations such as police checks, car registrations and insurances for operational staff, and vaccinations for COVID and influenza and relevant documentation was sighted by the Assessment Team to confirm these are regularly reviewed and renewed when needed. The Assessment Team noted allied health staff registrations are checked with AHPRA for authenticity and validity. Evidence analysed by the Assessment Team showed appropriate checks are also conducted of subcontracted service providers for police checks and relevant insurances. The provider keeps up to date with relevant changes to legislation impacting their services through emails from the Department of Health and Aged Care/Social Services and the Commission.

Feedback and Complaints

The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed consumers complete satisfaction surveys and also feel comfortable providing feedback verbally through care and coordination staff and through community events they run. The Assessment Team noted this was also reflected through survey results and the feedback register. This information is discussed at relevant meetings and information is communicated to management in the form of complaint trends, data and plans for continuous improvement. – *End of ‘Feedback and Complaints’ heading.*

The service has processes in place to manage risks associated with the care of consumers, the service monitors vulnerable consumers through case managers, the nursing team and clinical governance meetings. Clinical Governance Committee meeting minutes are also reviewed by the board for additional oversight. The Assessment Team noted any information on clinical risks, treatments or strategies is trended and reviewed by management and/or the clinical governance team in regular meetings. The incidents register is also reviewed on a regular basis and the service demonstrated all incidents are being actively monitored by staff and staff are in regular contact with high-risk consumers, and management are aware of the status of the risk. Staff interviewed by the Assessment Team stated they have completed training on identifying and responding to abuse and neglect of consumers and were able to describe the process. The Assessment team analysed the training register and a sample of individual staff electronic files, which confirmed service staff have completed training. The Assessment Team noted there are also policies in place that address abuse and neglect to guide staff practice. Consumers sampled stated coordination staff and care workers have built rapport with them and know what is important to them. Consumers stated staff allow them to guide them in developing services to meet their needs and preferences. The service demonstrated the process followed when an incident or near miss occurs or is identified and staff discussions indicated they are familiar with the process and the relevant policies and procedures in place, including around SIRS. Staff were able to provide examples of incidents they had reported and advised appropriate actions had been taken by coordination staff and management to follow up and ensure consumer’s safety by referring them for allied health assessments and/or conducting reviews of their needs.

The Assessment team reviewed clinical governance processes in the organisation that included anti-microbial stewardship, minimising the use of restraint and open disclosure. Management advised all staff are trained in these processes and staff interviewed were familiar with relevant policies. Documentation regarding complaints/feedback and incidents were also noted to reflect open disclosure. The service has its own nursing team providing assessment and direct clinical care services for consumers, the organisation also has a Clinical Governance Committee in place, who also undertakes reporting processes to the board. Meeting minutes were sighted that indicated these meetings were held regularly. Various documentation is in place that identifies the methods the service utilises to analyse consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The framework includes a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical care is being provided.

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)