**Performance**

**Report**

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| Name: | Ottrey Homes Cobram Home Services |
| Commission ID: | 301101 |
| Address: | 28 Punt Road, COBRAM, Victoria, 3644 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1287 Ottrey Homes - Cobram And District Retirement Village Inc  
Service: 28051 Cobram Regional Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9986 OTTREY HOMES COBRAM & DISTRICT RETIREMENT VILLAGE  
Service: 27981 OTTREY HOMES COBRAM & DISTRICT RETIREMENT VILLAGE - Community and Home Support

**This performance report**

This performance report for Ottrey Homes Cobram Home Services (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

All consumers and representatives are treated with dignity, respect and encouraged to provide feedback about what is important to them when planning and implementing care. Consumers feel valued and, during interviews, described how their values and individuality is acknowledged. Personal care attendants provided examples of the practice of dignity and respect by greeting consumers courteously, using their preferred names, understanding every consumer is different and being considerate when entering the consumer’s home environment. Care documentation reflects planning considers the individual needs and preferences of each consumer, captures their life story and their background. The service has a policy to promote diversity and inclusion which informs staff practice and encourages respectful interactions. Management described the initial and subsequent assessment process, which includes gaining an understanding of each consumer’s culture, preferences, life story and choices.

Consumers and representatives from various cultural backgrounds said consumers feel comfortable and safe during care and service provision, with their needs and preferences respected. Personal care attendants said most consumers have resided in the community for a significant period, however, they ensure they listen to consumers and explain care slowly and clearly until they understand. Care documentation includes reference to consumer's cultural requests, including preferred gender of personal care attendants. Staff practises in relation to caring, kindness and respect are monitored by the monthly file audit which includes questions relating to consumer satisfaction.

Consumers and representatives confirmed they feel enabled to make choices and decisions that inform the consumer’s care and services. Case managers and personal care attendants gave examples of ways consumers are supported including offering consumers options and providing opportunities for discussion. Care documentation reviewed shows evidence of the service enquiring about each consumer’s relationships of significance and needs and preferences about their care. The consumer information pack provided to consumers when signing on to either HCP or CHSP funded programs incorporates further information outlining the rights and choices of consumers in planning their services and includes the Charter of Aged Care Rights. The Assessment Team observed a copy of the Charter of Aged Care Rights displayed in the foyer of the HCP office.

Consumers and representatives described their satisfaction with how the service supports consumers to live their best life. Case managers discussed how safety considerations are balanced with the consumer's right to take risks. Risks are discussed with consumers and representatives, and alternative strategies to mitigate risks are offered as appropriate. The service has established systems to enable a balanced approach to risk management. A ‘supporting client choices’ framework and wellness and reablement approaches address support for consumers’ rights to take risks.

All consumers and representatives are satisfied they received clear and timely information from the service. Feedback included that the best form of information received was the high level of verbal communication provided. Staff effectively communicate information to consumers who need support to understand information, including those with memory loss or sensory impairments. The service accesses an interpreter service when required. Management described consumer preferences for delivery of information. Fees and financial information are discussed prior to entering into a service agreement and monthly, itemised statements are provided to consumers and/or their representatives.

Consumers and representatives are satisfied consumers’ privacy and confidentiality are respected. Consumer information is secured confidentially in password protected computers and electronic devices, and locked filing cabinets. Staff interviewed acknowledged the importance of respecting consumers’ privacy and confidentiality. A case manager said they ensure a consent to share information form is completed for consumers. A personal care attendant demonstrated the password protection to access the electronic management system on their mobile device. All files reviewed demonstrated consistently signed and dated consent to share information forms.

# 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 representatives are satisfied the service facilitates comprehensive initial and subsequent assessment and care planning. This includes identification and addressing risks associated with physical functioning, mobility, cognition, psychological and social supports, home environment, behaviours, medical history, and communication challenges. Clinical staff described the service’s initial assessment process that includes obtaining consent from consumers to obtain a health summary from a General Practitioner and documentation from my Aged Care. Staff demonstrated consideration of goals, preferences, individual risks, and how those informed initial and ongoing assessment and risk mitigation interventions to support the delivery of safe and effective care. Care documentation evidenced initial and ongoing individualised assessment and identification of risks.

Consumers and representatives feedback reflected the care and services provided. Advance care planning was reflective of consumer’s preferences and needs. File review evidenced advance care planning is discussed during initial assessment and annually. Where consumers chose not to discuss advance care plans, care documentation detailed their preference and included details to contact their Next of Kin or Enduring Power of Attorney (EPOA) for further information. Consumers and representatives feedback reflected the care and services provided, including advance care planning was reflective of their preferences and needs.

Consumers and representatives reported they are involved in every stage of assessment and care planning. Clinical staff described how they facilitate consumer input in their assessment and planning process through formalised discussions and seeking regular feedback. Staff also explained a multi-disciplinary approach some consumers receive in assessment and planning regarding their required care needs and reported liaising with allied health professionals and local health services with consumer’s consent.

Consumers and their representatives confirmed they are aware of and have access to the physical copy of care plans kept in consumer’s homes. Care documentation evidenced outcomes of assessment and planning are current and effectively communicated to consumers and their representatives. Management identified handovers, electronic records, and the scheduling system as frequently used options for communicating outcomes of assessments, reviews, detailed care requirements, and updating notes in each shift. Care staff confirmed they have access to consumer care needs via their electronic records while onsite and reported having access to the hard copy of care plans kept in consumer homes.

Consumers and their representatives confirmed care needs are reviewed and updated in response to personal, functional, and clinical changes. The service demonstrated along with planned yearly care plan reviews, care plans are reviewed in response to changes in consumer’s care needs, including in response to events such as hospital admissions. File review of consumers evidenced care plans are reviewed yearly and in response to changes in their care needs.

# 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 representatives reported they are satisfied care being provided is safe and right for them and optimises their health and wellbeing. Care staff consistently reported they have access to case managers and are supported and guided in relation to best practice care, or if care needs have changed. Clinical staff demonstrated in-depth knowledge of consumer care needs and interventions planned to provide effective personal and clinical care. File review demonstrated consumers are receiving individualised care in relation to behaviour, falls and specialised nursing care that is safe and effective. Care documentation did not always reflect mechanical restraints are identified and monitored. However, the service was responsive to the Assessment Team’s feedback, and now has ongoing strategies to identify and monitor mechanical restraint.

Consumers and their representatives were unfamiliar with the terms ‘high impact or high prevalence’, however, were aware of risks in relation to falls and skin integrity and are satisfied those risks are effectively managed by the service. Clinical staff demonstrated a sound understanding of a range of high impact and high prevalence consumer risks, and most of the strategies being implemented to mitigate home safety risk. Policies and procedures underpin staff practices, including the use of a comprehensive risk matrix that assesses a wide range of risk factors relevant to care and service provision in the home. Care documentation evidenced high impact and high prevalence risks are identified with effective individualised interventions being implemented in consumer’s home.

File review of all sampled consumers demonstrated end of life discussions are held upon initial assessment. The service has one consumer who is receiving long term palliative care. The consumer said they have not considered specific details for end of life care but feel confident they can have the discussion with their case manager when they feel ready. Clinical staff demonstrated knowledge of strategies for consumers nearing end of life, liaising with the local health service for ongoing consultations with the palliative care team, administration of pain medications to optimise comfort, ongoing engagement with representative/EPOA to ensure cultural sensitivities and preferences are considered, engaging with relevant allied health professionals and arrangement of recommended equipment. Staff also described resources available to them to support consumers nearing the end of life. End of life discussions are considered as part of a consumer’s assessment during intake to the service, and there is reassessment during routinely yearly reviews, or as per consumer preference.

Consumers and their representatives are satisfied staff recognise and report changes in consumer health or respond promptly when they have experienced a fall or are feeling unwell. The service demonstrated clear processes for escalation of any change or deterioration in a consumer’s health and wellbeing. Staff described several avenues utilised to report changes, including escalation phone calls, handover, progress notes, clinical charting, incident reports, scheduled reviews, and calling emergency services if required.

Consumers and representatives sampled were satisfied care staff had a sound understanding of their care needs and preferences and were confident information relevant to their care needs and preferences was shared with staff. File review evidenced a range of communication options in use, including progress notes and care plans that reflected correspondence with external organisations regarding the consumer’s medical condition, treatment, upcoming appointments, and care interventions. The service uses an electronic scheduling system that incorporates details regarding consumer care delivery and can be updated in real time, and there is no lag in the updates for care staff while onsite.

Consumers and their representatives are satisfied the service has facilitated timely and appropriate referrals when required by the consumers. File review evidenced referrals to a range of services, allied health professionals and specialists. The case manager described a range of referral options utilised depending on the consumer’s care needs.

Consumers and representatives are satisfied care staff practise good hand hygiene when delivering care. They believe the service manage COVID-19 very well, including communication about wearing masks during times community transmission is noted to be high. Care staff complete yearly mandatory training including hand hygiene, outbreak management and personal protective equipment (PPE) donning and doffing. Care staff understand the importance of practising good hand hygiene and wearing gloves during personal care. The Assessment Team noted the designated preprepared PPE packs care staff are required to utilise while onsite. The service has detailed infection prevention and control policies and protocols, as well as clear guidelines for the management of respiratory and gastrointestinal outbreaks. The service also has a dedicated Infection Control Lead.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives are generally satisfied about the extent to which consumers are being supported to meet their needs, goals, and preferences. Staff demonstrated knowledge of consumer’s interests. File review reflected consumer’s needs, goals, and preferences. Management demonstrated the service’s commitment to optimising consumer’s independence.

Consumers and their representatives said consumers receive services and supports which promote their emotional, spiritual, and psychological wellbeing and staff assist them to engage in activities they find meaningful. Staff described how they identify when consumers are feeling low and what they do to support them. Care staff described monitoring moods of consumers, and documenting in progress notes to monitor over time, and escalate if it continues. Care documentation reflects how supports are delivered in line with consumer’s emotional, spiritual, and psychological needs, goals, and preferences.

Consumers and their representatives said consumers feel supported to participate in activities or programs in the community and maintain personal relationships. Care staff described a variety of activities available to consumers and provided examples of services and supports, including respite to keep consumers connected and engaged. Care documentation identified relationships of importance to individual consumers and activities of interest.

Consumers and representatives are satisfied staff are aware of consumer’s needs and preferences. Staff described handovers and progress notes as ways information is shared internally to keep informed of changing needs, preferences, and conditions of individual consumers. Care documentation reflected consent and details of personal information shared with others about them. File review evidenced documented changes in condition, preferences, and needs, and is readily accessed by people involved in the consumer’s care.

Consumers and their representatives were satisfied with referrals to providers of other care and services. File review demonstrated timeliness of referrals to a range of services and supports for daily living. The case manager described the referral process to a range of providers.

The service does not provide meals however one consumer said the personal care attendants support them with meal preparation when required. Care planning reflects safe nutritional requirements.

Consumers and representatives stated consumers feel safe utilising their equipment and are comfortable raising concerns with their case manager. File review of consumers with equipment reflected allied health involvement wherein equipment is assessed for suitability prior to purchasing, to meet individual consumer needs, and maintenance requests are being attended to in a timely manner. Care staff demonstrated awareness of consumer’s reliance on equipment for mobility and independence, and how to promptly report equipment issues.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service maintains a vehicle for staff to transport consumers to medical appointments and social outings. Management explained how they enter consumer transport requirements into the electronic management system to ensure all trips, including any ‘ad hoc’ medical appointments, are scheduled according to the consumer’s needs.

Consumers and their representatives said the vehicle is clean and comfortable. Management explained the vehicles are cleaned and maintained by the service’s operations manager, and any damage is reported via an email. The vehicle is serviced by the local car dealer according to the service’s schedule and logbook.

Consumers and their representatives said the vehicles used are safe and well maintained and suitable for their needs. Management demonstrated the vehicle log which staff sign when using the vehicle to transport consumers. Management described the vehicle as being recently purchased and chosen specifically to enable consumers easy access when getting in and out of the car, and it has enough space to store walking aids when required. The Assessment Team observed the vehicle to be decaled with the service’s branding, to be clean and well maintained and to contain relevant emergency equipment including a first aid kit and fire extinguisher.

# 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 representatives reported the service encourages consumers to provide feedback and raise complaints. When issues are raised the service has been prompt in addressing them. Personal care attendant staff encourage consumers to provide feedback by motivating the consumer to call their case manager or the home care coordinator. Case managers and the home care coordinator provide the consumer handbook containing complaints and feedback information and a complaints and feedback form during the intake or initial assessment process. Welfare checks are undertaken on at least a monthly basis to allow consumers and representatives to provide feedback. Management advised the service has a continuous improvement coordinator who performs audits each month to review consumer satisfaction. Document review reflects the service phones ten percent of consumers each month and completes a feedback survey.

All consumers and representatives said the service would support them if they required an advocate, language service or another method for resolving complaints. Staff described referring consumers to the advocacy information included in the consumer handbook however would refer any issues they are unable to address to management. The consumer handbook and home care agreement include the aged care rights, code of conduct, complaints procedure and advocacy resource contact information. The service provides information to consumers such as the aged care rights and heat wave advice in their preferred language.

Consumers and representatives expressed satisfaction with how complaints are managed at the service. A personal care attendant reported, when a complaint is raised, they try to resolve it themselves, apologise and, if unresolved, refer it to management. Management review all consumer file notes and manage complaints as they arise including engaging in and documenting open disclosure. The service has a feedback and complaints policy and procedure including open disclosure. The documentation reviewed showed the service is taking appropriate action in response to complaints and has an open disclosure process.

Consumers and representatives indicated the service reviews feedback and complaints to improve the quality of care and services. Management register and review every consumer complaint and make continuous improvements in response to feedback. Documentation review reflects continuous improvements were made following a representative’s allegation of a staff member’s unprofessional conduct. The service responded by reminding and training the staff in professional conduct and updated the employee handbook.

# 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

Consumers and representatives reported the service’s staff provided safe and quality care. Some consumers are aware the service is currently experiencing a staff shortage. Management demonstrated casual workers fill vacant shifts so there is no impact on service provision. Staff said that when they are low on staff, care is prioritised so consumers receive personal care and shopping assistance. The Assessment Team viewed the shift planner for staff and consumer care is allocated on set days and within time blocks. Consumers are phoned when there are any changes in staffing.

Consumers and representatives said the staff is very kind, caring and respectful. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Management described examples where they have aligned staff according to a consumer’s requests and have supported consumer’s requests and needs based on cultural background. The service has a suite of policies and procedures to support consumer diversity and inclusion.

Consumers and representatives expressed satisfaction the staff is competent and skilled to effectively perform their roles. The service employs two case managers who are Registered Nurses and has a workforce development officer whose role is to review certifications and qualifications, banning orders and police checks. The documentation reviewed includes position descriptions for roles within the service, minimum qualification requirements for each role and conditions of employment. For subcontracted services, the service signs a formal agreement reflecting the provider has the necessary qualifications or registrations, relevant insurance and Australian Business Number and identification.

Consumers and representatives are satisfied staff are competent and know what they are doing to deliver quality care and services. Management described the recruitment, onboarding, and induction process which takes place via social media platforms, recruitment agencies and relationships with placement agencies. The Assessment Team observed the position descriptions for case managers and personal care attendants. Training for all staff takes place via an online training platform and staff complete required face-to-face competencies and toolbox sessions. Mandatory education includes infection control, bullying and harassment, Serious Incident Response Scheme (SIRs), dignity and respect, manual handling, first aid and fire and safety in the home. Management allocates modules throughout the year and the workforce coordinator follows up with staff when the module is not completed within the set time frame. Staff are paired with another staff member for training when commencing their role and toolbox training sessions are conducted by registered nurses at the service on topics including dementia, medication, pressure care and pain management. The service supports education and staff development opportunities.

Consumers and representatives are satisfied with the performance of staff and their feedback on staff performance is addressed by the service. Management are in the process of rolling out the annual performance appraisals. Managers have had recent appraisals and other staff are still to have their appraisals completed. The Assessment Team reviewed these appraisals. Staff said although they have not yet had a formal appraisal, they have regular check-ins and mini-performance reviews with management for ongoing training and support. They advised they are provided with emails and are supported with informative phone calls from the case managers as required. Management act immediately on staff performance issues and provided file notes to the Assessment Team demonstrating actions undertaken.

# 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 representatives are supported to provide input into how things are run at the service. They described being asked for feedback by the service during regular phone calls and reviews with the case manager and completing feedback forms and surveys. Staff described how they support consumers to be involved in service planning, development, and evaluation of their own care to the extent they wish to. Management described several methods for consumers to provide feedback including formal reviews such as monthly consumer satisfaction audits, and informal methods including the case manager's regular contact with consumers. All consumers are reviewed initially and at least annually by the case managers. The reviews include feedback provided to the service. Review of documentation confirmed the organisation has processes in place to engage consumers. Committee of management meeting minutes, chief executive officer and quality reporting and care planning documentation evidenced the process on consumer collection and reporting.

Management discussed and a review of documentation indicated how the governing body promotes quality care and services and is accountable for their delivery. Home care reports including feedback, incidents and quality improvement audit results are completed monthly and presented to the organisation’s continuous improvement committee. The committee of management reviews the outcomes to implement improvements to the service’s strategic, business and diversity action plans. The Assessment Team reviewed the service’ risk management plan identifying the risks for the service, the degree of risk using a risk matrix and the planned strategies the service has implemented to reduce the impact.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

Management discussed the information management systems including a consumer management system, website, email, newsletter, face to face meetings and virtually to share information. The service is supported by information management policies and procedures. The service is in the process of reconciling all consumer information onto the same information system. Opportunities for continuous improvement plans are informed through incidents, consumer and staff feedback and suggestions and regulatory updates. Examples were provided of recent improvement activities. Financial governance is overseen by management and is reviewed by the home care coordinator. There is a process for identifying and tracking unspent funds and communicating about it with consumers. Case managers and/or the coordinator explain financial statements to the consumer or their representative to ensure understanding, and a discussion about unspent funds is included in regular reviews of care and services.

Workforce governance systems ensure sufficient and competent staff are employed to provide services for CHSP and HCP consumers, all staff have a position description and a staff code of conduct is supplied with policies and procedures. Staff performance is monitored through planned reviews with management. The Assessment Team reviewed a detailed workforce plan up to the year 2028 providing workforce supply and demand analysis including strategies to meet the workforce objectives of the service. Management advised there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. Management discussed their processes for monitoring changes in regulatory compliance. The organisation maintains up to date information on regulatory requirements through newsletters from government departments and subscriptions to service industry advisory groups. Review of documentation confirmed the service has processes in place for monitoring and training staff about regulatory compliance. Organisational policies and procedures are accessed in the information management platform.

The service has feedback and complaints procedures including open disclosure. A complaints register is maintained with updates of evidence of actions taken and feedback to the complainant. The committee of management minutes reflect feedback on audit results is provided to the governing body and leadership team.

The organisation has a risk management framework inclusive of a risk register and quality and risk management procedures. Review of documentation confirmed the service operates a risk management system, and incidents are reported to the governing body each month. Policies and procedures provide guidance to staff in managing high impact or high prevalence risks. The workforce completes training on identifying, preventing and reporting harm, abuse and neglect. Staff described what they would do in the event of identifying neglect and abuse in a consumer and how to expedite an incident report. The organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice, and sense of self and for consumers to live the best life they can.

Staff with senior roles in the service overseeing consumer care including the case managers, continuous improvement coordinator and the chief executive officer are registered clinicians. The service has a clinical governance framework incorporating various clinical care considerations as well as current policies and procedures relating to minimising the use of restraint and open disclosure. The framework outlines the open disclosure, feedback and complaints processes, evidence-based policies, and procedures.

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)