**Performance**

**Report**

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| Name: | PAWA Community Care Inc |
| Commission ID: | 200167 |
| Address: | Level 1, 400-402 Victoria Street, WETHERILL PARK, New South Wales, 2164 |
| Activity type: | Quality Audit |
| Activity date: | 22 February 2024 to 23 February 2024 |
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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: 1578 PAWA Community Care Inc  
Service: 17703 PAWA Community Care - Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8238 PAWA Community Care Association Incorporated  
Service: 24105 PAWA Community Care Association Incorporated - Care Relationships and Carer Support  
Service: 26752 PAWA Community Care Association Incorporated - Community and Home Support

**This performance report**

This performance report for PAWA Community Care Inc (**the service**) has been prepared by D.Soich, 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.
* the provider’s response to the assessment team’s report received 15 April 2024.

# 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | 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

Consumers described their interactions with staff as always respectful and how they felt their cultural backgrounds were understood and respected. Staff demonstrated their knowledge about consumers’ identity, culture and diverse backgrounds. The provider’s client management system documented the consumers personal circumstances, what is important to them and their cultural background and goals. Management advised consumers and/or representatives are encouraged to provide ongoing feedback on issues and make suggestions in areas where improvements can be made.

Care planning documentation showed what was important to consumers relating to their culture and beliefs, and monthly communiques were noted to be translated to Polish to suit the consumer base. Training registers evidenced staff had completed culturally sensitive training and the organisation’s policies, procedures and supporting documentation was displayed around the service. Staff, management and consumers described how staff interacted with consumers inclusive of their cultural beliefs. Management advised that as a culturally and linguistically diverse (CALD) provider, they endeavoured to match consumers with workers of similar cultures and beliefs. Staff advised they continue to receive training in regard to cultural awareness and to support the delivery of services to diverse communities. Consumers confirmed staff are paired with them based on their cultural and language background and they found this very beneficial.

Consumers, staff and management confirmed consumers’ needs, preferences and goals were all discussed during the care planning process. They also provided examples of how consumers are supported to exercise choice, such as nominating when their services are delivered and who they are delivered by. One representative said they’re very involved in their family member’s care, and the service always keeps them updated and is very accommodating of their wishes. Staff advised they receive regular training to understand the importance of quality care and services and that these are delivered as per the agreed care plan.

Management confirmed that all staff were trained to ensure consumer choice was paramount and this was evident in discussions with staff, as they were aware of procedures that required them to discuss potentially risky behaviours or action with the consumer and their representative to ensure potential risk and harm are known. A representative felt staff were committed to supporting their family member and would do as much as they could to ensure they were supported to make their own decisions.

Information packs provided to consumers on commencement were found to be current, accurate and easy to understand. It included information to guide consumers on how to access services and obtain information about service provision. Staff confirmed they work closely with family, friends and representatives to ensure linguistically diverse consumers were supported to understand information available to them. Management said it is important that consumers are provided with the support needed to understand the communique.

Seven care plans demonstrated that consumer information was accessed only staff who were authorised to do so, or by those authorised by the consumer. Care plans were also held securely in the provider’s customer relationship management (CRM) system under password and verification protection. Management and staff were knowledgeable of the organisation’s privacy procedures, and were observed following them whenever accessing care plans. One consumer said staff were respectful of their privacy and was confident their personal information was always kept confidential.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 1.

# Standard 2

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

**Findings**

Care planning documentation evidenced assessment at commencement of services, and planning was undertaken with consumers and/or representatives including completing relevant risk assessments such as mobility, home safety assessments in conjunction with ongoing assessments based on needs. An example of this was one consumer’s care plan which detailed a falls risk and that assistance to stand was always required. The Assessment Team also sighted the provider’s policies and procedures in relation to assessment and planning. Consumers and/or representatives interviewed provided positive feedback regarding the assessment and care planning processes. They confirmed they received in-home assessments prior to the commencement of services as well as an in-home environmental safety assessment. They were also able to describe the services they receive as prescribed on their care plans and how these services help them. Staff advised they get sufficient information on the needs of the consumers and how to deliver safe care. They perform this through the consumer’s care plan that details consumer risks and guides staff. Validated assessment tools are used particularly during onboarding to identify and mitigate risk. In addition, staff advised a phone screening is completed to confirm details such as access to the home, if there are pets and if family members will be present. Management advised in-home safety assessments are conducted during the onboarding meeting prior to delivering services to consumers along with a comprehensive assessment form that identifies any potential risks. In addition, management confirmed that this practise ensures assessment and planning is based on the Aged Care Assessment Tool (ACAT) and the Regional Assessment Services (RAS) assessment and the My Aged Care Support plan with a focus on optimising health and wellbeing in accordance with the consumer’s needs, goals and preferences.

Care planning documents reviewed by the Assessment Team showed that consumers’ needs, goals and preferences have been discussed and documented. Copies of Advance Health Directives (AHD), Guardianships and Enduring Power of Attorney (EPOA) are noted on consumers’ care plans. Staff interviewed confirmed that care plans have a section that identifies how the support workers will assist the consumer. The consumer’s care plan is provided to the worker which also contains notes and provides directions specific to that consumer. Staff also advised they have received training on AHDs, EPOA, statutory health attorney and hierarchy of decision makers. Consumers are asked if they have an AHD in place during onboarding and are provided with information accordingly, this directive is uploaded into the consumer’s care file as appropriate. If a consumer requests an AHD, the service refers them to a General Practitioner. Consumers who were interviewed advised the care and services they are currently receiving from the service are in line with their needs, preferences and goals.

The Assessment Team found that the service’s assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. The Assessment Team provided the following evidence relevant to my finding including that sighted care planning documents confirmed that consumers and/or representatives, health professionals or external providers when required, were involved in the planning of the consumer’s services where applicable. In addition, interviews with consumers, staff and management have confirmed the same. For example, management advised that their intake forms ask if the consumer has an advocate and/or whether the consumer wants family involved in their care planning. If the consumer cannot sign the care plan, any and all changes are reviewed and discussed in partnership with their advocates.

The Assessment Team found that the service’s outcomes of assessments 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. The Assessment Team sighted documents in the consumer’s care files that outlined facts around care planning and governing policies for assessments. Consumers who were interviewed confirmed they understood their care plans and had their own copies. Staff and management also confirmed their understanding of this requirement by advising a representative is always present during discussions relating to care planning and if the representatives are not available at the time, a follow up email is sent for review and discussion. Given the services CALD demographic, all communication sent to consumers and their representatives is translated into Polish for Polish speaking consumers.

The Assessment Team found that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Staff interviewed confirmed care plans are reviewed regularly including when a consumer returns from hospital. Care managers check progress notes that were provided by the hospital and measure these against their care plan audit tool to ensure care plans are up to date. Consumers who were interviewed advised that they felt confident the service would notice changes to their circumstances and provided examples, such as needing to see a doctor after a registered nurse raised some concerns.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 2.

# Standard 3

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers expressed satisfaction with the care and services they receive. The service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. Staff demonstrated an understanding of consumer’ service needs and preferences. Clinical governance framework, and other organisational policies and procedures in relation to consumers receiving best practise and tailored clinical care was examined to determine compliance.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives described how they receive care and services to maintain their wellbeing and independence. Staff and management described processes for the management of consumers’ identified risks. For consumers sampled, care planning documentation reflected key high impact and high prevalent risks were identified and addressed. The service has processes in place for the monitoring and oversight of the provision of care and services for consumers. Registered staff confirmed the service’s clinical and nursing procedures guide them to ensure continuity, individualised and prioritised care across all high risk and high prevalence consumers including assessment, diagnosis, planning, intervention and evaluation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Staff and management described how consumers’ palliation and end of life wishes are discussed with consumers and/or their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes. The Assessment Team interviewed a consumer with an end of life plan in place whilst also sighting the service’s policies and procedures in relation to end of life planning.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Staff and management described processes to report and respond to changes related to consumers, for example, a consumer stated the support worker noticed physical change in condition that warranted further investigation. The situation was promptly escalated to management who took immediate action.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences, and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Staff and management described communication processes within and outside the service and confirmed relevant progress notes about the consumer’s care and services are effectively communicated and care planning sighted confirms same.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers. Staff and management explained the process for referring consumers to other health professionals and care plans evidenced supported collaboration with other organisations where appropriate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE). The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections. Management explained that they advise staff to test twice a week, wear masks in the consumer’s homes and also supply appropriate PPE. Consumers who were interviewed expressed their satisfaction the precautionary measures implemented by staff whilst in their homes performing services.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 3.

# Standard 4

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

Findings

Evidence analysed by the Assessment Team showed that consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Staff interviewed confirmed their understanding of the needs of individual consumers and how they provide optimal care including allowing a diabetic consumer to come to the centre for meals whilst also checking their blood pressure. Care planning documents reviewed demonstrated an active involvement of consumers and their representatives in the planning process, ensuring their preferences and needs are addressed.

Evidence analysed by the Assessment Team showed that the service demonstrated supporting consumers for daily living promote each consumer’s emotional, spiritual and psychological well-being of consumers. Staff who were interviewed demonstrated an understanding of the individual consumer’s needs and the service has illustrated the implementation of tailored supports to meet these needs. The service also caters to the consumer’s emotional and logistical requirements whilst demonstrating a commitment to the consumer’s well-being and care. An example of this was staff checking in with consumers which fosters relationships and improves their overall health and wellbeing.

Evidence analysed by the Assessment Team showed the service supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment fostering interaction with others and engagement in activities of interest. For example, the service provides a consumer with a cab charge so they can attend their local club for a social outing. Staff interviewed demonstrated flexibility in providing social support whilst tailoring activities based on the preferences of their consumers. All care planning documentation sighted contained relevant information on important people and relationships in the consumer’s lives as well as consumers’ individual interests and preferred activities.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Relevant information about consumers’ services is documented and communicated effectively through the organisation so care managers, rostered staff, administration staff and accounting staff can improve the flow of information which leads to better outcomes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff interviewed in relation to this requirement confirmed that if they identify an additional need for the consumer, they will escalate to management, who then seek support from other referral partners to assist. Management described processes to refer consumers to other organisations and or sub-contractors, and this was confirmed through care planning documents viewed for sampled consumers.

Under requirement 4(3)(f) the service is not funded to provide meal services for their consumers. Therefore, this requirement was not applicable.

Evidence analysed by the Assessment Team noted that the service does supply equipment that is safe, suitable, clean and well maintained. Care workers who were interviewed confirmed they check the equipment that has been received by the consumer matches what was recommended as per their care plan. In addition, management advised that all equipment is recommended by appropriately qualified health professionals. The Assessment Team sighted an inclusion/exclusion checklist that has been developed to assist care managers in conversations with consumers.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 4.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

The service does not offer services from a service environment. Therefore, this requirement was not assessed.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff can raise concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed a welcome pack which includes information about external complaints and advocacy services.

Consumers and/or representatives interviewed provided positive feedback on their experience of the complaints management process. The service’s staff demonstrated their understanding of the complaints management system and how they would respond to complaints from consumers. For example, a consumer interview by the Assessment Team was unhappy that a cleaner did not attend their home when scheduled. The consumer spoke with the service at the time who practised open disclosure, apologised, and actioned the complaint accordingly.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The service records, responds, monitors and manages feedback to improve the quality of care and services where appropriate. Management interviewed confirmed they review the feedback and complaints data every week to assess responses and formulate their continuous improvement plan where necessary.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 6.

# Standard 7

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

Findings

Requirement 7(3)(e)

The Assessment Team was not satisfied regular assessment, monitoring and review of the workforce is occurring. The team provided the following evidence relevant to my finding:

* The organisation’s policy requires staff to receive bi-annual performance reviews.
* Management and one Board member said this is not occurring, with one stating that this is due to insufficient management staffing numbers.
* Staff said they are still receiving regular and ongoing feedback on their performance, through feedback sessions and team meetings, despite formalised performance reviews not occurring.

In response to the Assessment Team’s report, the provider acknowledged their shortcomings and provided a summary of steps taken to remedy the situation. This includes employing additional care managers, implementing a schedule of staff appraisals to be completed by June 2024, amendments to the policy increasing the appraisal timeframes from bi-annual to annual, and implementing reminders for performance reviews to ensure accountability.

I have considered that while formalised performance reviews had not been undertaken at the time of the quality audit, staff said they were still receiving some form of feedback in relation to their performance. At the time of my decision, all performance reviews have not been finalised, however, the provider has committed to doing so by 30 June 2024. I have considered this commitment, in addition to the actions that have been completed by the provider, such as increasing staffing numbers and implementing a performance review schedule and am satisfied that deficits will be rectified. I have also considered the positive feedback provided by consumers as demonstrated in other requirements, indicating staff performance is at the expected level.

Based on the information summarised above, I find the provider, in relation to both services, compliant with Requirement 7(3)(e) in Standard 7.

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d)

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives interviewed were satisfied with the number of staff to deliver the consumer’s services. Staff members who were interviewed advised they didn’t feel rushed to move between clients and services and are able to contact the consumers if they’re running late.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management advised that selection criteria included qualifications and knowledge needed for each role and these requirements guided their recruitment. The service described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles. Consumers who were interviewed also confirmed they felt staff were competent and skilled in the roles they performed.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver services. Staff advised they receive ongoing training and guidance whilst feeling supported to undertake their duties safely and efficiently. Additional ongoing training is provided to new staff members during their induction process and regular performance meetings are held to ensure staff feel adequately supported. Policies and procedures examined by the Assessment Team also make mention of a buddy system to support and support new staff was proving a success.

Based on the information summarised above, I find the provider, in relation to both services, compliant with requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d) in Standard 7.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers and/or representatives gave examples of feedback provided to the service, including consumer satisfaction surveys that showed examples of how the service is delivered to meet their diverse needs. All consumers who were surveyed indicated they had an overall positive view of the service and are regularly consulted on the care and services they receive.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through consumers providing feedback. The Assessment Team viewed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. The provider’s executive management conduct monthly meetings to review incidents and identify trends, review outcomes of internal and external audits and update policies and procedures as needed. In addition, the service has an established Continuous Improvement Plan process in place to ensure the continuation of safe and effective care and services that also adopts clear policies and outlines best practises.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective systems and processes in the identification and management of all risks to consumers. An incident management policy and register that is overseen by management. In addition, the incident management policy outlined the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff at the service are aware of advocacy agencies such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs, including receiving assistance to mobilise where they once had difficulties.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management. A registered nurse now sits on the Board of Directors to better inform the service and provide clinical governance to equip the service to better meet any future changes to these requirements.

Based on the information summarised above, I find the provider, in relation to both services, compliant with all requirements in Standard 8.

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