**Performance**

**Report**

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| Name: | Port Stephens Veterans and Citizens Aged Care - Community Services |
| Commission ID: | 200943 |
| Address: | Bill King Centre, 44 Farm Road, FINGAL BAY, New South Wales, 2315 |
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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: 499 Port Stephens Veterans and Citizens Aged Care Ltd  
Service: 22527 Port Stephens Veterans and Citizens Aged Care Community Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7984 Port Stephens Veterans and Citizens Aged Care Ltd  
Service: 24058 Port Stephens Veterans and Citizens Aged Care Ltd - Community and Home Support

**This performance report**

This performance report for Port Stephens Veterans and Citizens Aged Care - Community Services (**the service**) has been prepared by A Cachia, 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 1 as six of the six requirements have been found compliant.

Evidence analysed by the Assessment Team demonstrated that the service treats each consumer with dignity and respect, with regard for their identity, and in a way that values their culture and diversity. Consumers interviewed by the Assessment Team stated they are treated with dignity and respect. When interviewed by the Assessment Team staff demonstrated their knowledge and understanding of specific consumers diverse cultural background and identities, and how their cultural requirements impact the way care and services are delivered to them. The Assessment Team sighted the organisations 'code of conduct’ along with records of staff having completed code of conduct training, which outlines how consumers are treated with respect along with their choice and independence valued.

Evidence analysed by the Assessment Team demonstrated that the service is delivering services in a culturally safe manner. During interviews with the Assessment Team consumers confirmed in various ways that the service considers consumer’s background, culture and what is important to them to inform service delivery. Staff and management when interviewed by the Assessment Team demonstrated understanding and application of consumer’s needs, goals, and preferences to inform culturally safe service delivery. Evidence relied on from the Assessment Team report that is relevant to my finding has identified that although the service did not have many culturally diverse groups, the service addresses consumer identity and background throughout the initial assessment and care planning process. The Assessment Team sighted care documentation outlining individual cultural identities, including food preferences, cultural days, and culturally specific personal care requirements.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Staff interviewed by the Assessment Team were able to demonstrate how they supported consumers to make decisions and exercise choice for care and services delivered. One consumer shared with the Assessment Team that they nominated to attend their local bowling club for their social support service. Care documentation sighted by the Assessment Team demonstrated consumer choices and preferences were reflected in consumer records, including who consumers wish to involve in their care including representatives and preferred care workers, social support outings and activities.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. During interviews with the Assessment Team consumers advised that the services they receive enable them to maintain their independence, safety and live the best life they can. Staff interviewed by the Assessment Team stated that referrals to other services are made, risk assessments undertaken to assess consumer mobility and the dignity of risk policy is heavily utilised which outlines strategies to guide staff in the delivery of support and services. Management advised they use assessment tools to guide them in carrying out care and services safely and verified the use of the dignity of risk policy. One consumer presented with a pressure injury and signed a dignity of risk form consenting for the wound to be managed by a family member while the service maintained oversight through regular review and conversations. The Assessment Team sighted the service’s risk assessment tools, care documentation and dignity of risk policy that promotes risk discussions at all levels of the organisation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers interviewed by the Assessment Team confirmed they received information in a format that is clear and easy for them to understand and enables them to make informed choices. Staff interviewed by the Assessment Team stated that care plans outlined detailed consumer information, which is provided to consumers as part of the consumer handbook, to keep consumers informed. Management advised that the service adapts its communication style to the needs of the consumer, particularly for those with reduced cognitive capacity or people from a CALD background. The Assessment Team sighted the service’s new electronic client management system, yet to be implemented, which includes a platform for consumers and representatives to access real-time information about their care, schedules and bookings.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. During interviews with the Assessment Team consumers stated they felt their privacy was respected especially during the delivery of care and services. Consumers also described their confidence that their personal information was kept confidential by the staff and service. Staff said consumer information is only shared with the direct consumer, nominated representative and described practical ways they respect consumer privacy. Management stated that the services electronic system and staff access was password-protected.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that Standard 1 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 2 as five of the five requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated that 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. Consumers interviewed by the Assessment Team said that they received an in-home assessment, discussing consumers needs, goals and preferences, as well as a home environmental safety assessment. One consumer shared how although they receive domestic assistance only, they received a comprehensive assessment including a falls risk assessment for mobility purposes. Staff interviewed by the Assessment Team said they have regular staff meetings and ad-hoc discussions to discuss individual consumer needs. Staff further advised they access relevant information which guides them to support consumer needs, both individual and environmental. The Assessment Team sighted evidence of assessment and care planning policies and procedures, consistent with information evidenced on consumer files, including risk assessments and supporting documentation regarding individual consumers circumstances.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identified and addresses the consumer’s current needs, goals, and preferences, including advance care and end of life planning if the consumer wishes. Consumers and representatives when interviewed by the Assessment Team reported the service takes their preferences into consideration, including receiving services on days they wished as well as attending outings or centre based activities they wished. Some consumers could not recall discussing advanced care planning, however other consumers confirmed they received information, but did not wish to discuss details at the time of the initial assessment. Management said how the service involves representatives, particularly for consumers with higher needs, including dementia specific consumers, deterioration, or communication difficulties. The Assessment Team sighted policies and procedures in place to support assessment and care planning, along with evidence of consumer’s needs, goals and preferences captured in consumer files through assessment and care plan documentation.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and those who they wish to be involved, including other organisations and allied health care professionals. Consumers and representatives interviewed by the Assessment Team shared positive feedback with the service and staff involvement in the assessment and care planning process. The Assessment Team evidenced policies and processes including the involvement of representatives in assessment and care planning along with working with external providers. Care documentation evidenced by the Assessment Team outlined an example of a consumer who had their representative highly involved as well as a qualified clinician regularly monitoring and managing the consumers wounds.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the results of assessment and planning are effectively documented and communicated with the consumer, and these documents are available to consumers and workforce at point of care. Consumers interviewed by the Assessment Team advised that they received copies of their care plans, and those who could not recall, confirmed they were well informed by staff and could always obtain service details which matched care plans evidenced by the Assessment Team. Staff conduct initial assessments and care plans are developed in consultation with consumers and representatives. The Assessment Team sighted care planning documentation on all consumer files reviewed which had been receiving services for more than 12 months.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service demonstrated they have an effective process to review consumers care and services regularly, when circumstances change or when incidents impact the needs, goals, and preferences of the consumer. Consumers and representatives interviewed by the Assessment Team confirmed that their care and services are regularly reviewed and can request changes to preferences or ask for a review at any time. Staff demonstrated consumer files were all up to date and detailed notes were sighted on each consumer file, which reflected changes in consumer needs based on consumer reviews for other services. One consumer file demonstrated consistent monitoring of weight loss and pressure injuries, with weekly weighing and referral to an occupational therapist for assessment of equipment to support the consumer pressure injuries.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that Standard 2 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 3 as seven of the seven requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated clinical care provided is congruent with best practice and optimises the health and well-being of the consumer. Consumers receiving personal and clinical care advised they are satisfied with the care and services provided by staff, sharing that they feel their needs are understood and preferences considered. One consumer who has historically had catheter issues, shared how nursing staff are always punctual and since receiving their first catheter care session through the service, there have been no issues experienced. Staff are provided with extensive information prior to nursing assessments are conducted, through a range of clinical assessment tools when documenting needs. The Assessment Team reviewed consumer files, confirming staff submit regular notes and photos of wound care. One consumer file outlined a completed nursing assessment in which the consumers family member wishes to manage the consumers pressure injury and wound care in which a dignity of risk form was completed. The service demonstrated maintaining ongoing overview and advice regarding wound care management.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives said the service identifies risk, including demonstrating an understanding of consumer mobility needs and aid requirements as well as home environment assessments to ensure both consumers and staff are safe. Staff said the services high impact and high prevalence risk consumers included mobility/falls, skin integrity/wounds and pain management/medications. Staff further advised that they follow up on incidents and hazards as well as follow non-response processes when required. The Assessment Team observed clinical assessments and screening documentation was identified on each consumer’s file reviewed. One consumer file outlined susceptibility to skin integrity issues and mobility aids required as a high falls risk. The service provided documented evidence that clinical risks and corresponding treatment strategies were reported, documented in the care plan, and discussed with relevant staff.

Evidence analysed by the Assessment Team showed the service demonstrated 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 representatives confirmed they remember being offered the opportunity to discuss advanced care directives and end of life care, with some consumers advising that their families were aware of their wishes. One consumer was supported to access a small mobile oxygen tank to support them when their spouse takes them out into the community, which has greatly improved his quality of life. Staff reported that services were provided to consumers and representatives in line with their wishes and demonstrated an awareness of how services may change for consumers nearing end of life, such as showering to bed baths or providing in-home social support. The Assessment Team sighted policies and procedures addressing palliative and end of life care processes, with all consumer files including advance care directive information, tailored to the consumers beliefs and preferences. One consumers file evidenced by the Assessment Team outlined “not for resuscitation”.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service demonstrated deterioration and/or change in consumers health is recognised and responded to in a timely manner. Consumers and representatives said they were confident staff would identify and report changes to the overall health and wellbeing of consumers. Several consumers shared how staff noticed changes in their health and reported this back to service staff who frequently checked in and provided additional assistance as required. Staff confirmed they complete consumer reviews and update progress notes regularly. Staff provided the example of one consumer who was referred from CHSP to a home care package (HCP) as their needs increased, and they are now able to access catheter care through the HCP. The Assessment Team evidenced consumer files which demonstrated detailed progress notes on each consumer file which reflected numerous conversations between consumers and service staff. Some consumer files demonstrated referrals to allied health professionals based on deterioration identified by staff, with no sampled consumers outlining evidence of deterioration that was unnoticed or not responded to.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives interviewed by the Assessment Team advised they are satisfied with the services they are receiving and staff providing care are competent and had clear instructions of their care and services required. The Assessment Team interviewed staff who advised they regularly submit progress notes and ensure information is fully documented. Staff further advised that since the service case manages consumer packages, they place notes on all service types, daily services and referrals, which was evidenced by the Assessment Team.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services are made. Consumers and representatives interviewed by the Assessment Team advised the service ensures referrals are made within appropriate timeframes, with several consumers sharing their experience of being referred for assessment to receive equipment or home modifications to better support their needs. Staff provided examples of consumers referred to My Aged Care for reassessment to access higher-level package supports due to changing and increasing needs. Staff further demonstrated internal referral processes within the service, including ad-hoc referrals amongst clinical teams and nursing staff for the provision of clinical care. The Assessment Team sighted evidence that demonstrated the service ensures all consumers receive timely and appropriate referrals (refer to requirement 4(3)(e) for further information on equipment and home modifications).

Evidence analysed by the Assessment Team showed the service demonstrated the service minimises infection-related risks to consumers. Consumers and representatives confirmed that they observed staff using hand sanitisers and washing their hands and wore masks and gloves when necessary. Staff explained that training and personal protective equipment were provided. They added that they completed self-checks on their health daily as well as asked COVID-19 screening questions when attending to consumers. Management advised they conduct regular management meetings to discuss scheduling processes to assess impacted care and services. The Assessment Team sighted the services COVID plan along with policies and procedures and training records which demonstrated that all staff understood the supply and use of PPE requirements.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that Standard 3 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 4 as seven of the seven requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective services that meet their needs, goals, and preferences. Consumers and representatives said that consumers are encouraged to stay active through their physical independence and shared positive feedback on how staff and volunteers support them to access community based social support services optimising their wellbeing and quality of life. Multiple consumers shared how their quality of life has improved since attending activities, sharing how they feel more connected with their community and enjoyed life more now. Staff were able to describe the ways they support consumers to remain independent, and how to maximise their health and wellbeing. Management advised how staff are aware of work health and safety principles and ensure the services provided are safe and effective. The Assessment Team evidenced consumer files which demonstrated care planning documentation as well as review and detailed progress notes written in a consumer focused way, including individual consumer interests like personal goals, and changing needs and preferences.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers expressed satisfaction with the level of support they receive and the different ways they are supported by staff in relation to their well-being. Consumers shared how staff and volunteers regularly check in on them and shared how they have developed ongoing relationships with service staff which has supported their emotional and psychological needs. Staff interviewed said that if they have any concerns about consumers, they will escalate the matter with the service coordinator to ensure the consumer is referred appropriately. Staff interviewed by the Assessment Team described how staff ensure they always leave one consumer’s home in the way they request due to presenting anxiety and depression. Staff also ensure not to wear any strong scents or perfumes to respect sensitivities the consumer experiences to strong smells.

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers said that they have a range of opportunities to build and maintain relationships as well as engage in activities of interest to them. Consumers express their choices through selecting what days they wish to attend centre-based programs, and which activities or outings they wish to participate in or attend. Staff described relationships important to their consumers and activities they enjoy including attending picnics or the local club. Coordination staff explained how they gather information on consumer’s life stories and social needs upon entry to the service, which is reflected in care planning documentation for all consumers.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate the service is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. Consumers and representatives shared how the service have good communication systems in place that ensure consumer needs and changes are reported. For example, consumers knew staff and volunteers reported if a consumer didn’t respond when the bus attempted to pick them up or when they were ill, and consumers required emergency intervention. Staff said they are provided with updated information as care needs change, through access to care plans and progress notes. Coordination staff explained how consumers and their families are frequently updated with information or referrals are made where additional support is needed, including improving mobility or community access.

Evidence analysed by the Assessment Team showed the service demonstrated it is making timely and appropriate referrals to individuals and other organisations. Consumers and representatives said they know and have personally experienced the service organise referrals to occupational therapists for home modifications and equipment. Coordination staff outlined referral processes and emphasised the importance of timeliness; sharing how they often refer carers to a local respite service and to welfare services to assist with those experiencing financial hardship. Staff also said they have regular contact with coordinators to refer consumers to when an increase in needs is identified and they require additional services and supports. The Assessment Team sighted detailed progress notes on consumer files and referral information to assist consumers in accessing services including allied health or other services through My Aged Care.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate where meals are provided, they are varied and of suitable quality and quantity. Consumers and representatives said food provided at the centre-based services is quite good, with some consumers sharing how they always enjoy the meals provided. One consumer shared how they prefer sandwiches over a hot meal for lunch, which was observed by the Assessment Team. Staff said there are no issues with food, and consumers only express likes and dislikes which are considered on the day the consumer attends. Staff shared how food is individually packaged, however to better the consumers experience, staff place food on plates, rather than serve it in its original packaging. Management said meals are prepared at the residential service and has NSW Food Authority accreditation, sighted by the Assessment Team.

Evidence analysed by the Assessment Team showed the service demonstrated it is providing consumers with equipment that is safe, suitable and is regularly cleaned and maintained. Consumers and representatives were satisfied with the equipment provided to them by the service. One consumer expressed satisfaction for receiving an in-home portable oxygen and catheter products. Staff described how consumers access equipment based on their individual needs which is reflected in each consumers assessment and care planning documentation, particularly for more complex equipment such as lifters or mobility equipment. For consumers who do not have enough in their home care package to purchase equipment, staff explained that consumers are supported through the rental process. One consumer file sighted by the Assessment Team outlined how they received a lounge chair, pressure cushion and an adjustable king single bed along with additional equipment to support the consumer’s needs. The Assessment Team sighted policies and procedures in place to guide staff practice regarding equipment.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 4 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 5 as three of the three requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. The service provides centre-based groups as part of their social services, using their own bus to transport consumers to and from the centre. Consumers who attend the social support group said that they are always welcomed and feel comfortable whilst in attendance, sharing that they are freely able to access outside. Staff said that they always ensure consumers are feeling free to move around independently, with no mobility hazards identified for consumers, enabling them to access bathrooms independently with staff assistance when needed. The Assessment Team observed the centre to be welcoming and easy to understand with bathrooms signposted well. While in operation, the Assessment Team further observed a small group of dementia specific consumers who were able to independently access bathrooms during the quality audit.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate the service environment is safe, clean, well maintained, comfortable and allows consumers to move freely, both indoors and outdoors. Consumers interviewed who attend centre-based social groups spoke positively of the service environment, and said it seems safe, clean, well-maintained and suitable for many different activities such as arts and crafts and games. Staff said the centre is in good condition and does not have any issues to report and further explained they conduct venue assessments for community venues for outings, with a sample sighted by the Assessment Team. Consumers were observed by the Assessment Team alighting and boarding the buses, with most consumers able to manage themselves, although staff were there to assist. The Assessment Team also observed that consumers had access to garden areas if they wished to go outside.

Evidence analysed by the Assessment Team demonstrated the service’ furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Consumers interviewed said that the rooms and furniture are always very clean and well maintained, making them feel safe at the centre. Staff said that they were satisfied the equipment is cleaned and checked regularly as chairs and tables are cleaned at the end of each day and before meals. The Assessment Team observed the furniture was of a suitable height and appeared to be clean and well-maintained.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 5 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 6 as four of the four requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives interviewed said they understand how to provide feedback and make complaints to the service. Consumers and representatives said they would feel comfortable raising concerns with staff, and more preferably their assigned case manager. Seven consumers sampled by the Assessment Team shared consistent positive feedback, advising that they are happy with the service and have no issues, however know they can contact the office anytime. The Assessment Team sighted the services complaints register, identifying one complaint relating to a consumer not being satisfied with their personal care service schedule being changed. Further information sighted by the Assessment Team outlined how the services clinical coordinator promptly rectified the issue raised by reflecting the consumers time preferences with rostering, resulting in the consumers satisfaction with the prompt action taken by the services to restore her services.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate the service consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed said they felt comfortable to raise any complaints and feedback to the service as they found staff very approachable. Management said the service has processes to ensure consumers have access to advocates and language services and are made aware of alternate ways to raise and resolve complaints. Management further shared how one consumer developed dementia and reverted to speaking their original language instead of English. They further outlined how the consumers partner was listed as the consumers advocate and proceeded to assist with interpreting as well as engaging with a dementia support organisation.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. One consumer lodged a verbal complaint due to their services being changed and removed. The complaint was recorded in the services system and escalated to the executive manager who investigated the complaint, identifying system issues resulting in the service implementing manual processes until moving to a new system. Evidence indicates the consumer was kept informed throughout the process, the consumers services were reinstated, and an apology was delivered by the service, assuring the consumer processes were now in place to prevent future schedule changes which the consumer was very satisfied with the outcome. Staff interviewed described the process for addressing feedback and complaints and how they communicate the consumers concerns via a service application to the appropriate persons involved. The Assessment Team sighted the feedback register outlining complaints and feedback which were recorded, responded to and closed, as per the services policies and procedures.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Consumers interviewed discussed improvements made by the service as a result of their complaints, confirming that the service undertakes surveys regularly, involving consumers for feedback with a view of continuous improvement. Consumers said they also know management is closely involved to ensure feedback is promptly actioned and service improvements are implemented as a result of feedback received. Management shared how following an internal audit, the service identified that not all elements of open disclosure, such as the apology were documented on resolved complaints, resulting in the service creating a continuous improvement plan and undertaking actions to address the gaps including refresher training delivered and spot check audits.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 6 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 7 as five of the five requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated 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 said they were happy and appreciative of the services delivered by staff, stating they found staff to be friendly, efficient yet not rushed and competent in delivering safe and quality care and services. Staff and management said when preparing rosters, sufficient resources and mix of members are deployed and the service has always delivered high care need services with no consumers impacted.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives interviewed provided positive feedback in relation to staff treating them in a kind, caring and respectful manner. One consumer said how staff are always kind, gentle and never rush when they take them to appointments. They described how staff always ask what they prefer, ensure they are feeling okay and check if they need to take a break and sit down. Management said how staff code of conduct and professional boundaries training is a component of onboarding staff and mandatory training, which was sighted by the Assessment Team. The services training register was sighted by the Assessment Team, which included diversity and inclusion, identifying neglect and elderly abuse as part of SIRS training.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed said staff are competent and know what they are doing, with four consumers attending the day centre sharing how competent the activities coordinator is. Management said they have a talent manager that supports service recruitment processes and initial onboarding to ensure workers are suitably qualified and competent to perform their role.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Staff interviewed said they were provided with an induction process when starting at the service, including mandatory training based on the job role. Volunteers and staff shared how they were offered buddy shifts until confident to deliver care and services on their own in line with best practice. Management described service processes for identifying staff training needs and how these influence the training schedule, including through staff performance reviews, consumer feedback and satisfaction surveys. The Assessment Team sighted the mandatory training framework for service staff as well as the onboarding and competency-based training modules undertaken by staff. The Assessment Team sighted numerous staff records who attended trainings at the service including, ‘informed choice and decision making’, ‘cultural safety, diversity and inclusion’ and ‘communication with the diverse client’.

Evidence analysed by the Assessment Team showed the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Staff and management said they are supported in their performance and review process, with staff having completed annual performance appraisals along with ad-hoc conversations. Management interviewed said the service has a workforce recruitment guide and orientation checklist for all staff that guides staff through all onboarding requirements including trainings to be completed. The Assessment Team sighted performance appraisals, outlining probationary periods, annual review discussions occurring regularly, along with staff goals and development plans identifying training needs.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 7 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 8 as five of the five requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives interviewed felt they had been encouraged to provide feedback and input into how their care and services are delivered. Management said that the service works in partnership with the local community, consumer advocates and representatives in order to capture the diversity of consumers and empower and connect community. The Assessment Team sighted evidence of ways the organisation involves consumers and their community, including consumer focus groups, surveys, consumer advisory Board meeting minutes and resident village meetings. The consumer handbook was sighted by the Assessment Team which included information about feedback, complaints and how information can be used for service improvements.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Consumers and representatives said they were satisfied the way service staff interact with them and complimented staff’s responsiveness, sharing their satisfaction with the services received. Staff interviewed said that roles and responsibilities are clearly defined and shared how management demonstrate a sensitivity and consideration to the safety of consumers by conducting regular checks and home assessments in order to maintain consumer safety. The Board provides oversight of finance, program delivery, quality and human resources governance reports. The service has a Clinical Governance Committee body which includes executive managers of each operational portfolio and clinical advisors, as well as a Governance and Risk Clinical Care Advisory to promote a culture of safe, inclusive and quality care. The Assessment Team sighted evidence addressing issues for review and investigation, clinical governance system and continuous improvement, incident and complaint data as well as analysis of incident and feedback trends.

Evidence analysed by the Assessment Team showed the service demonstrated it has organisational wide governance systems to monitor processes such as information management, continuous improvements, financial governance, workforce governance, regulatory compliance and feedback and complaints.

**Information Management**

The service has information management systems in place that include an electronic client management system (including rostering), and mobile applications for staff to use while in the field. The service demonstrated appropriate information management systems are in place to control and provide privacy and confidentiality of information.

**Continuous Improvement**

The Assessment Team sighted evidence of the services continuous improvement plan that has been captured using consumer feedback. Opportunities for continuous improvement at a board and operational level are identified through a range of mechanisms including complaints, incidents and risk data trending through clinical governance committee reporting and risk reporting.

**Financial Governance**

Financial governance is overseen by the organisation’s Finance Committee and the Board. The Board is responsible for the financial management, including organisational financial policy and procedures and monitoring the financial management of the organisation. Reports are provided to the Board each month by the Finance Committee, to give oversight of the organisational financial status, including the number of packages and unspent funds, identifying any issues and making recommendations for improvements.

**Workforce Governance**

The Assessment Team sighted the services organisational chart, position descriptions, staff code of conduct, policies and procedures and guidance checklists supplied to new staff. The onboarding process to recruit staff is sound and copies of qualifications, vaccination status, driver’s licence, and police checks were captured and maintained. Management said they have a talent manager that supports service recruitment processes and initial onboarding to ensure workers are suitably qualified and competent to perform their role. The Assessment Team sighted evidence of up-to-date staff performance plans.

**Regulatory Compliance**

Management reported there has been no adverse finding by another regulatory agency or oversight body in the last 12 months. Management said the service complied with the Annual Food Safety inspection with A+ rating, sighted by the Assessment Team. Management further advised that they receive regular updates from government bodies on regulatory information, monitored by the leadership team who disseminate the information to staff through emails and meeting mechanisms. All staff have obtained required credentials including national criminal history checks, COVID-19 vaccinations and first aid certificates which are monitored by the quality and clinical managers and executive leadership group within the organisation.

**Feedback and Complaints**

Consumers and representatives interviewed said they understand how to provide feedback and make complaints to the service and said they would feel comfortable raising concerns if needed. The organisation’s feedback and complaints system support consumers to provide feedback. The service provides options for consumers to provide feedback and/or raise a concern, including via email, in person, phone or by mail. Consumers are provided with information regarding complaints to external organisations, advocates or translation services in their welcome pack. The Assessment Team sighted the feedback register outlining complaints and feedback which were recorded, responded to and closed, as per the services policies and procedures.

Evidence relied on from the Assessment Team report that is relevant to my finding has identified that the service was able to demonstrate effective risk management systems and practices. Staff interviewed said how they access the information they need on the services application in order to deliver care and services required, with an understanding of risks and strategies to mitigate consumer risks that present themselves. The service has a centralised client electronic system which captures clinical and care risk alerts, with strategies entered so staff can access and deliver care and services safely. Clinical staff said the clinical team conduct ‘client risk’ meetings every week to address incident trends and discuss remediation plans. They also attend ongoing meetings to discuss various topics including, but not limited to medication safety, recognising deterioration, understanding elder abuse and skin integrity. The Assessment Team sighted evidence including a consumer vulnerability register utilised as a tool to monitor and manage high-impact or high-prevalent risks for individual consumers. The service has a suite of assessment tools used to assess and determine consumers’ needs and support the care planning process by identifying high impact or high prevalence risks.

Evidence analysed by the Assessment Team showed the service demonstrated a clinical governance framework addressing antimicrobial stewardship, open disclosure and minimising use of restraint. Clinical staff said that reports are prepared for management and the Board and discuss workloads, consumers at risk and follow ups required. Management advised the service employs clinical staff and educators to support staff training and clinical assessment processes along with direct care. The Assessment Team sighted the clinical governance framework that outlines methods for the service to use consumer information such as incidents, risks, feedback and complaints to measure clinical quality and safety performance.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 8 is compliant.

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)