**Performance**

**Report**

**1800 951 822**

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| Name of service: | Quest Care |
| Service address: | 12/7 Beissel Street Belconnen ACT 2617 |
| Commission ID: | 201415 |
| Home Service Provider: | Quest Employment Solutions Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 September 2023 to 7 September 2023 |
| Performance report date: | 2 November 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Quest Care (**the service**) has been prepared by F. Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Quest Employment Solutions P/L, 26810, 12/7 Beissel Street, Belconnen ACT 2617

# Material relied on

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

* The assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site 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 | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(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 |

Findings

Requirement 1(3)(c)

The Assessment Team was satisfied the service meets Requirement 1(3)(c), and provided the following evidence relevant to my finding:

* Consumers and a representative interviewed said that they feel supported to be independent and make decisions about their care and services.
* Staff and management described the ways they encourage, promote, and educate consumers on informed decision making in relation to their care. Management said that they always ensure a holistic approach to consumer care planning, including who consumers choose to include in their care.
* A review of multiple consumer files demonstrated that information was present to indicate consumer’s relationships, any support person or representatives and their contact details. There were also instructions on who to contact for next of kin or emergencies.

Requirement 1(3)(e)

The Assessment Team was satisfied the service meets Requirement 1(3)(e), and provided the following evidence relevant to my finding:

* Consumers and a representative interviewed said that the service always ensures that information provided to them is understood and will take the time to explain anything that may be unclear. For example:
* Management said that they regularly conduct home visits for consumers and their representatives to go through information in the client handbook and monthly statements and budgets to ensure consumers understand information provided to them. During the visits they will also discuss any questions or concerns consumers and their representatives might have about monthly statements or other information provided to them.
* The Assessment team reviewed monthly statements for several consumers issued in July 2023. All statements were itemised and clearly dated, including clearly showing when services are delivered by a sub-contracted organisation. All statements were issued in a timely manner as they were processed and issued as soon as the month ended. The Assessment team also reviewed the consumer handbook which included information about services, contact details, how the assessment and care planning processes work, feedback and complaints and advocacy.

Based on the information summarised above, I find the service compliant with Requirements (3)(c)(e) in Standard 1- consumer dignity and choice.

# Standard 2

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

Findings

Requirement 2(3)(a)

The Assessment Team was satisfied the service meets Requirement 2(3)(a), and provided the following evidence relevant to my finding:

* Interviews with consumers and one representative confirmed consumers are receiving safe and effective care and services,
* Workers delivering services demonstrated knowledge of risks to consumers.
* Sampled consumer care plans contained a risk management plan, including but not limited to home, falls and isolation assessments.
* The Care Manager advised they are responsible for the Assessment and planning of services to be delivered and they have the resources to do this.
* The Assessment team sighted the Assessment and Review Policy and Procedure document that guides the process of roles and responsibilities of persons conducting risk assessments, for example, only workers trained in clinical or allied health professions are engaged to conduct assessments.

Requirement 2(3)(b)

The Assessment Team was satisfied the service meets Requirement 2(3)(b), and provided the following evidence relevant to my finding:

* Information gathered by the Assessment team evidenced consumers are receiving effective care and services to meet the consumers’ current needs, goals and preferences.
* The service’s electronic management system supports rostering according to consumer preferences.
* The organisation uses a SMART model of goal setting for its consumers for example, specific, measurable, attainable, realistic and timely, this practise is guided by the Service delivery and Consumers Policy and Procedure document (May 2023).
* The organisation has an Advanced Care Planning & End of Life Care Policy and Procedure to guide this process. The Assessment team sighted the HCP client handbooks which contain information regarding advanced care planning.

Requirement 2(3)(c)

The Assessment Team was satisfied the service meets Requirement 2(3)(c), and provided the following evidence relevant to my finding:

* All consumers interviewed said they are involved in the assessment and planning of services provided.
* The Aged care manager described other organisations and providers of care and services they included in the Assessment and planning.
* Care planning documentation evidenced the involvement with the organisations/persons as advised by the aged care manager.
* The service delivery and Consumers Policy and Procedure document (May 2023) supports the involvement of family, advocates, carers or representatives in assessment and planning with the consumer.

Requirement 2(3)(d)

The Assessment Team was satisfied the service meets Requirement 2(3)(d), and provided the following evidence relevant to my finding:

* Service delivery and Consumers Policy and Procedure document (May 2023) guides the process of completed care plans to be printed and provided to the client/representative, and the document attached in electronic and hardcopy files.
* Sampling of care plans evidenced services and supports to be provided to consumers, the level of participating in maintaining their independence, special requirements, days and times of services/supports and how and by whom they will be delivered, and the fees consumers will be asked to pay.
* The Assessment team observed an activity schedule is contained within the care plan to guide workers on strategies to guide services to be delivered and this is accessible to workers at the point of service delivery via an app on their mobile device.
* Four workers interviewed stated they know what tasks to do because this is on the care plan on their mobile. They said if they weren’t sure about something they would phone the office which is accessible.
* Referral forms to brokered service providers evidenced sufficient information about consumer’s needs.

Requirement 2(3)(e)

The Assessment Team was satisfied the service meets Requirement 2(3)(e), and provided the following evidence relevant to my finding:

* Service delivery and Consumers Policy and Procedure document (May 2023) guides the reassessment process, for example, Care Plans for Level 1 and Level 2 clients must be reviewed at least every 6 months and Care Plans for Level 3 and Level 4 clients must be reviewed at least every 3 months.
* The Assessment team observed all active care plans have been reviewed within the last eight weeks.
* The Aged Care Manager said they are continually monitoring if care and services are meeting consumers’ needs and this is conducted by reviewing shift notes daily, minimum monthly consumer contact and following changes in health and/or home environment. For example, Ms Brust had a full care plan review in July 2023, after the service noted a significant decline in her mobility and ability to fulfill daily tasks safety. This has resulted in additional services being added.
* The organisation’s Case Management and Consumer Care Policy, updated May 2023 lists reasons that will trigger a care plan review as listed above and also includes when there is a change in consumer circumstances, for example, living arrangements.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 - ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirement 3(3)(b)

The Assessment Team was satisfied the service meets Requirement 3(3)(b), and provided the following evidence relevant to my finding:

* The service identified falls, neglect, and challenging behaviours are the high-impact or high-prevalence risks associated with the care of its consumers and demonstrated effective management.
* All consumers have a risk assessment completed, with identified risks listed as an alert in their care plan and on shift notes visible to workers.
* The service updated the ‘risk assessment’ template in 2023 to make it more specific to aged care consumers.
* In addition to training in the Aged Care Quality Standards, mandatory training for workers includes manual handling and dementia specific.
* Consumers considered that they receive personal care that is safe, right for them and in line with best practice guidelines. For example, Ms Brust said she feels safe when workers are showering her.
* Workers providing care to consumers with mobility alerts described strategies to guide tasks.
* The service captures incidents including falls, challenging behaviours in an incident register and these are discussed at management supervision meetings. Management stated they are aware of the industry wide high prevalence risks as ‘neglect’ and are proactive in putting strategies in place to mitigate those risks. For example, more than one regular worker is scheduled for consumers.
* The organisation has a risk framework guiding risk rating, control measures, policy and procedure, and training for workers.

Requirement 3(3)(e)

The Assessment Team was satisfied the service meets Requirement 3(3)(e), and provided the following evidence relevant to my finding:

* The service consistently demonstrated information about consumers’ personal care is documented and communicated within the organisation and with others where responsibility of care is shared.
* Workers interviewed said they have access to all the information they need to complete their job via their mobile device.
* The Assessment team sighted the care plan for Ms Brust listing her health condition, needs and preferences,
* Information about the consumer’s condition, needs and preferences is communicated to brokered service providers via a brokered referral form. Refer to standard 2. (3)(d) for examples. The Assessment team observed information contained in brokered referral forms mirror what is contained in care plans.
* The Aged care manager stated with consent from the consumer or representative they share information about the consumer with relevant persons/organisations in a manner aligned to regulatory requirements.
* Management provided an example of communicating with an advocacy service on behalf of a consumer.

Requirement 3(3)(f)

The Assessment Team was satisfied the service meets Requirement 3(3)(f), and provided the following evidence relevant to my finding:

* The service demonstrated timely and appropriate referrals are made to other individuals or organisations providing services. Management interviewed advised if the service could not provide suitable support to meet consumer’s needs, consumers are supported to access brokered support services through another provider such as allied health professionals.
* Documentation and communication from the occupational therapist evidence actions are completed in a timely manner – within two working days and are attached to their electronic file.
* Management advised:
  + Following care plan reviews if they identify more supports are required to meet consumer needs a referral to My Aged Care for a higher-level package is actioned.
  + An additional functionality on the electronic management system includes a trigger to manage referral actions.
* Supervision meeting minutes for the previous 3 months for the Aged Care manager list referrals as a standing agenda item.
* Guidance on the referral process is listed in the organisation’s Case Management and Consumer Care Policy, updated May 2023.

Based on the information summarised above, I find the service compliant with Requirements (3)(b)(e)(f) in Standard 3 - personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirement 4(3)(a)

The Assessment Team was satisfied the service meets Requirement 4(3)(a), and provided the following evidence relevant to my finding:

* Consumers said that they are satisfied with the way that the services provided optimise their independence, wellbeing, and quality of life. Consumers said that they think that the services meet their needs and preferences and assist them with achieving their goals.
* Staff and management interviewed were able to describe the ways that they support consumers to achieve their goals and ensure that their needs and preferences are met. These included:
* Management said that a common goal discussed with consumers is to remain independent and keep doing the things they like, even after change in health or condition. Management said a number of consumers seem to be struggling with the idea of ageing, so they provide ‘standby’ assistance. They do this by supporting the consumer in their activities, rather than taking over and doing things for them.
  + Management said that they regularly seek feedback from consumers on how their services run, such as days, times and scheduled support workers to ensure that needs and preferences are being met continuously.
* A review of several consumer files indicated that their goals were discussed with staff and recorded in the care plan. Staff interviewed said that they can access care plans via the ‘app’ and they are aware of all the consumer goals, needs and preferences that they provide services to.
* The service has a suite of policies and procedures that provide information and guidance for staff on supporting consumers to meet their needs and goals, and to optimise their wellbeing. All reviewed policies were specific to aged care. These included:
* Care planning policy
* Decision making and choice policy.
* Client participating and social inclusion policy.
* Lifestyle, independence and wellbeing policy.

Requirement 4(3)(b)

The Assessment Team was satisfied the service meets Requirement 4(3)(b), and provided the following evidence relevant to my finding:

* Consumers expressed satisfaction with the level of support they receive and the different ways they are supported in their wellbeing by staff.
* Staff and management said that welfare checks, and emotional and psychological support are important in their role. They said they regularly check in on consumers that they worry about more than others and record any concerns or changes in their file and follow up with family or advocates where appropriate.
* The Assessment team reviewed several consumer files and care plans which included information about consumer’s regular emotional state, and their lifestyle that workers said is useful information when providing services. Workers said that if they have any concerns about a consumer’s wellbeing during services, they will let management know via progress notes and a phone call.
* The service’s Lifestyle, independence and wellbeing policy states that staff must provide emotional support to consumers, and workers must employ a kind and caring nature when providing services.

Requirement 4(3)(d)

The Assessment Team was satisfied the service meets Requirement 4(3)(d), and provided the following evidence relevant to my finding:

* Staff and management described the ways that information about consumers’ needs, and preferences is known and shared with others within the organisation and with others where appropriate. All staff were aware of how to access information about consumer needs and preferences and how to share the information with others.
* Workers interviewed said that they can access all relevant information for the consumer via the app when commencing a shift. This includes the consumer’s care plan, shift plan, risk assessment, progress notes and any alerts. Workers said they think they get enough information about consumers and are directed to call the office if they require any clarification.
* Management said that care plans and shift plans are reviewed quarterly to ensure information recorded is accurate. If there are any changes to these, they are updated in the system which feeds to the app so that workers are aware.
* Management said that information is provided to sub-contractors via email, and includes the care plan, shift plans and risk assessments. They also said that sub-contracted organisations are required through their contract to regularly provide updates on consumers that services are provided to.
* The service has a robust information management system that allows consumer information to remain centralised and be provided to workers on a need-to-know basis. This is connected to the mobile app which includes real-time updates to information.
* The Assessment team reviewed multiple consumer files which showed evidence of regular notes entered, care plan reviews and information included was up to date, and consistent with information provided by consumers, staff and management.

Requirement 4(3)(e)

The Assessment Team was satisfied the service meets Requirement 4(3)(e), and provided the following evidence relevant to my finding:

* Staff and management were able to describe the referral process for consumers to individuals and other organisations and/or providers, and the process they follow to ensure referrals are made in a timely manner.
* Workers said if they noticed or discussed with a consumer the need for additional or different services, they would record this in a progress note and call management to let them know and continue the process.
* Management said during quarterly reviews and home visits, they ask for feedback on services and if anything, else may be required.
* Management said that referrals are usually made to occupational therapists for assessment or to My Aged Care if a consumer requires additional services that may prompt an assessment for a higher-level package.
* The Assessment team reviewed several consumer files where referrals had been made, and it was evidenced that referrals were appropriate and timely.
* The care planning policy and procedure outlines the referral process for staff and when a referral may be appropriate and required.

Based on the information summarised above, I find the service compliant with Requirement (3)(a)(b)(d)(e) in Standard 4 - services and supports for daily living.

# Standard 6

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

Findings

Requirement 6(3)(a)

The Assessment Team was satisfied the service meets Requirement 6(3)(a), and provided the following evidence relevant to my finding:

* Consumers and a representative interviewed said that they would be comfortable raising any feedback or complaints with the service staff and have been encouraged to do so.
* Staff and management could both describe methods they use to encourage consumers and others to make provide feedback and make complaints.
* Workers said that they ask consumers at the start of shifts how their last service was and if they wanted to raise anything, although those interviewed said they had not received any feedback or complaints in this way.
* Management said that consumer surveys have been distributed recently to all consumers and the service is waiting to receive the results.
* Management also said that complaints information is included in the consumer handbook which describes the process and instructions for consumers to make complaints.
* The Assessment team reviewed the consumer handbook, which management confirmed has been provided to all consumers which contained the above-mentioned information.
* A copy of the consumer satisfaction survey was reviewed which included questions about service satisfaction, suggestions for improvements to services, whether the services met the consumer’s needs, and consumer satisfaction regarding information provided and access to services.
* The service has a Complaints, Compliments and Feedback Policy which provides guidance for staff to support consumers to provide feedback or make a complaint, either by phone, in writing or face to face during services.

Requirement 6(3)(b)

The Assessment Team was satisfied the service meets Requirement 6(3)(b), and provided the following evidence relevant to my finding:

* Consumers interviewed said that they recalled receiving information about complaints which included advocates and the Commission in their consumer handbook.
* The Assessment team reviewed the handbook which included the following information:
* Definitions of an advocate, instructions for how consumers can engage an advocate and how service staff can support consumers during this process.
* Describes the complaints process and includes information about the Commission, as well as contact details for making a complaint.
* Includes interpreter and language services and describes the process for how these services can be used.
* Management said they have recently assisted a consumer’s representative to engage a representative regarding a personal concern and provided advocacy information to the family regarding legal advice. This information was also present in the consumer’s client file.
* The Assessment team reviewed multiple other consumer files that showed evidence of consumers engaged with advocacy services and contact occurring between the service and advocates.
* The service has an Advocacy policy that defines what an aged care advocate is and provides sample advocacy services and contact details for those. The Complaints, Compliments and Feedback Policy provides information for staff about language services and the Commission.

Requirement 6(3)(c)

The Assessment Team was satisfied the service meets Requirement 6(3)(c), and provided the following evidence relevant to my finding:

* A consumer interviewed who had made a complaint said that the service was working with them on having the problem resolved.
* Although staff could not provide a specific example of when they had done so, staff and management were able to describe the concept of open disclosure and when they would utilize it during a complaints or incident process. All staff said if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability. This information was also consistent with that in the Open Disclosure Policy, which is applied across all programs in the business, including aged care.

Requirement 6(3)(d)

The Assessment Team was satisfied the service meets Requirement 6(3)(d), and provided the following evidence relevant to my finding:

* Consumers and a representative interviewed said that the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through annual satisfaction surveys, and through feedback forms or verbally through workers and the aged care manager.
* Management said that HR prepares a report for the senior leadership team monthly which includes information about consumer complaints. If there has been feedback or complaints raised in the monthly period, senior leadership will discuss the concerns and establish strategies to resolve the issue and improve services based upon the feedback provided. Although management said they do not regularly take minutes of these meetings, all members of management interviewed consistently reported that complaints are discussed at their meetings. The Assessment team reviewed the last two monthly HR reports which included information about consumer feedback and complaints.
* Management said that there is also the function for a ‘risk and practice review panel’ to meet when a significant incident or complaint has been raised, where the panel will be called, and management will discuss the concern and what strategies will be implemented to mitigate any risks and improve service delivery. Although management said that they do not recall having to utilize the panel as a result of a complaint or incident involving an aged care consumer, the Assessment team reviewed the procedure for this which indicated that continuous improvement, risks to consumers and the business are discussed.

Based on the information summarised above, I find the service compliant with Requirement (3)(a)(b)(c)(d) in Standard 6 – feedback and complaints.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(c)

The Assessment Team was satisfied the service meets Requirement 7(3)(c), and provided the following evidence relevant to my finding:

* Consumers said that they feel that staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently.
* The HR manager described a robust recruitment, onboarding and induction process to ensure that the workforce hired is competent to perform their roles effectively. They said that recruited staff must have, or are working toward, qualifications relevant to their role.
* Support workers must have or be working towards a Certificate III or IV in individual support, aged care or community services. Workers interviewed said they either have the qualifications or are well-supported by the service in their ongoing studies of relevance.
* The HR manager monitors all staff qualifications and probity checks through ongoing spreadsheets and internal audits and maintains oversight over expiry dates of qualifications or certifications and will contact the staff member to ensure they are renewed.
* In relation to sub-contracted organisations, management said that there are expectations that staff of external services will regularly communicate with service staff about consumers and any other concerns. The Assessment team reviewed the contract between the service and their primary sub-contracted organisation, through which personal care and social support is provided to consumers. The contract includes a clause that states that the role of the organisation is to ensure that all workers are up to date with legislative and compliance requirements, which was signed by both services.
* Management said that they also regularly seek feedback from consumers about the performance of sub-contractors and records this on the complaints register and continuous improvement plan where appropriate.

Requirement 7(3)(d)

The Assessment Team was satisfied the service meets Requirement 7(3)(d), and provided the following evidence relevant to my finding:

* The HR manager advised that all staff must complete mandatory training during onboarding and induction, and every 12 months thereafter. Ongoing training and support are offered to all staff where it is required.
* Mandatory training topics include aged care quality standards, infection control, workplace behaviours, WHS, national mental health standards. Other topics are introduced as online modules that include dementia awareness and medication management, and manual handling training is offered face to face to all support staff.
* The HR manager said they monitor through a spreadsheet on where staff are up to with their mandatory training and will follow up with any staff member who has not completed topics or are due for review. The Assessment team sighted the training register which confirmed that all staff have completed the mandatory training.
* Management said they regularly have one on one meetings and other informal catch ups with support workers to discuss their role, workload and if they have any concerns or questions. Workers interviewed also reported this and spoke positively of their support from management in their day-to-day role. Workers said they don’t have regular meetings with all support workers and other colleagues, but regularly have informal meetings or catch ups when they are in the office where they feel supported by each other and management.
* The HR manager and other management also said that regular supervision is completed with all staff, at least every 6 months where their work performance is observed, and any concerns or improvements are discussed. The Assessment team reviewed supervision notes for a staff member which included information about consumers with complex care needs and how these are managed, any additional training identified the worker can complete, and any additional support requirements for the worker.

Requirement 7(3)(e)

The Assessment Team was satisfied the service meets Requirement 7(3)(e), and provided the following evidence relevant to my finding:

* The HR manager said that the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. Performance appraisals are the responsibility of each staff member’s respective line manager. The process includes workers completing a performance form which includes information about their achievements, performance, any challenges, suggested improvements, training and goals.
* The Assessment team reviewed multiple performance appraisal plans and worker forms which had all been completed or scheduled within the last and next 12 months.
* Workers interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their manager. Workers also said that they receive feedback from management and have appraisals as required. The HR manager said that if additional training needs or development is required, this is organised on a case-by-case basis between management and workers.

Based on the information summarised above, I find the service compliant with Requirement (3)(c)(d)(e) in Standard 7 - human resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

Requirement 8(3)(a)

The Assessment Team was satisfied the service meets Requirement 8(3)(a), and provided the following evidence relevant to my finding:

* Consumers and a representative interviewed said that they feel encouraged and comfortable to provide feedback or suggestions on their services and how they are delivered.
* The Assessment team explored this issue further and found that management are working with Consumer A to resolve and improve upon any concerns. For additional information, refer to Quality Standard 6(3)(c).
* Management described the processes in place to engage consumers in the development of services and how consumers are supported in this process.
* The service aims to distribute regular satisfaction surveys that specifically asks for suggestions on improvements to services and their delivery.
* Management recently organised a morning tea for consumers to attend to discuss the development of a consumer forum or advisory council. Management reported that two consumers attended however were not interested in being a part of a forum. Management said they will continue to encourage consumers to participate in these kinds of events with the hope of establishing a forum or council in future when more consumers are onboarded with the service.
* The Assessment team reviewed multiple service policies and procedures that referred to supporting consumers to make informed decisions about their services and how they are delivered.
* The policies and procedures reviewed included information that is consistent with that provided by staff and management. For instance, the decision making, and choice policy and procedure provides guidance for staff on how to educate and support consumers to make their own decisions regarding their care.

Requirement 8(3)(b)

The Assessment Team was satisfied the service meets Requirement 8(3)(b), and provided the following evidence relevant to my finding:

* The Aged Care manager and senior leadership (General Manager and Director) demonstrated that the organisations promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management meets monthly and receives reports of how the service is performing in key areas, including reviewing the continuous improvement plan. Reporting processes occur through the meeting structure to provide information and advice to the Director.
* The organisation’s operational plan was updated following the Quality Audit outcomes of August 2022 and the Assessment team observed it captures improvements made with timeframes for work in progress.

Requirement 8(3)(c)

The Assessment Team was satisfied the service meets Requirement 8(3)(c), and provided the following evidence relevant to my finding:

* **Information management**

Management advised the organisation has invested in its information systems and two improvements over the past 12 months include:

* Shift plans included in care plans and accessible at the point of serviced delivery with real time information.
* Additional functionality in the organisation financial system (approvals are allocated to persons with appropriate delegations) resulting in greater oversight of Home Care Package expenditure.

Management advised the scheduling system used can also be used as a compliance tool as it can track the status of scheduled services.

Workers confirmed they have received training on the functionality of the scheduling application and that it provides them with enough information to do their job.

The Assessment team observed:

* the scheduling app contains consumer contact details, service times, job tasks, and there is a field for progress notes.
* The telephony system was accessible and responsive.

Consumers and a representative interviewed said they would phone the service if they needed information and the service is accessible.

* **Continuous Improvement**

Management provided examples of improvements the service has made over the past six months and outlined planning underway for continued improvement across all seven standards assessed. A summary of these include:

* Development of a suite of policies specific to Aged Care to align with regulatory compliance. For example, Aged Care, Service delivery and Consumers Policy and Procedure document (May 2023) and the Clinical and Supported Care Governance Framework introduced January 2023.
* The implementation of a continuous improvement plan specific for aged care business.
* Implemented a supervisor and performance framework, annual appraisals, monthly supervisor meetings.
* Additional training for all staff against the aged care quality standards.
* Commenced, progressing clinical governance framework, with the intention of implementing clinical care delivery.
* Risk and Practice review panel procedure.
* Complaint and feedback documentation updates including policy and procedures and form templates.
* **Financial governance**

The service demonstrated effective financial reporting processes to give the leadership team the assurance they require to be satisfied of compliance with their obligations as an approved provider of HCP services. For example,

* The finance manager said they are a certified practising accountant and their role is to develop and analyse monthly income and expenditure. This information is reported monthly to the leadership team with reasons for variances. They said they are supported by an accountant that submits quarterly reporting to the department file.
* Management said improvements in financial governance include the system capturing in real time the hours staff work, coding of purchases to different categories, and updating consumer statements to meet regulatory changes.
* The Aged care manager is responsible for the identification of over/underspends and authorisation of invoice payments up to $2,000. The finance system is set up so that authorisations over $2,000 go directly to the Director for approval.

The Assessment team observed spending of home care package funds are being spent on items as per home care package guidelines.

* **Workforce governance**

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police checks. For example, the aged care manager said they are kept up to date with regulatory changes affecting the workforce via the general manager.

Workers, including, the finance manager said they know their roles and responsibilities and they participate in an annual performance appraisal.

The Human Resource manager submits a monthly report to the leadership team, this includes updates on recruitment, worker training and performance appraisals.

The Assessment team sighted Memorandum of Understanding between the organisation and brokered contractors providing care and services are in place and these outline the roles and responsibilities of both parties to ensure worker regulatory compliance.

* **Regulatory compliance**

Management reported that there had been no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation monitors regulatory requirements by connections with relevant associations, including peak body representation. They provide a legislative update in their monthly report to the management team and if legislative changes are required, for example, the introduction of the serious incident response scheme (SIRS), an action plan was put in place to ensure compliance. This resulted in:

* Internal review of incident reporting documentation, policy and procedural guidance for SIRS, updated December 2023.
* The service’s incident template being reviewed to capture SIRS screening questions.
* New SIRS policy and procedure
* Training/communications to all staff.

The organisation’s governance and management policy and procedure manual guides how the service will monitor regulatory changes and how workers will be informed and equipped to implement changes and this was confirmed by the General Manager and Aged Care Manager.

* **Feedback and complaints**

Management advised significant updates in relation to feedback and complaints over the past six months includes:

* Complaint and feedback documentation updates including policy and procedures and form templates.
* Regular agenda items in management communications.
* Workers are encouraged to seek feedback after each consumer service.

The Assessment team sighted the consumer feedback and complaint form which includes prompting for an action to use the feedback as an opportunity for improvement.

Based on the information summarised above, I find the service compliant with Requirements (3)(a)(b)(c) in Standard 8 - organisational governance.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)