**Performance**

**Report**

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| Name of service: | RDNS HomeCare Ltd |
| Service address: | 62 O'Connell Street PARRAMATTA NSW 2150 |
| Commission ID: | 201112 |
| Home Service Provider: | RDNS Homecare Limited |
| Activity type: | Quality Audit |
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| Performance report date: | 25 May 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 RDNS HomeCare Ltd (**the service**) has been prepared by G. McNamara, 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

**CHSP:**

* Care Relationships and Carer Support, 27738, 62 O'Connell Street, PARRAMATTA NSW 2150
* Community and Home Support, 24078, 62 O'Connell Street, PARRAMATTA NSW 2150

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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 Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Demonstrating that consumers’ identity and culture is captured, respected, and valued
* Ensuring that care provided to consumers is culturally safe
* Demonstrating that consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships
* Supporting consumers to take risks to enable them to live their life the best they can
* Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand
* Respecting the privacy of consumers and ensuring personal information is kept confidential

All consumers sampled indicated that they are treated with dignity and respect by staff. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. The service demonstrated that they have not received any complaints or feedback regarding consumers being treated disrespectfully. All staff interviewed were able to describe the process they would follow if they observed a consumer being treated disrespectfully.

Care workers interviewed were able to describe how they treat consumers with dignity and respect in practice, and that they know about consumer’s identity, culture, and background. For example, a care worker said they always ensure they offer a consumer choice about how a service is delivered even if they are aware of that consumer’s preferences before starting the service. The Admin Officer, who is responsible for the initial intake and assessment of consumers, said they build rapport with the consumer and their family during the intake process to gather information about their culture and background in the most comfortable and appropriate way, to inform how services will be delivered.

A review of ten consumer care plans and files demonstrated that all reviewed included personal information such as country of birth, relationship information, preferred language spoken, preferred pronouns and life history, and staff such as case coordinators and support workers are aware of these details for consumers.

The Valuing Identity, Culture and Diversity Guidelines indicate that staff are required to be aware of a consumer’s cultural identity the things that are important to them and outlines the intake and assessment process to ensure staff are aware of this information.

Consumers said that the services provided to them are respectful of their culture and identity and the services that are delivered to them reflect their preferences. The service has robust processes and procedures to support the delivery of culturally safe services to consumers. Staff are aware that services provided are required to be culturally safe and could demonstrate where this had occurred.

The mandatory training register indicated that all staff are required to complete diversity and cultural awareness training. It confirmed that all staff currently providing services to consumers have completed the training. The service’s Diversity Framework and action plan aims to strengthen how the service identifies, understands, and responds to the increasing diversity of their client base and how staff are supported to deliver culturally safe care to consumers.

Consumers described how they can exercise choice and independence, make their own decisions regarding the way their services are delivered, and who they would like to be involved in their services. For example, all consumers interviewed said that during the initial assessment and intake process they spent time with the service staff and their representatives or family members to discuss a suitable service schedule, including days and times.

Staff were able to adequately describe the methods they employ to encourage, promote, and educate on consumer decision making. The Admin officer said that during the intake process they will gather as much information as possible and appropriate about the consumer’s social commitments and appointments and their family and relationships. They said this information is helpful with service scheduling and matching care workers to each service to ensure the consumer is comfortable and they can maintain their relationships of choice and can make informed decisions about how their services are delivered. They also said before doing any assessment with a consumer, they check with them if they would like any representative, family member or advocate involved. If so, they ensure consumers are provided extra time to make decisions about their service, so they are able to discuss it with them.

A review of client care plans and files indicated that all ten sampled included information about the consumer’s personal relationships, GP, or doctor information where required, and preferred contact and representatives.

The services that consumers receive demonstrate how they are supported to remain living at home and how they are encouraged to do things independently. The service offers domestic assistance, personal care and social support and staff could demonstrate they understand what it means to support consumers to take risks within the context of the service provided. For example, the care coordinators said that supporting consumers to take risks means that they are supported to make informed decisions about their services. They gave the example of when a consumer may choose not to participate in their personal care services, like choosing not to have a shower. They also said that the care workers respect the consumers choice and will ensure that documentation is updated when this may occur, and escalation to the care coordinators or consumers next of kin is completed where it is necessary.

Although service staff could not describe an instance where a consumer was supported to take a risk, all staff interviewed were aware of and familiar with the dignity of risk guidelines and dignity of risk form that guides staff in this process. The CHSP Team Leader said that supporting consumers to take risk is an ongoing process and care workers are aware of their responsibilities in observing consumers in their home and in the community and reporting to the care coordinators where concerns or changes have been noted.

The Assessment team reviewed the Dignity of Risk Guidelines and associated form that outlines the dignity of risk process, which includes discussing the details of the consumer’s choice or request with them and assessing their understanding of the issue and consequences. It also outlines the process of educating the consumer as much as possible.

Consumers described how service staff consult with them about their needs, preferences and services and confirmed they did so in a way which was easy to understand. For example, all consumers interviewed said that when commencing services, they were provided with a client handbook and information pack that describes the services they were signed up for, the fee schedule, contact details for the service, feedback and complaints information and language services.

The service has robust processes and procedures to ensure information is provided to consumers in a way that is clear and easy to understand, and staff were able to accurately describe these processes and how they are utilised in practice. For example, staff interviewed said that the information pack and client handbook is always provided to consumers and follow up is made either through a care worker or phone call to confirm information has been read and understood.

The service’s Intranet includes a diversity home page that has links to all client forms and the client handbook available for print in different languages. If a language is not present it is available to be ordered if a consumer request it. The Operations Manager also said that all consumers are provided with the Aged Care Charter of Rights and feedback and complaints information.

The Assessment team reviewed the information pack where it was confirmed all the above-mentioned information was provided to all consumers. This was also present in all ten sampled consumer support plans and client files.

The service staff confirmed that all consumer information is kept digitally and no hard copy files with personal information are stored in the office. The care coordinators and team leader said that if consumer information is taken hard copy, it is destroyed after being scanned into the information management system.

The Operations Manager confirmed that all information management systems are password protected. They also said that they provide information to care workers and sub-contracted organisations on a need-to-know basis digitally, and if there are any clarifications required, they can call the office before providing the service. The Operations Manager said this reduces the risk of consumer information being compromised if it’s recorded on hard copy paper that may get lost.

All consumers sampled said they felt that staff respect their privacy and keep their personal information confidential. The admin officer said that during intake, all consumers are provided with the privacy collection notice and privacy policy, which provide an explanation on how personal information is collected and for what purposes it is shared with others.

The Assessment team confirmed that all ten reviewed client files had completed privacy consent forms signed by the consumer and uploaded to the system.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Demonstrating consideration of consumer risks in relation to assessment and planning.
* Identifying and addressing consumers’ needs, goals and preferences.
* Involving consumers in the assessment and planning and including a multidisciplinary team where required.
* Communicating outcomes of assessment and planning with consumers and with the multidisciplinary team where required.
* Reviewing care and services regularly or when circumstances changed or when incidents impacted on the need’s goals or preferences of the consumer.

The service demonstrated assessment and planning takes into consideration the risks to the consumer’s health and well-being informs the delivery of safe and effective care and services. The initial assessment process is completed by the administration officer in consultation with the consumer and their representative if required. Information gathered included consumer background, medical history, medication, allergies, treating doctor, environmental risks, emergency contact, natural disaster support contact, power of attorney, safety alerts, skin integrity and pressure care and list of external services.

Consumers and/or representatives interviewed stated that they knew of their support plan and they are in regular contact with their regional care coordinator. 3 out of 5 consumers have been utilising services for more than 2 years and all consumers were satisfied with the quality of service and communication. The Administration officer they said that consumer profile information provided through my aged care portal is utilised to inform the delivery of safe and effective care. Initial assessment and planning process confirmed that initial assessment process is in line with organisational policies and procedures, is consumer focused meeting the consumers’ needs, and preferences and information provided through my aged care portal is utilised to inform the delivery of safe and effective care.

The assessment team reviewed 10 consumer files, progress notes, stored documentation, service and schedule notes that the service collected and utilised to inform ongoing planning and assessment and effective service delivery.

The organisation demonstrated that assessment and planning identifies and addresses the consumer current needs, goals and preferences including advance care planning and end of life planning if the consumer wishes. 8 out of 10 support plans showed consumers were asked about advanced care planning (ACP). The Administration officer stated that ACP was discussed during the initial assessment process, and if consumers had an ACP the Administration officer requested a copy to be kept in the service files. If consumers did not have an ACP they were asked if they wanted to know more about this and administration officer would refer consumer to clinical nurse as per ADC planning Guideline.

Consumers/representatives report the services they currently receive meets their needs, goals and preferences and said staff are aware of what is important to them in terms of how their care and services are delivered. The service demonstrated that staff listen to and understand what is important to consumers and work out how their goals and preferences can be met. Management said that if the service could not provide suitable support to meet consumer’s needs and preferences, consumers are referred to support services through other providers. Care planning documents describe each consumer’s needs and goals and reflect their personal preferences, consistent with feedback from consumers/representatives interviewed.

Consumers/representatives confirmed they participate in the planning and review of the services consumers receive. The Administration officer described how they work with the consumer and others in assessment and planning of consumer’s care and services. Where the consumer is unable to participate, they involve their representative or nominated advocate in the process. This information aligned with feedback from consumers/representatives. Documentation evidence consumer/representative involvement in the planning of services and in ongoing and annual reviews.

Clients and family communication sheets and attendance sheets were left in consumers residence to support communication between family and support workers.

The services operated under a number of guidelines governing all aspects of care delivered. These guidelines were written by the service itself and so were relevant to the specific services and personal care offered. The assessment team sited guidelines governing the importance and application of assessment care planning which included the need to involve consumers in all stages of the care planning process.

The services team leader confirmed that initial assessment processes involved discussing all outcomes and recommendations with consumers prior to the commencement of service delivery. Recommendations and relevant information were then provided to the consumers. Support plans were stored in individual folders and were sent to consumers with their membership pack. Consumers/representatives interviewed stated they remembered receiving a membership pack when they first signed up and have been mailed a new support plan every year. Personal support workers interviewed said that as they log in and out to their shift through an electronic application, and that support plans, communication and service notes could be sighted. They stated shift notes are completed at the end of each shift.

The Assessment Team sighted signed support plans as well as verbal consent support plans which demonstrated that consumers and/or the representatives received a copy.

Interview with team leader confirmed that support plans were regularly reviewed for effectiveness, or when circumstances changed or when incidents impacted on the need’s goals or preferences of the consumer. The Administration officer confirmed that care plans were reviewed every 12 months and also as required. A review of 10 support plans showed the assessment team that care plans were reviewed at least every 12 months. 1 support plan had been reviewed more often due to hospitalisation and the team. The assessment team also observed evidence that care plans were reviewed and updated when incidents or circumstances impacted on the consumer’s needs and preferences.

The Assessment Team reviewed an internal quality audit software that reviews consumer documentation. Email alerts are sent to management and administration officer when a review is due and when information is missing from consumers support plan.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| 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 |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Ensuring safe and personal care that is best practice, tailored to consumers’ needs and optimising health and well-being.
* Managing high-impact and high-prevalent risks associated with the care of consumers.
* Recognising and responding to the needs, goals and preferences of consumers nearing the end of life.
* Recognising and responding to consumer deterioration.
* Documenting and communicating consumers’ needs, goals and preferences within a multidisciplinary team.
* Conducting timely referrals through the myagedcare portal to upgrade consumers to a home care package.
* Minimising infection-related risks.

The service does not provide clinical care, however staff provide personal care such as toileting, shower and food preparation assistance. Personal care is provided to a small number of consumers located in the Central Coast region. Consumers/representatives sampled said the staff know what they are doing, and they are getting the personal care that is safe and right for them.

Personal support workers sampled had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care and could describe what they do if they had concerns in relation to a consumer’s personal care which included notifying the coordinator and team leader. Initial Assessment and ongoing support plan reviews identify and address all risks to consumers health and well-being, support plans reviewed and feedback from support workers and management demonstrated consumers receive safe and effective personal care.

The assessment team sighted a Handling Clients Money Form, Assisted Bath Guidelines and a Care Planning Guideline.

The Team leader and management explained that high impact and high prevalent risks were identified during the initial and ongoing care planning process. The consumer is asked how they manage communication, hearing, vision, cognition and mobility, and support strategies are documented in the consumers support plan, service plan and environmental site assessment tool.

Personal support workers said the consumers support and service plan identified risks and consumer and other strategies to be used when completing a service. Documentation and progress notes sighted demonstrated that staff could detect the complexity, vulnerabilities and personal care needs. Management advised consumers currently have low level needs, and support workers are level 2 and 3 qualified, however should an incident occur the incident reporting process is followed, review of the support plan is completed and information is compiled into a report which is reviewed by the executive team each month.

The Assessment Team reviewed the service’s risk system, which showed no incidents have occurred for CHSP consumers in the past 6 months. The Assessment Team also sighted the extracted excel spreadsheet report and the minutes of the last meeting in which the report was discussed.

The assessment team sighted documentation that recorded if the consumer has ACP in place and if a copy of the ACP could be kept on file. The assessment team reviewed 10 support plans that recorded no ACP has been created and they do not wish to discuss with the service. The administration officer stated if the consumer wishes to discuss further a referral to the clinical nurse will be made to support the consumer. Management advised that there are no consumers who have provided ADC documentation and that could be since consumers who utilise the service are low level assist.

The assessment team sighted the Advance Care Planning Guideline which demonstrated that staff are adhering to guidelines and process.

Interviews with consumers/representatives and personal support workers and review of support plans identified the service has processes in place to support staff to identify and notify others of changes in a consumers condition. Personal support workers said they have received training in how to identify and respond to clinical deterioration including mental health. Personal support workers said they feel they know the consumer well and could identify if their health has changed suddenly and would report this instantly through a phone call and/or the app as it has an option to send service note to the team leader which instantly alerts team leader by email. The assessment team sighted several service notes from personal support workers who noted concerns in information given, mobility and memory.

Consumers/representatives said they were satisfied that personal support workers know their domestic assistance and personal care needs. Personal support workers described how the support and service plan tells them about a consumer’s condition, needs, goals, preferences and any changes or concerns regarding a consumer’s condition. Support planning documentation recorded power of attorney, emergency contact, natural disaster contact, representative contact.

Management advised that the support workers complete an attendance sheet and each consumer has family and clients and communication sheet at their residence for support workers to complete to communicate unfinished tasks, changes in preferences and for the family to communicate any concerns, changes, feedback. The assessment team sighted completed several progress notes detailing conversation from team leader to consumer family or representative.

The service does not refer to other organisations or providers for other care and services. The Administration officer advised that she finds referrals through my aged care portal. If consumers call and require a service that is not provided they will direct them to where they can find the services. Referrals that are done by the service is assisting consumers to upgrade to a home care package when changes or deterioration is identified. The assessment team sighted several progress notes for consumers who have exited the CHSP funded service and are now receiving a Home care package through the service.

Consumers and/or representatives reported that they had observed staff wash their hands and use sanitisers, gloves and masks where appropriate. Consumers reported personal support workers use their cleaning products and equipment and are aware of any precautions to be taken. The staff and management demonstrated their knowledge of transmission and standard-based precautions procedures to prevent and control infections during the interview. Staff were also required to complete the annual mandatory infection prevention and control training.

The Assessment Team sighted relevant documentation that supports the service to minimise infection-related risks.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five applicable requirements have been assessed as Compliant.

The service is:

* Ensuring each consumer gets safe and effective services that meet their needs, goals and preferences.
* Demonstrating that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* Supporting consumers to participate in their community, have social and personal relationships, and to do the things of interest to them.
* Communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required.
* Making timely and appropriate referrals to individuals and other organisations.

Consumers said that they are satisfied with the way that the services provided optimise their independence, wellbeing, and quality of life. Consumers also said that they think that the services meet their needs and preferences and assist them with achieving their goals.

Staff interviewed were able to describe the ways that they support consumers to achieve their goals and ensure that their needs and preferences are met. They described the processes in place for them to do this. The admin officer said that they identify goals initially from the My Aged Care assessment and will discuss these with the consumer and/or their family during the assessment process to ensure they are still current and identify any additional goals as necessary.

A review of ten consumer files indicated that their goals were discussed with staff and recorded in the support plan. All consumer needs, preferences and the services that will assist in meeting these are recorded and shared with staff such as care workers and care coordinators where appropriate. The Care Planning guidelines indicate that client goals are to be recorded in either the support plan or wellness plan document and to ensure that their goals are meaningful and important to the consumer and their family.

Consumers expressed satisfaction with the level of support they receive and the different ways they are supported by staff. Operational staff interviewed said that welfare checks, emotional and psychological support are important elements of 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 admin officer said that at the time of intake and assessment, they will ensure they record information about what the consumer likes to do, what makes them happy and their informal supports such as family or friends, to inform care stuff and coordinators and guide their interactions with consumers.

A review of client files indicated that regular progress notes are made if or when the staff member notices a consumer’s mood may be different than usual or if they are not feeling well, and when welfare checks have been completed by office staff. The Wellness and Reablement Guidelines identifies the procedure for monitoring consumer’s progress with their goals and gathering information about consumer’s emotional, spiritual, and psychological wellbeing so they can be monitored by staff.

Consumers advised that staff support and the services they receive enable them to do the things that are of interest to them, participate in their community and maintain relationships. The operations manager said that they are encouraging more consumers to sign up for social support and engagement services, and they do this by educating consumers on what activities are available to them, and letting the consumer guide their staff in what they like to do and what is of interest to them. The admin officer said they always ensure that consumer’s family, friends, advocates, and other relationships are recorded in the support plan so that care workers are aware of them.

The service has a Valuing Family and Carers guideline that guides staff in how to ensure family and carers are involved in the consumer’s services where it has been indicated as the preferred method. The guidelines states that a carer should be respected, recognised, and supported as an individual and how they impact the consumer’s life.

Service staff demonstrated that information about consumers’ needs, and preferences is known and shared with others within the organisation and with others where appropriate. All staff interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others. The care coordinators said that at the end of each day, they download a report of all progress notes made from shifts by care workers on that day. If there are any progress notes that contain any issues or concerns, they will escalate that information to the team leader or next of kin for next steps. The admin officer and team leader both said that consumers feel comfortable coming to them when there may be a change in their needs or preferences. They said that they allow the consumer to guide them on how they think their services need to be modified to suit those changes.

The Assessment team reviewed ten client files, of which four had evidence of emails being sent between staff members responsible for the care of the consumer, and phone calls regularly made to the consumer or their next of kin to check in on them.

The service’s staff confirmed 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. Management said that they primarily make referrals back to My Aged Care for consumers who require additional services or have requested support in other areas, like meal services or require re-assessment to potentially receive a Home Care Package. The Team Leader said there is an expectation that once staff are aware a consumer requires a referral, it is completed within the week at the latest. The team leader said they aim to keep the consumer updated on the status of the referral and let a consumer know if they encounter any problems.

The Assessment team reviewed multiple client files where referrals to My Aged Care had been made. The Care Planning guideline supports staff in the referral process and requires referrals to be made to other organisations where it is required and in a timely manner.

# Standard 5

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| Organisation’s service environment |  |  |

The organisation does not provide a service environment therefore this requirement is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Consumers and representatives interviewed said they know ways to provide feedback or complain including external avenues, and some consumers said they would be confident to do so if the need arose while others said they never have to raise any concern as the services are excellent.
* Consumers and representative receive information on external supports like advocacy services to assist with complaints resolution.
* The service provider has a centralised complaints management system for recording feedback and complaints, established escalation and response structures, open disclosure, analysis of complaint data for trends and the links to broader business learning and continuous improvement. Staff receive training in complaint response as appropriate to their roles.

Overall consumers and representatives interviewed said that they can and are supported to provide feedback and make complaints. The consumers and representatives advised they are able to contact the national line, NSW admin or their care coordinator with their concerns. Management advised if they receive feedback from consumers or the care worker or through their coordinators or administration, it is all documented in its risk system. They also contact the consumers and or their representative to inquire and assist.

Management advised all consumers receive an information package which explains the complaints/compliment/feedback process and includes the charter of aged care rights, outlining a consumer’s right to complain. The client handbook contains information about external bodies like the commission and advocacy services which the consumers can refer to if they are dissatisfied with their service. A complaints policy guides staff in complaints and feedback mechanisms at the service, including relevant timeframes.

Consumers said they know of their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed. Consumers and representatives said they felt comfortable to raise any complaints or provide feedback with the service directly. They described calling the care coordinator, team leader or admin directly is their preferred way to reach their provider. Some representative preferred to send email.

Management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Additionally, staff said client folders contain forms and brochures from peak bodies for example National Aged Cares Advocacy Line Older Person Advocacy Network (OPAN). Management also advised that consumers and representatives can provide feedback through the care worker on every shift, annual client survey or during reassessment.

The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management show staff are educated on the role of external agencies including aged care advocacy services and the Commission.

Consumers and representative feedback on their experience of the complaints’ management process is outstanding. For some consumers, an immediate response for example in response to a feedback on domestic assistance or change of a care worker was actioned generally to their satisfaction. The service provider’s complaints documentation show complaints are logged in the feedback and complaint register linked to the consumer, they are prioritised, time lined, escalated if appropriate and actioned generally in a timely manner. A sample of complaints records show there was contact with the consumers or representatives to find options to resolve the complaint. The service provider demonstrated how they apply ‘root cause analysis’ to identify why a complaint was raised and how it should be resolved.

Management reported that a complaint is not closed until resolved with the consumer and where a staff are sick and unavailable to provide service, they apologise to the consumer and representative and discuss alternate arrangement. Management advised they visit the consumer/representative post complaint resolution to review the consumer experience. Management also advised they working with all staff who are the point of contact for consumers to ensure that they follow appropriate procedures in recording and managing complaints and practicing open disclosure. Staff training has been provided in complaints management and open disclosure. Staff involved in complaints management were able to describe the concept of open disclosure.

Consumers and representatives said the service seeks their feedback regularly about the services they receive. They are invited to provide suggestions through client surveys. They said their managers asks them about the care workers and about the external agencies and ask if we are happy with them. Management described how they use the information from surveys, feedback and complaints to gain an insight into the quality of their service. Team Leader manage the complaints register and review and report on any themes or trends monthly to Service Manager. The assessment team viewed the monthly report to the Executive Manager and Clinical and Service Governance.

Policies regarding feedback and continuous improvement guide staff practice. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted some correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| 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

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Demonstrating the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Continually engaged in recruitment processes and brokerage arrangements to ensure enough staff are available to deliver scheduled care and services.
* Monitoring compliance of staff qualifications.
* Providing an orientation and training program to regularly assess, monitor and review the performance of each member of the workforce.

The service demonstrated that the number of mix of members of the workforce delivering personal, flexible respite and domestic assistance are sufficient to deliver safe and quality services to consumers requiring personal and domestic care and services.

Management advised due to the impact of the workforce shortages and COVID-19 it has prioritised its essential services such as personal care and these consumers have had their care and service needs met. Management said that there have been several factors effecting non-essential services in the past due to high level of staff leave and this has impacted on the services ability to deliver non-essential care and services to meet consumer preferences however, all consumers are offered either a replacement staff member or rescheduling of services.

A review of documentation, including consumer support plans and dated notes, demonstrate communication to consumers/representatives regarding replacement staff and services are scheduled in a timely manner. Consumers interviewed provided positive feedback regarding staff and said they receive care and services from two or three of the same care workers and they are very happy with the staff.

Management advised, and consumers confirmed the service is employing staff from culturally and linguistically diverse backgrounds matching its CHSP consumers. Consumers and representatives confirmed staff treat them with respect and are responsive to their needs. The Assessment Team observed staff at the telephone conversation interacting with consumers in a kind, caring and respectful manner. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process. The Assessment team sighted a training matrix, which indicated staff are provided training for elder abuse.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Management described how they ensure staff have appropriate qualifications, including registrations as part of their monitoring process. Consumers and representatives confirmed they felt staff were competent. They also stated that staff know what they are doing. Management discussed that all roles have a detailed position description. A staff file and training matrix was sighted, which indicated that a manual handling competency assessment was completed by those staff who deliver personal care.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction processes. The service has a continuous improvement approach to staff development. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. Management advised all staff complete training upon induction and they are also provided with ongoing training. Staff described completing relevant training and being supported in their role. Consumers reported that the staff who provide services have the skills to do their roles.

The Assessment team sampled staff training records. Management identifies staff training needs directly from staff through staff meetings, informal chats with staff, reviewing progress notes and through incidents/complaints.

The service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal system in place for all staff. The organisation has a performance and development process in place where yearly appraisals should complete for staff.

Staff confirmed they were supported in their performance review process during meeting or post incidents and found it a useful process. One said it made them feel supported in their role. Staff reported they receive feedback from management and have appraisals as required. Management provided examples of how staff are supported and said processes are also in place regarding performance management when needed. Performance assessment example was provided post complaints/incident. Consumers said that they are happy with staff performance.

The Assessment team sighted annual performance appraisals tracking for a care worker, managers, team leader and coordinator. All appraisals included input from both staff and management had opportunities for further training and development.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| 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 |
| 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. | Not applicable |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four applicable requirements have been assessed as Compliant.

The service is:

* Engaging consumers in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives described how they are engaged to provide feedback, with many confirming they were invited to participate in surveys and reassessment. Some indicated they would give feedback verbally to staff if they wanted to provide it.
* Promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery. Staff interviewed thought the service is well run and they demonstrated an understanding of policies and procedures overseeing the delivery of safe, quality services.
* Ensuring it has effective risk management systems and practices. The organisation has a risk management system in place that identifies and responds to vulnerable consumers. The executive is informed of any emerging risks and trends of incidents, complaints and of continuous improvement activities. Regular planning mechanisms are in place and management advised they have ready access to all information to ensure transparency and informed decision making. The service focuses on achieving positive lifestyle outcomes for consumers.

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. Most consumers and representatives sampled expressed satisfaction with the quality of the service and have given examples of how the service is delivered to meet their diverse needs. Some consumers and representatives have said the service provider can improve communications regarding scheduling and allocation of care workers based on consumer preference.

Staff stated the service is well run and advised management is responsive to consumer feedback in relation to assigning care workers and flexible with visit schedules seeking to ensure consumer preferences are met based on individual consumer circumstances. The staff say they seek consumer feedback when reviewing care plan and when providing care which is recorded in the Electronic File.

Management advised consumers are encouraged to provide feedback during home visits, via consumer focus group, phone or email contact, via the service website, and the service Feedback. Management said consumers also complete annual survey. The trends and themes from the survey results are analysed and together with feedback and complaints data, which the clinical governance team reviews, and any initiatives and indicators coming out of these are provided to the General Manager and up to the board committee. The assessment team sighted the monthly reporting and the continuous improvement register and relevant policies.

Most consumers and representative sampled said they are satisfied the service provider promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The team leader, coordinators and admin team advise they have regular and on needs basis meeting to discuss care worker allocation based on individual consumer needs and priority to address consumer requests and preferences.

Management advised that the current industry wide care worker shortage has made meeting consumer preference with care worker allocation challenging. They are constantly recruiting to build their pool of staff. The service in a process to rollout, their new client management system to manage client information and this will better reflect consumer requirement to merge with care worker requirements and statements.

Management also advised the service has organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care and services across the organisation. The governing body is supported by Head of clinical and service governance team and responsible for monitoring risk and quality in relation to care and services. Reporting processes occur through the meeting structure to provide information and advice to the governing body to meet responsibilities and to maintain oversight.

Based on discussions with management and an analysis of the information provided by management, including meetings minutes, copies of reports, strategies to address the statement issues and continuous improvement plans; the governing body on balance demonstrated it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services. Improvements driven by the governing body include rolling out of the new client information system which will integrated system with template design to capture the consumer’s assessment, care plan and review in one document which incorporates the consumer story.

Information Management

Electronic information management systems are in place and include a consumer file management system, a care worker rostering system and an online training system. The service has an intranet where policies and procedures can be accessed and has a wide variety of other communication systems. Care workers can access consumer information to facilitate their visit through the individual consumer folder available at home. All information related to the consumer are maintained confidentiality and backup systems are in place to ensure information is not lost in the event of an IT issue. The service working in progress to introducing a new system.

Continuous improvement

The service has strategic planning and continuous improvement processes in place. Continuous improvements are sought by the service staff via feedback surveys (consumers and staff), staff meetings, review of management systems including staff performance, incidents and complaints. Improvement register sighted specific to services developed against the standards. Feedback provided to executive management for purposes of inclusion in overall strategic plans via the various business units.

Financial governance

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. The senior management have oversight of the service’s income and expenditure and this is reviewed regularly and discussed by the governing body. Services are reviewed on a regular basis by administrative staff and adjustments made to costs of services when required. Consumers are advised of any changes in costs well before implementation. All consumers receive monthly invoices for their services.

Workforce governance

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. For example, the Assessment Team sighted current certification for staff including but not limited to, police checks, driver’s license for staff. Management advised they know when certifications are due because they maintain the spread sheet and monitor until it is complete.

The Assessment team sighted the roles and responsibilities of board members, for example, approving budget and monitor expenditure, approving key policies. The role of the management was defined.

Regulatory compliance

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies on regulatory matters, which is monitored by the Board, General Manager, service manager and implements changes as needed in partnership with the relevant business unit. Information is fed down to relevant managers and staff through regular meeting, emails, training, policies and procedures. Assessment team reviewed how the service provider planned the changes in line with the regulatory changes.

Feedback and complaints

Processes are in place to address feedback and complaints. For further details please refer to Quality Standard 6 for details.

Management outlined their Incident management policy and Incident Management Register, overseen by the Service Manager with inclusion of the clinical team and the General Manager. The policy outlines the recording, escalation to senior management and tracking of action. Example of an incident was provided, and actions undertaken to address the issue discussed.

Staff are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Online training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports (through care plan). Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting the home care worker who understand them and know of their needs.

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