**Performance**

**Report**

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| Name: | Reliable Hands Community Care Services |
| Commission ID: | 700929 |
| Address: | 2 Chadsvale Court, WOODRIDGE, Queensland, 4114 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7023 Reliable Hands Community Care Services Pty Ltd  
Service: 26216 Reliable Hands Community Care Services

**This performance report**

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

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

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

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

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)(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 service demonstrated each consumer is treated with dignity and respect and their identity, culture and diversity valued. Consumers said staff treat them with respect and they are provided with dignity when care and services are delivered. Consumers and their representatives spoke about the kindness and approachability of staff and their willingness to address concerns. Staff spoke respectfully about consumers and could speak about each consumer’s background and preferences. Documentation review showed respect is provided in how communication, choice and preferences are recorded in care documentation. The service has policies and processes that promote a person-centred and respectful approach.

The service demonstrated care and services are culturally safe. Consumers and representatives interviewed gave examples of how the service supports cultural preferences. Staff interviewed regularly provide care to the same consumers and get to know their background and how the consumer likes their care to be delivered. Care plans guide staff in how they can support a consumer’s cultural needs and preferences when providing care. Policies and procedures require staff to consider each consumer’s cultural safety when planning and delivering care.

The service demonstrated that each consumer is supported to make their own decisions about their care, including about when and how others should be involved. Consumers and representatives said they are involved in making decisions and can communicate the decisions easily. Choice and decision making was evidenced in a review of care documentation. Management confirmed consumers are supported when they wish to involve others in making decisions about their care. Care plans evidenced that consumers are supported to make or maintain connections with others. Policies and procedures guide staff in how consumers can be supported to exercise choice and independence.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers are encouraged to do things independently and staff respect the decisions consumers make. Staff give information, discuss risk and offer alternative approaches if they identify that consumers are making choices that involve risk. Consumer decisions about risk are documented.

The service demonstrated that information provided to consumers is current, accurate, timely and easy to understand. Consumers and representatives interviewed said they have copies of care plans and monthly statements and understand the information they receive. The service continues to refine its processes to ensure consumers and their representatives are informed in a timely way of changes to the care and services delivered.

The service demonstrated they have policies and processes to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. A review of care plans showed consumers sign a consent form for personal information to be shared. Consumers and their representatives said consumer information was kept confidential and privacy was provided by staff.

# 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

The service actively engages consumers and their representatives in the assessment and care planning process through diverse communication channels, including face-to-face interactions and regular assessment and planning. Sampled consumers and representatives spoke positively about the quality of and services offered and tailoring of services to meet individual needs, goals and preferences. Staff acknowledge the potential challenges encountered by consumers and the importance of documentation to inform the delivery of personalised care and services to each consumer. This involves comprehensive assessments and strategic planning. Additionally, staff use risk assessment tools to identify and address various health and well-being concerns that consumers might encounter, such as falls, pain management, medication adherence, and continence issues.

Consumers and their representatives confirmed the service places a priority on involving consumers and relevant individuals in the planning and delivery of care and services. A review of care planning documentation, demonstrated the assessment and planning process are customised and tailored to address individual's current goals, needs, and preferences. Additionally, the service takes proactive steps to discuss Advance Care Directives (ACD) and End-Of-Life (EOL) wishes with consumers during initial assessments or when there are significant changes in their condition. Cultural needs are considered and discussions are documented in the care planning information to ensure effective communication.

Sampled consumers and representatives advised the care and services provided by the service are high quality, tailored to meet consumer’s individual needs and preferences, and inclusive of their involvement in the decision-making process. The review of care planning documentation showed the service values communication with the individuals involved in a consumer's care, including providers of their choice. Staff and management also shared instances of how they engage other providers to ensure that the consumer receives care according to their specific preferences.

Consumers and representatives said the service offers sufficient information and support. Consumers are provided access to their care plans and expressed confidence in communicating any concerns with the service, knowing that staff promptly address them. Care plans accurately capture input from consumers and representatives during initial assessments, reviews, and whenever changes are identified. Staff remain informed about the evolving needs and preferences of consumers through multiple communication channels, including phone and email, with all changes being documented. Additionally, staff are encouraged to promptly notify their manager of any concerns regarding service delivery or changes in the consumer's condition.

Sampled consumers and representatives reported receiving regular follow-up calls from the service, either via phone or through in-home visitation, to ensure their satisfaction with the care and services provided and to address any outstanding needs. Staff confirmed they conduct reviews for all consumers at least once every 12 months, with additional reviews scheduled as necessary in response to consumer requests, changes in care needs or preferences, and any identified risks, hazards, incidents, or complaints. The management of the service closely monitors the timelines for conducting reviews for all consumers. A review of care plans revealed reviews are carried out in accordance with the service's policy and procedure guidelines, with all interactions with staff, consumers, or other care providers being documented.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Sampled consumers and representatives provided positive feedback about the care delivered by staff. Care plans reviewed contained sufficient details and had strategies reflecting best practice to direct staff. Staff had an understanding of individual consumer needs and preferences, enabling them to deliver personalised care using tailored strategies. A review of care planning documentation showed care was customised to address the distinct needs and preferences of each consumer while adhering to safety and standards. The service was found to have established policies, procedures, and assessment tools to assist staff practice

in delivering both personal and clinical care and ensuring the provision of quality services.

Consumers and representatives stated staff at the service effectively communicate risks related to consumer well-being and actively involve them in devising strategies to manage risks. Care plans identify various risks, including falls, diabetes, weight loss, vision and hearing impairments and responsive behaviours. Staff demonstrated a thorough understanding of high-impact and high-prevalence risks, such as falls and people living with dementia. Care plans are personalised to address the specific risks associated with each consumer. Policies and procedures pertaining to high-impact or high-prevalence risks are readily accessible to all staff members, and management reviews incidents, taking appropriate follow-up actions when necessary. The service has established policies and procedures to offer guidance to staff in managing end-of-life (EOL) care, which includes provisions for pain management and comfort care. Sampled consumers/representatives expressed satisfaction with the Advance Care Directives (ACD) and EOL plans implemented by the service. The plans are regularly reviewed and updated.

Sampled consumers and representatives provided positive feedback regarding the service's attentive and responsive approach to changes in consumer health. They were satisfied with the service's encouragement of open communication regarding any concerns or alterations in a consumer’s condition, as well as the adherence to recommended guidelines. Staff demonstrated an understanding of how to recognise, report, and address consumer deterioration or changes in the health and wellbeing. A review of consumer care plans demonstrated the service has responded to reports or changes in a consumer's condition. The service has an established processes for staff to notify management by phone if they have concerns about a consumer. Additionally, the service provides a comprehensive suite of policies, procedures, and related documents to support staff in recognising and responding promptly to decline or deterioration in a consumer's health and wellbeing.

Consumers and representatives advised that staff are attentive to personal care needs. Care planning documents are accessible through hard copies at the consumer’s home or at the provider’s office as well as on the care management system. Staff receive updates on changes to service delivery through communication from management and the service. Staff document any changes, incidents, or relevant information in dated notes and escalate them to management for appropriate action. Regular meetings are also held to ensure that staff are informed of any changes.

The service has established a clinical governance framework, along with policies and procedures, to guide staff practices. Reporting and escalation processes are in place to facilitate effective communication within the organisation and with all parties involved in the consumer's care.

Consumers and representatives said the services provided by the organisation are both timely and appropriate. Staff and management have access to allied health professionals to address any concerns that may arise. Care plans demonstrate the service collaborates with various health professionals and integrates their recommendations into consumer care plans. Additionally, the organisation has established policies and procedures to guide staff in referring consumers to other support services if they are unable to provide the necessary support themselves. These policies ensure that all consumer needs are efficiently and promptly addressed.

Consumers and representatives trust in the service's commitment to infection control and prevention. The service has implemented policies and procedures for identifying and monitoring both consumers and staff exhibiting COVID-19 symptoms or testing positive for the virus. Additionally, staff members receive training on infection control practices, including those specific to COVID-19, and are proficient in donning and doffing personal protective equipment.

Furthermore, the service has a clinical governance framework in place providing guidance on infection control practices. Policies and procedures related to antimicrobial stewardship, infection prevention and control, COVID-19 safety plans, and outbreak management are established. The service remains updated on changing infection control requirements alerts and communicates changes to staff and consumers as necessary.

# 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)(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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives reported feeling supported by staff, and found the support provided by the service to be positive in enhancing consumer independence, health, well-being, and overall quality of life. Staff demonstrated an understanding of each consumer's unique preferences and requirements and implemented appropriate strategies to manage associated risks. The service's care planning documentation was thorough and effective in guiding staff practice, ensuring that the needs, goals and preferences of consumers were addressed. The service demonstrated it is delivering services and support while effectively managing potential risks associated with their provision.

The service has shown a commitment to improving the emotional, spiritual, and psychological well-being of consumers through their daily living support services. Management and staff demonstrated their ability to address the emotional, psychological, and spiritual needs of consumers, as confirmed by feedback from consumers and representatives. Care plans reinforces this focus by including information about each consumer's overall well-being. Furthermore, the support provided by staff reflects an understanding of each consumer's specific needs. The personalised assistance offered is customised to meet the unique requirements of each individual, including social support services, group outings, and activities tailored to their preferences.

Consumers and representatives said the service facilitates consumer’s connection with their friends and family and participating in activities aligned with their interests. Management noted that consumer care plans outline individual's background and social activity preferences. The service uses this information to plan social events tailored to consumer’s specific needs. Care plan review confirmed the service integrates consumers' activity preferences into their daily care routines.

Consumers and representatives indicated the service has sufficient information to deliver services tailored to consumer needs and preferences. Consumers receive consistent support from familiar staff who have an understanding of their requirements. Staff and management can access consumer care plans and information as needed and review relevant documentation before visiting to ensure awareness of consumer needs. A review of care planning documentation confirmed it contains sufficient information to guide staff in delivering care and services aligned with consumer preferences.

Consumers and representatives were satisfied with the services provided by other organisations they have been referred to. Staff and management demonstrated a clear understanding of the process for referring consumers to other organisations and individuals involved in their care. If staff identify an additional need for a consumer, they escalate it to their manager to organise an assessment by a registered nurse. Based on the nature of the requirement, once the evaluation is complete, appropriate referrals are made to assist the consumer.

The service is not funded to provide meals, therefore requirement 4(3) (f) was not applicable and not assessed.

Consumers and representatives confirmed the equipment provided by the service for use in their homes is suitable and meets their needs. Care plans confirms that staff receive training in the use of relevant equipment. Management assured that if a consumer's home care package does not cover the cost of necessary equipment, the service will assist the consumer or their representative in finding an affordable alternative. Consumers and representatives acknowledged the service has previously supported them in locating suitable equipment.

# Standard 5

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

Findings

The service is not funded to provide services in the organisation’s service environment. Therefore, this standard was not applicable and was not assessed.

# 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

Management and staff described ways they support consumers and representatives to provide feedback, such as feedback forms and contacting the office. On entry to the service, consumers and their representatives are provided with a handbook with detailed information about the internal complaints process, along with the complaints form. The service has a ‘complaint and feedback procedure’ to guide staff in responding to feedback and escalating concerns, with training undertaken during induction to the service.

The service demonstrated that consumers and representatives are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. On commencement with the service, consumers and their representatives are provided with a ‘welcome pack' inclusive of a Home Service Agreement, which contains information pertaining to interpreter services, advocates, and external complaint handling bodies. The Home Care Agreements sighted were signed by the consumer. Communication was inclusive and tailored to individual’s needs.

Consumers and representatives confirmed the service responds promptly to any issues raised, provides an honest explanation and action is promptly taken. Sampled consumers and representatives are confident they will continue to be treated with respect and dignity regardless of any issues they may raise. The organisation demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong, although some care staff were not aware of the specific term. An established feedback and complaints handling process supports staff and management in capturing and responding to feedback and complaints. Staff and management consult with consumers where the service has not met their expectations, offer an apology and work to resolve issues promptly. Complaints documentation demonstrated open disclosure is used as part of the complaint management process.

Staff described how feedback from consumers is reported to management for follow-up and review. Feedback and complaints are discussed by management and staff on a regular basis. All feedback both positive and negative is consistently recorded, actioned, analysed and reviewed to improve service performance in an ongoing way.

The service also has a Business Continuity Plan and strategic plan dated 2019 - 2023 and 2023 onwards and a plan for continuous improvement register. The service is transitioning to and implementing a new software system and has a planned approach to its introduction intending to improve the overall business service delivery method to its consumers and manage the feedback and complaints system in a timely manner.

# Standard 7

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| Human resources | | HCP |
| 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 service demonstrated the workforce is planned and deployed to support care and service delivery. Sampled consumers and representatives were satisfied with staff availability and consistency and confirmed staff know their needs and preferences. Consumers confirmed they receive the agreed care and services, as planned, in consultation with them, and staff are on time. Staff have sufficient time to provide care and are consistently allocated to individual consumers. Management reported there have been no unfilled shifts. In the instance a scheduled staff member is unavailable, the service always has two staff on standby as per the service Business Continuity Plan.

The service exhibited a commitment to ensuring the workforce interactions with consumers are kind, caring and respect for each individual's identity and diversity. Both management and staff detailed various strategies implemented to respect consumers and value their diversity. Management and staff demonstrated a respectful and caring approach when discussing consumers, showing an understanding of consumers’ backgrounds, past occupations, important relationships and preferred topics of conversation. Consumers and representatives had confidence in the workforce. They said the workforce is competent and services are delivered in accordance with their individual needs and preferences.

Staff confirmed they received education and training from the service and receive prompts to complete mandatory training, a police check and renew professional qualifications if required. Management advised they have monitoring processes to ensure the competency and currency of qualifications for staff. There are processes to monitor criminal history checks, vaccination records, drivers’ licences, and mandatory training competencies. All staff employed with the service have a minimum of Certificate 3 in either Individual Support or Aged Care Support. There is a registered nurse employed at the service.

Consumers and representatives sampled feel staff are trained to provide the care that has been assigned to them. Staff are recruited, trained, and equipped for their role, prior to commencing care provision to consumers. Induction and orientation, mandatory training, buddy shifts and competency assessments prepare staff for their role. Staff interviewed confirmed they receive ongoing mentoring and management are always available to provide support at any time. Management and staff have access to a range of online training. The training needs are identified via, consumer feedback, performance reviews and through observation.

Consumer feedback positive and negative is taken into account in monitoring staff performance on an ongoing basis. Where expectations have not been met, this is actioned promptly, and additional training and support provided if required. Staff and management advised staff performance is monitored and reviewed annually and formally assessed through an annual performance appraisal cycle and performance review discussion plan. Staff have had annual performance reviews and documentation was sighted for annual performance reviews.

The performance of brokered staff is monitored through regular email communications and obtaining feedback from consumers and representatives. Management emphasised the active integration of consumer feedback into the assessment of brokered staff performance when relevant.

# 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 |
| 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. | Compliant |

Findings

The service actively involves consumers and representatives in the development, delivery and evaluation of care and services. Feedback from consumers and representatives confirms that the service seeks their input through various channels, such as surveys, conversations with staff and management. Consumers were satisfied with the quality of the service and noted their input in tailoring the service to meet their diverse needs. The service utilises feedback processes, including annual engagement surveys, regular care and services reviews, and feedback forms, to gather input from consumers and representatives. Management and staff demonstrated understanding and provided examples of how they ensure ongoing consultation and feedback is sought from consumers and representatives. Additionally, the service provides information through newsletters and websites, ensuring updates are made manually and available 24 hours, 7 days a week (24/7). A feedback register is maintained and resources such as the client handbooks and documents are available, with management attending to consumers to ensure understanding, including translation support when needed.

Management also engages with consumers weekly and organises monthly social activities as a way to obtain feedback. Surveys are administered during onboarding, exit, and annually for ongoing consumers. Completed surveys for 2023 and 2024 were reviewed. Care planning occurs annually or when changes occur, serving as an opportunity for engagement with consumers. Briefing staff and collecting feedback from them are additional measures to ensure the development and evaluation of care and services. The service maintains a 24/7 hotline for any inquiries or concerns. The service demonstrated accountability in fostering a culture of safe, inclusive and quality care and services, overseen by the governing body. The governing body remains informed of the service's operations, through formal governance frameworks, leadership structures, reporting pathways, and feedback mechanisms. Incidents and feedback are promptly assessed for severity and categorised accordingly, with notifications sent to relevant parties. Furthermore, the service employs diverse strategies to cultivate an inclusive and welcoming environment for consumers and others.

Information about consumers is accessible to authorised members of the workforce. All consumer files and data are stored securely on the service's information management system, protected by usernames and passwords. A comprehensive privacy policy ensures consumers are informed about the collection, storage, and usage of their information. Management outlined strategies to provide information to consumers in an understandable manner. Consumers receive relevant details about proposed services, including service costs and remaining funding in their package. Information is conveyed in a manner that empowers consumers to make informed choices regarding their care and services.

The service actively pursues continuous improvement through various systems and processes, including gathering consumer and staff suggestions, feedback, and complaints and monitoring incidents. Continuous quality improvement is integrated into service operations and staff practices. Documentation viewed provided evidence of identified improvement areas, actions taken, completion dates, and outcomes, ensuring accountability and transparency in the improvement process.

Home Care Package budgets and ongoing balances are monitored in collaboration with consumers, ensuring financial transparency and accountability. Monthly statements outline income, expenditure, and care services provided, promoting clear understanding of the ongoing balance. The Business Continuity Plan includes financial considerations and guides income management.

Management plans the workforce to ensure adequate staffing for service provision and operational tasks. Position descriptions are tailored to each role, ensuring relevance and clarity. During interviews, staff demonstrated an understanding of their responsibilities. They also understood how to effectively communicate information and escalate any concerns or improvement suggestions.

The organisation ensures compliance by maintaining memberships with industry and

professional peak bodies, as well as strategic legal partnerships. This includes subscriptions to various companies and organisations that provide legislative updates. Policies and procedures undergo regular review to adapt to changes, with records indicating monitoring of staff compliance with various requirements, including police certificates and vaccination status.

The organisation manages feedback and complaints promptly, ensuring fair treatment and confidentiality. It maintains a system for logging and escalating complaints, with an established escalation point for emergency situations. A complaints register is in place, and complaints are typically resolved promptly. Management holds regular meetings to discuss feedback and complaints.

The organisation employs an extensive risk management framework, utilising various mechanisms to identify, evaluate, and mitigate risks. Policies, procedures, and staff training contribute to effective risk management, particularly concerning consumer safety and isolation. Assessment and care planning procedures incorporate risk identification, with triggered assessment tools applied where necessary. Strategies are developed to manage and minimise high-impact and prevalent risks for each consumer, including falls, wounds, chronic health conditions and any other health related concerns. Incidents involving consumers are managed through an incident management system, with staff trained on reporting procedures and responsibilities. Incident management policies and practices are well-understood by staff and management. Staff undergo training in various areas. Disaster management procedures are outlined in a comprehensive spreadsheet, with risk factors categorised and corresponding instructions provided. Medical condition concerns are documented in care plans, and regular meetings are held to discuss risk management strategies. Additionally, incident management policies ensure timely resolution of incidents, with records maintained in an incident register.

The organisation maintains a strong focus on infection control, providing resources such as easy-to-read brochures and including infection control policies in staff handbooks. Clinical governance is structured around risk management, clinical audit, staff training, and client feedback, overseen by a clinical governance principal and emphasising open disclosure. While there is only one registered nurse who primarily handles assessment and planning, clinical care, including wound care, is referred to the consumer's general practitioner). Vaccination against COVID-19 and influenza is mandatory for relevant staff. The organisation has a COVID-19 response, and the Business Continuity Plan is regularly reviewed to ensure effectiveness. Any changes in consumer condition prompts immediate communication with the service, with an registered nurse dispatched for assessment if needed. Although the organisation does not directly provide clinical care, they are prepared to assist consumers, with wound assessment and treatment if required, despite the preference for consumers to consult their own GPs due to cultural differences.

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)