**Performance**

**Report**

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| Name: | Resourceful Australian Indian Network Community Centre |
| Commission ID: | 201193 |
| Address: | 501 Forest Road, PENSHURST, New South Wales, 2222 |
| Activity type: | Quality Audit |
| Activity date: | 28 May 2024 to 29 May 2024 |
| Performance report date: | 5 July 2024 |

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: 3390 Resourceful Australian Indian Network Incorporated  
Service: 27305 Resourceful Australian Indian Network Inc

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8157 Resourceful Australian Indian Network Inc  
Service: 27909 Resourceful Australian Indian Network Inc - Care Relationships and Carer Support  
Service: 24067 Resourceful Australian Indian Network Inc - Community and Home Support

**This performance report**

This performance report for Resourceful Australian Indian Network Community Centre (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 19 June 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 8(3)(c)**

* Ensure effective organisational wide governance systems, specifically in relation to identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.

**Requirement 8(3)(d)**

* Ensure effective risk management practices and systems to manage high impact/prevalence risks associated with consumers care in supporting them to live their best life.
* Ensure the organisation’s risk management and incident management systems are effectively implemented.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said the service has a thorough understanding of their identity, culture and diversity. Management demonstrated a long and ongoing connection with their consumers, an understanding of their values and 'the cultural respect that is owing to elderly in the community'. Consumers said care helpers treat them with dignity. Their religious, spiritual needs and ethnicity are important to them and the service understands and supports this aspect of their care.

The service demonstrated care and services are culturally safe. The service has the background knowledge and experience in providing services for the Indian community and anticipating and monitoring the short and long-term expectations of consumers. The service has a diversity action plan with strategies for inclusive care and service delivery. Consumers said they have been asked to share their experiences of care and services and if it meets their expectations of cultural safety.

Consumers said they have as much control over the planning and delivery of care and services as they want. The consumer cohort is very independent and care documentation and feedback from consumers and representatives showed that independence and choice was a key goal across the group. Management said consumers are encouraged to have their representatives with them while planning care. They offer language specific clear direction on choices available to consumers in line with their goals. Consumers are encouraged to communicate their decisions freely and provided the time to consult family members they are close to. Community consultations, committee and staff meetings are an opportunity to discuss the service’s decision support processes so it combines a consumer’s values, goals and preferences with information about benefits and risks, to achieve consumer-centred solutions. Staff demonstrated how they routinely support consumers to make informed choices about their care and services, and the organisation administers relevant policies on supporting consumers to maintain relationships of choice and supporting decision making.

Consumers and representatives said they are suitably supported by staff to take risks and live the best life they can. Consumer care planning documentation described areas in which they are supported to engage in risks in accordance with their preferences, and management committed to ensure that consumer risk assessment and documentation is consistent. Management highlighted that recording consumer risk conversations, mitigation strategies and acceptance of risk procedures is available in the organisation’s choice, independence and quality of life policy.

The service demonstrated information provided to each consumer is current, accurate and timely, and communicated clearly, and enables consumers to exercise choice. Consumers and representatives described information they receive to help them make decisions about the services they would like to receive. Staff demonstrated various ways in which information is provided to consumers, including in writing and verbal information is language specific as needed.

The service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives advised the service routinely ensures their privacy is respected. Staff demonstrated the practical ways they respect the personal privacy of consumers, and the service administers an organisational policy and procedures on protection of personal consumer information and staff were aware of the service’s policy on privacy and confidentiality.

# Standard 2

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

Findings

The service demonstrated assessment and planning includes consideration of risks to the consumer and informs safe delivery of care and services. Consumers and representatives advised they felt safe and confident that staff listen to their needs and this information is used to support their health and well-being. Policies and procedures are administered to guide staff in the assessment and planning processes. Initial and ongoing assessments of consumers are completed in person by the care manager and consider risks related to isolation and vulnerability, pain, skin integrity, medical status, mobility, medication, home environment, and restraints. Care plan reviews include health information, details of current medication, mobility equipment in use, continence management, and service work plans for staff to follow. The service employs a part time enrolled nurse to conduct minor wound and clinical monitoring, and referrals made to subcontracted allied health, nursing services and medical officers as part of the assessment process.

The service demonstrated that assessment and planning processes include current information about needs, goals, and preferences for each consumer. Initial assessment processes show detailed information about consumers’ current needs is captured, including current condition and functional abilities, consumer goals and needs informing care and services, and consideration of cultural preferences. Ongoing communication between consumers, managers and care helpers ensure consumer preferences and needs are maintained up to date. Relevant policies and procedures guide staff in end of life and advance care planning. Consumers and representatives highlighted that discussions around end of life and advanced care directives occur during the initial assessment and the service demonstrated an ongoing commitment to raise awareness of the importance of advanced care planning with consumers and representatives.

The service demonstrated assessment and planning took place in partnership with consumers and included other organisations, individuals, and providers of care where appropriate. The service demonstrated a proactive approach to including other providers and individuals in care and service planning, review and delivery. Consumers and representatives advised they are involved in decisions about their care and partnerships with third parties, and consumer care planning documentation demonstrated evidence of regular involvement of external clinical and allied health professionals.

The service demonstrated that outcomes of assessment and planning are routinely communicated to the consumer verbally and in a documented care and services plan. Consumers and representatives advised they have received a copy of the care and services plan and stated they receive explanations of assessment information from the service and any third party providers. Care helpers advised that they are regularly informed about consumer care and services by the service verbally and via email and documented service work lists and were able to access care plans through the mobile electronic care management system (ECMS) on their phones.

The service demonstrated review of care and services occur regularly as scheduled or when changes or incidents prompt a review. The service demonstrated relevant policies and procedures to guide staff in regular or trigger-based reassessment of consumer needs, goals and preferences. Consumers and representatives stated the service is proactive in reviewing and responding to changes impacting on consumer care and services, and consumer documentation and feedback from consumers and representatives highlighted that reviews occur after incidents or hospitalisations, and often involved third-party providers contribution.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The service does not deliver personal and clinical care to consumers accessing CHSP services therefore Standard 3 is not applicable to CHSP.

The service demonstrated consumers accessing HCP services receive safe and effective best practice personal and clinical care when required, optimising their health and well-being. The service has an in-house team of staff, proactively overseeing and managing care delivery, including a part-time enrolled nurse. This role provides ongoing monitoring of basic observations such as blood pressure, minor wound dressings and other limited clinical needs, as directed by subcontracted registered nurses or medical officers. Ongoing personal care, clinical care and allied health is delivered using contracted agency or subcontracted staff. Relevant policies and procedures guide staff and the service relies on external contractors to provide best practice clinical and allied health care. The service demonstrated it is proactive in applying for upgrades to individual funded services where there are increased consumer care needs. Consumers and representatives advised of their satisfaction with the quality of personal, clinical and allied health care, stating they feel safe during services and that care delivery meets their individual needs.

The service demonstrated that high impact or high prevalence (HIHP) risks associated with the care of each consumer are effectively managed. Although the clinical acuity of most consumers was currently low, the service is proactive in identifying and responding to risks for individual consumers. The service identifies HIHP risks as isolation, falls, hearing loss, anxiety, cognitive changes, and funding not matching care needs. Relevant policies and procedures assist to identify and manage risks in partnership with external clinical and allied health professionals, and consumers and representatives advised that risks associated with their care are managed well and staff are risk aware and quick to respond to any issues. Consumer care planning documentation highlights individual risk mitigation strategies and risk alerts are appropriately documented.

Whilst the service does not currently or regularly manage consumers with end of life needs, consumers and their representatives were engaged in discussions around end of life and advance care planning. Consumers are asked about their preferences, needs and goals around end of life care during the care planning process. The service undertakes proactive education with consumers and representatives around end of life and advance care planning. The organisation administers relevant policies and procedures to guide staff practice, including a palliative and end of life policy and procedure, in line with current best practice pathways. Management highlighted that when consumers require end of life support, they are transitioned into respite then permanent residential aged care, with families overseeing the core medical arrangements. Consumers and representatives advised the service regularly discusses end of life care needs and advance care planning with them.

The service demonstrated that changes in consumer health, functional condition and care needs are recognised and responded to in a timely manner. The service administers guidance for staff in its policies and procedures on recognising and managing deterioration. Changes in a consumer’s condition observed by care helpers is documented after each shift and escalated to the care manager. The service’s ECMS assist with detecting deterioration in a timely manner through automatic escalation of key risks and key words. Consumers and representatives highlighted their confidence that the service identifies and responds to deterioration in a timely manner and stated staff knew them well and could identify any issues. Staff demonstrated appropriate knowledge of the process for escalating concerns, including calling the care manager directly for urgent issues.

The service demonstrated information about consumer condition, needs and preferences are documented and communicated within the organisation and with others responsible for delivery of care. Consumers and representatives advised they are confident staff understand their needs and preferences, and that changes are communicated both within and external to the organisation. Consumer care information is stored in the ECMS and shared files, with progress notes, care plans and risk details accessible by all staff providing care, through their mobile application on staff phones. The ECMS is the primary source of information for staff and includes current contacts, emergency details, rosters, and information on changes in care needs. Changes or updates to consumer information is initially provided by management to staff through verbal means, then emails, an encrypted group work chat and the ECMS. Subcontracted staff who deliver clinical and allied health services, including physiotherapy, occupational therapy, dietician services, podiatry, and nursing services advised that information on individual consumer conditions and care needs is readily available by the service. Subcontracted staff demonstrated appropriate and timely information exchange after care and service delivery including progress notes, wound care documentation, wound photos, discharge summaries, medical officer letters and information, and treatment plans and reviews.

The service demonstrated appropriate referrals to other providers of care and services are made in a timely manner. Consumers and representatives said referrals are made quickly when needed and they were kept informed of progress by the service. Consumer care planning documentation demonstrated that multiple proactive and frequent referrals were made to other external service providers and organisations, and reports on care and services are routinely followed up by the service and used to inform the care plan.

The service demonstrated effective minimisation of infection related risks to prevent and control infection. Staff demonstrated appropriate strategies to minimise the spread of infections and screening for COVID-19, including symptom recognition, reporting and escalating symptoms in self and others to management, and understanding when standard precautions or preventative measures are appropriate. Staff identified consumers with preferences for masks to be worn, and said they wore gloves and sanitised or washed hands throughout their shifts. The service administers up to date policies and procedures to guide staff in infection prevention and control, including COVID-19 and antimicrobial stewardship. Management highlighted that medication is overseen by medical practitioners and the service is not involved in monitoring antibiotic use. Consumers with symptoms of infections are referred to their medical officer for support and treatment, and the service will facilitate this if required, and arrange any required nursing support through subcontracted services.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives advised they are satisfied services and supports for daily living meet their needs, goals and preferences. Consumers receive safe and effective services that enhance and maintain their independence, well-being and quality of life. Staff demonstrated a sound knowledge of individual consumer needs and preferred daily living activities and how they support consumers to meet their needs, goals and preferences. Management demonstrated that the service partners with consumers and representatives to create a care plan which includes individual preferences, past and current interests, social, cultural and spiritual needs and traditions that are important to them. Consumer care planning documentation reflected staff knowledge about what is important to consumers and what they like to do.

Consumers and representatives advised that the services and supports available to them promote their emotional, spiritual and psychological well-being. Consumers advised they are connected and engaged in meaningful activities that are satisfying to them. Care planning documentation appropriately records individual consumers’ emotional support strategies and how these are implemented. Management demonstrated how they effectively organise activities that cater to consumer emotional, spiritual and psychological wellbeing, including Temple visits, spiritual leaders as guest speakers, activities to match the Indian festive and spiritual calendar like harvest festival, Hindu new year and Baisakhi celebration, Diwali (festival of lights) and Christmas celebrations.

Consumers advised they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. Consumers and representatives advised that the service proactively supports them to participate in their community.

Consumers and representatives advised that staff providing care are aware of their needs and preferences. Consumers are confident that their information is provided to external agencies engaged in shared care and responsibility. Staff demonstrated sound knowledge of individual consumers and said that consumer care and other needs are communicated with them. The service administers effective processes and systems for identifying and recording individual consumer condition, needs and preferences, including changes as they occur.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers. Consumers advised that when the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider.

Vegetarian, culturally specific lunches and sweets are provided 5 days a week at the centre-based respite and social support building as well as delivered to consumers' homes. A menu, including ingredients is emailed to each consumer monthly for them to order from. The service installed a kitchen in 2023 to support the meal service and to allow consumers to participate in cooking classes to build their confidence in a task that is culturally important to many in the consumer group. Consumers advised they enjoy the food and discussed how the meals they receive connect to family or church. Kitchen staff include chefs, volunteers and facilitators. A current food safety certificate is visible.

The service demonstrated where equipment is provided, it is safe, suitable, clean, and well maintained. The Assessment Team observed fitness classes in the social support group where consumers where using weights and elastics that were cleaned prior to use and not shared between consumers. Facilitators running social support groups and day respite demonstrated that equipment is cleaned between each use, that single-use and single consumer devices are not reused or shared. Management and staff demonstrated that individual consumer equipment needs are assessed by allied health professionals and supplied per their recommendations.

# Standard 5

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

Findings

The service offers CHSP consumers a meal service in the service environment, a social support group and a day respite service. HCP consumers also use these services. Consumers advised they enjoy attending social support and respite and that the room is large, with adjoining kitchenette and bathrooms equipped with height transition and support rails. The room provides a large cluster of tables for meals, activities and conversation and an open area where the Assessment Team observed the group wellness program activity and a religious lecture helping consumer interpret religious text. Activity facilitators are trained and experienced in decorating the space, creating the feeling of support, and enhancing the quality of relationships the consumers develop with the workforce, other consumers and visitors to the service environment.

Consumers were observed mobilising independently around the service environment. The rooms are clean and signage directs consumers to bathrooms. The entrance to the service has stairs and a ramp with space for consumers to be dropped off next to the ramp if needed. Windows and doors can be opened to improve airflow or light. Management demonstrated that regular cleaning is undertaken by workers and workers were aware of duties to be undertaken at each service. The workers demonstrated appropriate awareness of their responsibilities to protect consumers from avoidable harm and facilitators regularly discuss strategies with them to ensure consumers who can’t move about on their own can access the outdoors if they wish. The service highlighted that they aim to provide a service environment that is familiar to consumers, welcoming them in a manner appropriate to their background so consumers know they can be themselves and feel safe. Fire evacuation plans are visible in all consumer areas and fire extinguishers have been recently checked and stamped.

The service demonstrated that furniture, fittings and equipment are safe, clean and well maintained in the service environment. The Assessment Team observed, and consumers confirmed, the service and equipment are kept clean and safe for use by consumers. Consumer toilets were clean, wheelchair accessible and modified to accommodate consumers living with disability. Furniture in communal areas was clean and in good condition. Facilitators advised that they regularly identify changing consumer needs in the service environment and determine if equipment changes are needed.

# Standard 6

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

Findings

The service demonstrated that consumers, their families, friends, carers and others are encouraged and supported to provide feedback and complaints. Consumers and representatives highlighted that the service would provide them with support if they needed to provide any feedback or make a complaint, however, they have not felt the need to do so. Consumers advised that the service supports them through the complaints process, and consumers and representatives advised that the service has provided with information about how to make a complaint upon commencement with the service. Care helpers demonstrated how they appropriately support a consumer to provide feedback or lodge a complaint. For HCP consumers, the home care agreement that is signed by the consumer or representative when commencing services states that ‘consumers are entitled to make any genuine complaints about the provision of services without a fear of reprisal and that the service will convene a meeting between the service and the consumer or representative to hear the complaint’. The Assessment Team observed a complaints box at the service’s premises for consumers to lodge written complaints.

The service demonstrated that consumers are made aware of and have access to advocates and other methods for raising and resolving complaints. Consumers and representatives advised that the service provides information about third party advocacy services and the right to make complaints to the Aged Care Quality and Safety Commission. The Assessment Team observed pamphlets and posters at the service’s premises in relation to advocacy services and how to make a complaint with the Commission.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used if things go wrong. Consumers advised they are satisfied with the service’s complaints management process and are satisfied with the outcome of any complaints raised. Care helpers demonstrated an appropriate understanding of the importance of reporting all feedback and complaints made by consumers and representatives and the importance of engaging principles of open disclosure. The complaints register contains relevant information about each complaint and what action the service has taken to resolve the complaint.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The service’s complaints register demonstrated appropriate and timely action taken by the service in response to individual complaints. The service demonstrated effective analysis and broader improvements to the quality of the care and services based on the individual complaints received. The service also reviews consumer feedback from its client feedback surveys to gauge improvement opportunities.

# Standard 7

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

Findings

The service demonstrated that the workforce is planned, and the number and mix of members of the workforce deployed enables delivery and management of safe and quality care and services. Consumers and representatives provided positive feedback in relation to the service’s staff attending on time for shifts and completing work tasks during the allocated shift time.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives advised that care helpers are respectful and kind when providing care and services. Care helpers demonstrated the importance of treating all consumers in a kind and caring manner, including respecting the consumer’s identity and culture. Progress notes written by care helpers were written in a respectful manner and communication consistently applied respectful language when referring to consumers.

The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised that care helpers and other staff, such as kitchen staff, were competent and provided high quality services, care and meals. Care helpers demonstrated that the service ensures their competency and knowledge for the role through the induction process, and by encouraging them to complete online training through various learning platforms, and by attending face-to-face training seminars. The service’s office staff and management have relevant qualifications, such as Master of Business Administration, Masters of Counselling, and a Bachelor of Commerce. The service employs enrolled nursing staff who have attained a Certificate III in Care Support Services and a Certificate IV in Nursing. The service also engages a third party nursing staff and physiotherapist and the service provided the relevant certificate of qualifications in nursing and physiotherapy of these individuals.

The Assessment Team reported that the service was unable to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. This was specifically in relation to a lack of staff reference checks, including regular review of the banning registers and police checks. In addition, the organisation was unable to demonstrate standard contractual agreements with third party providers which ensure appropriate qualifications, skills and knowledge are adhered to in order to best support consumers, or that the organisation delivers effective and monitored mandatory training to staff. In their response to the Quality Audit Report, the Provider highlighted that the organisation is developing service agreements for home care packages, CHSP consumers and third party agencies. The organisation has approached aged care legal firms to purchase the agreements legally drawn out to include the current requirements. The organisation highlighted that this is being actioned as a priority and the committee has approved expenditure as an immediate need. The Approved Provider also highlighted that the organisation has supported staff to access the Aged Care Quality and Safety Commission learning platform to register and work online on relevant topics. The organisation is appropriately quantifying the topics covered by buddying staff to complete relevant topics including serious incident response scheme (SIRS), incident reporting, identifying neglect and abuse and dignity of risk. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Approved Provider’s response in relation to a workforce that is recruited, trained, equipped and supported. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 7(3)(d).

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. Care helpers advised they participate in regular assessments of their performance, including annual performance reviews. The Home Care Manager demonstrated effective monitoring and review of progress notes made by care workers and takes reasonable opportunity to address any issues in a timely manner with the care helper. The service provided Annual Performance Review forms for all current staff that are used to record the details of performance review discussions. The forms demonstrate that a range of topics and areas are discussed and rated with staff including, attitude and teamwork, communication, knowledge, information technology, flexibility, initiative, analytical skills, decision making, and quality approach to work and accuracy.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant | Not 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. | Not Compliant | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The organisation demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives advised the service is open to their feedback, which can be provided by phone or email, and most consumers and representatives advised that they participate in a consumer feedback survey from the service. The organisation demonstrated appropriate feedback surveys for consumers and representatives to assess the level of satisfaction of care, services and meals provided. The service has established a consumer advisory body (CAB) in accordance with the Strengthening Provider Governance requirements.

The organisation demonstrated a governing body that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body is a 6-member trustee board, which has a wide variety of experience and skills to deliver safe and quality care and services, including a clinical psychologist, a practicing haematologist and university lecturer, a retired general practitioner, a person experienced in the property industry and a community leader. The composition of the trustee board is compliant with the membership requirements of the Strengthening Provider Governance Requirements. The trustee board and senior management demonstrated regular meetings, where a range of topics and strategic issues are discussed, including consumer specific information. In accordance with the Strengthening Governance Requirements, the service has established a Quality-of-Care Advisory Committee (QCAC) where relevant reporting is provided to the trustee board, which outlines their recommendations for improving the quality of care provided to consumers.

The Assessment Team reported that the organisation demonstrated effective organisation wide governance systems relating to information management; continuous improvement; financial governance; regulatory compliance; and feedback and complaints. However, the Assessment Team reported that the organisation was unable to demonstrate effective governance wide systems related to workforce governance. As referenced in Standard 7 Requirement (3)(d), this relates to a lack of staff reference checks, including regular review of the banning registers and police checks, a lack of standard contractual agreements with third party providers and a deficit in relation to delivering effective and monitored mandatory training to staff. In their response to the Quality Audit Report, the Provider highlighted that the organisation is developing service agreements, including those for third party provider staff, and that staff have been supported to access the Aged Care Quality and Safety Commission learning platform to register and work online on relevant topics. The Provider also highlighted that the service agreements include requirements for third party providers to ensure that care helpers are appropriately skilled and qualified, and to undertake reference checks for these staff. The organisation is also designing a mandatory training policy to be implemented in the future for all staff. I acknowledge the actions taken by the organisation to ensure compliance against the Aged Care Quality Standards, however I acknowledge that time is required to implement, embed and evaluate the changes. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to an effective workforce governance system. Therefore, I find the service non-compliant in Requirement 8(3)(c).

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks, and managing and preventing incidents, including the use of an effective incident management system. However, the Assessment Team reported that the organisation was unable to demonstrate effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. The organisation administers a Risk Management Plan which outlines the service’s approach in identifying, assessing, monitoring and mitigating risks. The plan states that responsibility for identifying and managing risks is with the Management Committee, which is composed of the trustee board and senior management, however, the service expects that all members of the service, including the CEO, staff and volunteers will act responsibly to minimise risks. The document outlines the specific roles and responsibilities for management, the general manager, and the workforce and also outlines the risk management framework and how risks are rated from less significant to high significant. Care helpers advised they have not received relevant training on identifying abuse and neglect as part of their orientation process and management were unable to provide evidence that this training is provided as part of the orientation process. As a result, there is a risk that abuse and neglect of consumers is not properly or consistently identified and reported. The organisation was unable to provide any processes or procedures in relation to how the service manages consumers who refuse care and how the service manages consumers who choose to engage in activities that involve risk. The organisation was unable to demonstrate how the service utilises signed dignity of risk forms that outline relevant discussions with consumers and their representatives about risks and strategies on how to mitigate those risks. In their response to the Quality Audit Report, the Provider highlighted that the organisation’s management committee is creating a staff training plan to cover topics including a mandatory training policy, maintaining a consumer risk register to monitor clinical risk, trends and the effectiveness of risk management strategies for each consumer, management of consumer risks related to restraints, identifying abuse and neglect, dignity of risk and plans, and documenting risk conversations, mitigation and acceptance of risk. I acknowledge the actions taken by the organisation to ensure compliance against the Aged Care Quality Standards, however I acknowledge that time is required to implement, embed and evaluate the changes. As such, at this time, I provide greater weight to the Assessment Team’s information in relation to effective risk management systems. Therefore, I find the service non-compliant in Requirement 8(3)(d).

The organisation demonstrated an effective clinical governance framework which includes effective antimicrobial stewardship, minimisation of restraint and open disclosure. The framework is organised into 6 main components being clinical governance, preventing and controlling infections in clinical care, safe and quality use of medicines, comprehensive care, clinical safety, and palliative care and end-of-life care. The organisation demonstrated that if a consumer displays symptoms of infections, the service will facilitate referrals to medical practitioners. In relation to managing the spread of infections, the service demonstrated that staff are trained and equipped to monitor for symptoms before attending a consumer’s home and communicate to management if they are displaying any symptoms. The organisation’s policies and procedures provide focus and guidance on minimising the use of restrictive practices, and where restrictive practices are used, they are used as a last resort, used in the least restrictive form and for the shortest time needed, used with the informed consent of the consumer, and monitored and regularly reviewed. The organisation’s incident management register demonstrates that the service engages in open disclosure with consumers and representatives when incidents happen.

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)