**Performance**

**Report**

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| Name: | Retire Australia Care and Services Pty Ltd |
| Commission ID: | 201440 |
| Address: | Level 7, 200 Mary Street, BRISBANE, Queensland, 4000 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9207 Retire Australia Care and Services Pty Ltd  
Service: 27332 RetireAustralia Care and Services - Adelaide  
Service: 26880 RetireAustralia Care and Services Pty Ltd  
Service: 27895 RetireAustralia Home Care - SE QLD

**This performance report**

This performance report has been prepared by Kyle Jarvie, 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 services it operates, 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 service outlets, 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 | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | 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

Standard 1 is compliant, due to all 6 Requirements having been found compliant.

The consumers and representatives who access the service told the Assessment Team that staff across all services treat them with dignity and respect including how they demonstrate respect to the personal identity and culture. Consumers described being treated as an individual and valued by the provider. The Assessment Team interviewed staff who could speak easily to the consumers religious and cultural needs across a diverse group, such as female only preference of care workers. Long term carer-consumer relationships were evident, and trust was found to be present within these, including in the examples obtained which identified use of brokered staff. Documentation was found to contain appropriate information to support and foster the relationships which were reviewed by the Assessment Team.

Some culturally considerate measures were found being practiced within all services, examples of this include sourcing care workers who speak consumer’s native tongue (Italian). These evidenced consumers feeling a sense of safety and being able communicate their preferences as needed in an articulate manner without misinterpretation. Other consumers described having their religious practices respected by care workers, without judgement. Management described anti-discriminatory policies which the provider stated promote diversity, though the Assessment team found that there was no Aboriginal or Torres Strait Islander cultural education or training for staff. Management took this feedback on board and made a commitment to raise this at the next management meeting to be addressed for future consumers. Other sighted care planning documentation mostly supported the information obtained from consumers that the service is supporting cultural backgrounds. The deficit identified by the Assessment Team of Aboriginal and Torres Strait Islander training or education was not accompanied by any evidence of negative impact resulting from this, although it was also unclear if any consumers who identify as being from these cultures were interviewed and therefore conclusion could not be made for a non-compliant finding. The provider is encouraged to pursue improvement in this area to provide a consistent service across its entire consumer demographic, or future demographic.

Staff described informing consumers of all their options prior to decisions occurring as a means of ensuring choice and independence is being maximised, and as a result, consumers described being strongly supported. Consumers also felt confident in changing their services. Management explained procedures that support these processes, including consent and supporting documentation, Consumer Advisory Committee, which helps to drive care and service review. Consumers feel consulted and in control, and the decisions supported and respected. Staff demonstrated regular checking of care plans for changes to the way consumers want services delivered. Documentation was found to sufficiently enable this approach.

A broad range of risks both in the community were found to be identified by staff, and an informative and respectful approach adopted by staff which informs consumers of consequences and decisions documented. Examples of risks accepted by consumers include lifestyle choices, medication risks, steps towards maintaining independence when undertaking habitual travel which results in mobility and financial risks. All identified risks were appropriately documented and evidenced by the Assessment Team, showing consumer decisions are respected and mitigating measures applied where appropriate.

Consumers and their representatives are satisfied with the information they receive from all services being clear and easy to understand and received promptly in a manner that allows them to make informed decisions with it. The provider communicated with consumers and their representatives in a variety of different ways to ensure understanding of the information provided. Any issues were described by consumers as being promptly rectified to their satisfaction. The information reviewed by the Assessment Team was found to be clearly itemised and contained dates for commencement and completion, as well as clear indications of financial workings to promote transparency. Consumers said that staff will attend their home to explain things when needed.

Staff had earnt a level of trust from consumers who were interviewed, that their information is kept private, and they said that this came from staff behaving professionally and not speaking about other consumers when in their company. Staff demonstrated confidential document handling, particularly when delivering care and services to consumers with vision impairments. Electronic consumer information was secured by multifactor authentication, and isolated from any staff not delivering care within that service. Regular consent reviews occur when there are changes to care and services being provided. All processes are supported by policy and procedures available to staff.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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

Findings

Standard 2 is compliant, due to all 5 Requirements having been found compliant.

Consumers and their representatives from all services described being part of the assessment process to identify risks and discuss care and services to address these. Staff demonstrated how they include consumers, and where appropriate their representatives, with assessments in their home. Where complex issues are apparent comprehensive clinical assessments occur via clinical staff using validated assessment tools to inform care and service delivery. Examples of complex cognitive decline and nutrition management were evidenced, in conjunction with mobility interventions via allied health practitioners. This approach was noted to promote ongoing independence, collaboratively, with robust checks and balances in place to ensure effective delivery of care. Documentation informing this care was found by the Assessment Team to appropriately manage and mitigate risks identified through sourcing relevant treatments, equipment and expert clinical advice. Other evidence obtained by the Assessment team showed appropriate responses to incidents, including review and re-assessment where appropriate. Overall consistency was identified by the Assessment Team when reviewing consumers care plans across the organisation relevant to the assessed services.

The provider demonstrated that staff are obtaining the right information to allow care and services to meet the consumers needs, goals and preferences, including information that allows advanced care and end of life planning. Staff were knowledgeable about the consumers they are delivering care and services to, and documentation was found to detail information relevant to needs, goals and preferences, including Advanced Care Directives (ACD), palliative care, and end of life care. Examples included consumers which have Do Not Resuscitate (DNR) orders, and other end of life request information being obtained, with some inconsistency as to where this was stored noted by the Assessment Team. Management was promptly noted an opportunity for improvement to ensure the information is easily accessed when needed. Several other sampled consumers included more specific preferences such as when to de-robe the consumer and how to manage the shower water temperature and other personal care preferences recorded in their care plans. Consumers that do not have end of life or advanced care planning in place confirmed it had been discussed but they declined to provide detail at this point, with the service offering reminders at reviews. Information is shared between staff to ensure the most up to date information is provided, including guided in person handovers when care staff change.

Consumers and their representatives confirmed their involvement in care planning, and that they can involve others in this when desired. Management confirmed a standard approach of supporting health professionals and preferred external service engagement to be identified by the consumers or their representatives and there was evidence of a collaborative approach to assessment and planning on consumers files sampled by the Assessment Team. Examples obtained by the Assessment Team evidenced consumers priority being given to changes in preference and appropriately recording these situations. The provider was evidenced to be communicating with external clinical services to update and inform them of changes in consumer presentation, and the Assessment Team also found up to date information across all sampled consumer files within the providers electronic file system.

All interviewed consumers or representatives said that consumer care plans are available at the point of care delivery, in the consumer home. They were able to describe the care and services they receive in detail as well as who delivers their care, when it is delivered and that the provider discusses any changes with them if they occur. Staff said that instructions and guidance on care and service delivery is available to them via electronic record. Examples of this in practice include consumers saying they have a fortnightly advanced schedule on their fridge, consumers signing new care plans due to assessments informing and altering their care and service delivery and staff ensuring that consumers understand information and know what they are receiving.

Regular review of care and services are occurring annually for consumers whose circumstances have not changed, or when change occurs for all others. There is evidence of the provider conducting re-assessments when allocated finances are insufficient, unsuitable living conditions, or simple changes to preferences of how a service is delivered. Staff described being informed of changes to care delivery by email, text messages and staff meetings. Care managers identified that they rely heavily on feedback from numerous sources including staff, consumers, family members or external services and review care promptly when informed of any change. Documentation reviewed by the Assessment Team evidenced the processes and procedures above being followed and managed appropriately.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(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

Standard 3 is compliant, due to all 7 Requirements having been found compliant.

Consumers and their representatives were satisfied that the care they are receiving for personal and clinical services is meeting their needs. Staff were knowledgeable on the individual needs of consumers and were able to articulate how the consumers needs are met, including how and when consumers are informed to allow decisions to be made regarding these matters. Staff described collaborating with allied and clinical care professionals, including in house clinical staff, and external providers or contracted staff. Clinical care meetings and conferences inform the delivery of clinical care and are overseen by a clinical care manager. Consumers sampled showed examples of personal care assessments and care delivery, but also included where personal preference was chosen over service delivery. In these instances, there was evidence of mitigative measures being implemented to support preference, including clinical wound management and referral to external specialists. Management described being prepared for clinical trends and ready to further educate or roster additional staff as required to support them to provide safe and effective care.

High impact high prevalence risks are assessed to assist in strategising approaches to their management. Consumers expressed satisfaction as to how risks to their heal and well being are identified and managed. Staff were knowledgeable of what risks were relevant to their consumers, and what risk mitigations strategies had been devised after assessment. Management was confident in their delivery of safe and effective care due to robust processes including regular well-being check ins, external referrals, and seeking feedback. The provider maintains a ‘vulnerable consumer’ register, and analyses consumer outcomes to improve service delivery. Consumers and representatives described the professional approach adopted by the provider to incidents which had occurred, with comprehensive mitigation plans and broad communication occurring in response. Incidents were documented with accountability through dates and actions for follow up. These processes were governed by appropriate policy and procedure.

Management was able to describe how they alter services for consumers nearing the end of life to maximise their conform and maintain dignity. An existing partnership relationship is in place with an external palliative care provider to ensure consumers have access to expert care when needed. The Assessment Team witnessed examples of this in practice, including consumer preference being placed above clinical service delivery, and collaborative case management for a consumer who was nearing end of life. Staff are supported through education and training on matters relevant to the care and service delivery of those nearing or planning for end of life. Staff are guided by policy and procedure on supporting consumers and their families during the end stages of life.

Consumers across all services were confident that the provider would identify and respond appropriately to their deterioration. Staff were able to identify the process for identifying deterioration and their internal processes of escalation and management of these situations. They provided examples where this had occurred, and documentation supported their account of timely response and escalation. Consumers and representatives believed that staff know consumers well enough to determine deterioration and communicated well. Examples reviewed by the Assessment Team showed thorough follow up and appropriate referral to hospital and other external services as well as evidence that staff keep representatives and families well informed. Clinical deterioration guidelines are available to assist staff, and whilst no formal training was provided to staff collectively, there was evidence of systemic and comprehensive approach being practiced by staff. Management also indicated that a staff wide training item on this topic would be added as a continuous improvement measure.

Staff said they can access appropriate information to effectively deliver care and services which consider the needs and preferences of consumers. Information within the electronic care management system was witnessed by the Assessment Team to contain relevant and detailed information to support care delivery. Consumers recounted care delivery staff consulting the electronic system to help guide the care and services that they were delivering. An example was identified where a care manager was reviewing care notes and identified opportunity to assist allied health care delivery sessions by changing a recurring appointment time due to consumer fatigue in the afternoon, changes were made to improve attendance at the external service. Documentation also reviewed external services sharing assessments with the provider to assist care delivery.

Consumers and their representatives confirmed that the provide refers to external services when appropriate and in a timely manner. Such instances were noted to be when the provider was unable to support the care needs and preferences of the consumer, including General practitioner visits, occupational therapists, including thorough follow up and documentation of outcomes including if a consumer declines services based on the assessment outcome. The Assessment Team evidenced detailed and prompt referral and follow up across multiple consumers with thorough notes taken outlining the process and timeline.

Staff practice standard infection prevention and control measures including the correct use of personal protective equipment and all consumers, and their representatives confirmed this and noted no concerns regarding their practices and adherence to this. Support workers were encouraged and reminded by management to get relevant vaccinations. Staff report ready access to supplies that promote infection prevention and control. Mandatory training is provided to staff including annual refresher courses, and access to clinical staff within the organisation to guide practice. Policy and guidance are also available to help support staff in this area. Anti-microbial stewardship is promoted, and information is available within staff guidance material including escalation points where the possibility of antibiotic resistance may be occurring. It was identified that there was a lack of consumer education material on anti-microbial stewardship, which management considered as a continuous improvement addition.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(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

Standard 4 is compliant, due to all 7 Requirements having been found compliant.

Consumers receive safe and effect personal care and supports for daily living which meet the consumers needs, goals and preferences. Consumers and their representatives said that the services that they receive make them feel safe and encourage their independence and documentation reviewed by the Assessment Team was consumer focussed. Information such as interests, social situations, wellbeing and supports were also noted as some of the other inclusions. Staff were knowledgeable on the delivery of care and services that promote independence for consumers, as well as documentation and communication of incidents, hazards and near misses via documented processes. Policy and procedures were available to guide and assist staff with service and care delivery.

Sampled consumer files and consumers interviewed said that the provider is committed in maintaining and promoting their emotional, spiritual and psychological well-being by monitoring mental health for decline and appropriately recording to ensure baselines can be compared against. Referrals occur to the relevant mental health services, and the service is noted to collaborate with these services. Staff described giving time to consumers to engage them in meaningful conversation and consulting with representatives or family if they have concern for the consumer. Documentation evidenced that these considerations are recorded, and strategies implemented when psychological wellbeing needs required attention, referrals to services and supports occur.

Staff support consumers to participate in their community to increase interactions and enable them to do things that interest them, with feedback from consumers supporting that staff are knowledgeable about the things that matter and are important for them. Consumers recounted being assisted to stay in touch with family and maintain other relationships and maintain their independence. Consumers reported staff are flexible in the care and service delivery to ensure that it aligns with their preferences. Examples provided by consumers include special event luncheons, which is informed by the providers ‘Key to Me’ strategy which identifies relevant activities for consumers. The Assessment Team sighted a comprehensive list of external activities and providers consumers use to meet their needs and preferences in this area.

Staff are knowledgeable about consumer needs and preferences and this information is communicated within the organisation both directly between staff via various mediums but also recorded and accessed through the electronic care management system which care, and service delivery staff have access to. Consumers say that staff know what they need and prefer, and the Assessment Team evidenced appropriate communication between both internal and brokered staff within consumer documentation.

The Assessment Team evidenced referrals to carer support, social support, meal deliveries and home modifications. Consumers and representatives confirmed that the provider refers to external services to engage them with community and assist them to live independently. These referrals were noted to be timely and appropriately detailed to allow to provision of relevant care and services.

The provider brokers meal assistance for consumers both through in home meal preparation and meal delivery services. Consumers advised that they access meal services through the retirement village service dining room which is not an HCP funded service. Dietary requirements, and allergies are assessed and documented to inform meal preparation and delivery if appropriate. Staff who participate in the meal preparation have completed food safe handling training and are guided by relevant policy and procedures as needed.

Consumers and their representatives are satisfied with equipment when provided through the service. Equipment is sourced after assessment via occupational therapists, and its use guided by these assessments and demonstration and oversight from occupational therapist. Service agreements are in place to monitor any maintenance or repair needs of acquired equipment, which is monitored by way of regular review and equipment audit.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 4, Services and supports for daily living.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

Standard 5 was deemed not applicable by the Assessment Team, and therefore 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

Standard 6 is compliant, due to all 4 Requirements having been found compliant.

Consistently across staff and consumers and their representatives, feedback and complaints were reported as being sought by the provider across all services. Staff were knowledgeable in how to assist consumers or their representatives to provide feedback and make complaints. Consumers stated that they were confident in giving either of this information to the provider and would call or speak to them directly. Examples of this include swift, kind and empathetic responses to alleged inappropriate behaviour of a brokered staff member, including staff attendance at her home to check her wellbeing. Internal and brokered staff consistently described the same process for lodging a complaint or feedback on behalf of a consumer. The provider completes Serious Incident Reporting Scheme referrals, when necessary, because of complaints. Items are comprehensively documented, analysed, trended and actioned via reports to the governing body.

Information on what advocates, language services and other escalation points, including the Aged Care Quality and Safety Commission, are communicated to the consumers and their representatives at onboarding with the Assessment Team having reviewed this information. Consumers said that they know what their options are and were made aware of where to find the contact information if needed. Staff were knowledgeable on assistive technology and other methods of enabling access to such services for those with access needs. A complaints register was reviewed by the Assessment Team noting items that had been raised by staff and consumers.

Most consumers interviewed were satisfied with the resolution process surrounding complaints, with one noting that it took some time for them to be contacted regarding their complaint, though once they were the provider apologised for the delay and resolved the issue to their satisfaction. Staff understanding of ‘open disclosure’ was noted as an area for improvement by the Assessment Team, which management noted would be a training item in the near future. Several complaints were noted to be resolved at the time of them being made and evidenced in case notes.

Consumers said that services and care had improved as a result of them making complaints and providing feedback. Management also acknowledged the complaint around response time, but also noted that the improvement had been made immediately resulting in resolution of the problem despite this. Complaints are provided to the consumer advisory board for consideration, and minutes from these meetings provided to consumers also. Consumer surveys are also monitored for feedback and complaints to assist in continuous improvement process along with trending for further analysis for items that may assist to improve care and services.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

Standard 7 is compliant, due to all 5 Requirements having been found compliant.

Services are planned and equipped through staffing considerations to ensure the delivery and management of safe and quality care and services. Consumers and their representatives said that staff are punctual and not rushed, with most also being satisfied with availability and consistency of staffing. Management have implemented strategies to minimise any negative issues experienced with staff inconsistencies or service availability created by unplanned leave, with staff skills documented and matched to consumers. Consumers said that staff communicate if they are running late, and staff delivering care and services said they feel as if they have enough time to do their job. Consumer files details preferred staff, staff competencies and qualifications, with further work being completed to refine scheduling in anticipation for the new Support at Home Program.

Consumers said that staff are kind, caring and respectful. Staff said that they respect consumers and treat them accordingly and were able to describe what they would do if they witnessed someone being disrespectful towards a consumer. Management advised that staff interactions are monitored via several means such as survey, feedback and complaints etc. Surveys conducted by the provider returned high satisfaction rates from consumers. Sampled documentation evidenced respectful language referring to consumers and a consumer centred approach to care and service delivery. Staff receive training in communicating with consumers, (including brokered staff), code of conduct, cultural awareness and diversity, elder abuse, all of which are documented.

Consumers expressed confidence in the competency of staff including that they have the appropriate qualifications and training to perform their roles. Consumers said that staff know their needs and preferences and deliver care and services in line with this. Staff said they are trained and educated including mandatory training items. Position and role descriptions are in place to create a level of accountability and are regularly reviewed. Issues identified are promptly mitigated through training and other control measures. Relevant checks are undertaken and records of compliance kept nationally. Brokered services have care and documentation standards set and reviewed.

Consumers feel staff are trained and supported to perform their roles. Training documentation outlines the outcomes which are required to be delivered through the Quality Standards. Consumers said that staff are proactive and know what to do. Policies and procedures were evidenced by the Assessment Team that govern these processes. Management advised that in addition to their qualifications staff undergo training prior to service delivery. Recruitment also identifies the providers values and potential staff are assessed for their fit against these. Staff confirmed completion of annual training, informal information sessions via a mix of online and face to face activities.

Staff confirmed that they are reviewed for performance annually, including feedback provided ad-hoc. Consumers aid that feedback about staff performance was sought by the provider during reviews, and that communication from the provider is good in this regard. Staff feel supported to perform their roles, and that feedback from consumers is shared with them. Management was said to be responsive when training needs were identified by staff. Documentation was reviewed and supported the processes identified by staff, consumers and management, with regular scheduled dates occurring for performance processes.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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

Standard 8 is compliant, due to all 5 Requirements having been found compliant.

Consumers and their representatives described informing care and service delivery through consumer feedback surveys, monthly meetings and knowing who to speak with, such as care managers. Management noted that they consumer advisory body met biannually and was also a mechanism for consumers to be engaged. Documentation sighted by the Assessment Team evidenced consumer and representative engagement. Some identified improvement for 2024 includes communication improvements to schedule changes, transport option information, and financial information timeliness and clarity. Board reports identify that consumer advisory body information and survey outcomes and actions plans form part of the agenda. There are plans for a board member to regularly attend consumer advisory board meetings.

Information is being appropriately captured, recorded and escalated to the governing body, which is responsive and accountable for care and service delivery and maintaining oversight of the providers activities. The board adheres to independence, clinical and other regulatory requirements, including representation on the clinical and care governance committee, and access to quality and safety reports which contain data breakdowns of key risk areas. Internal audits are conducted to identify areas for improvement or concern. Policy and procedures are reviewed regularly, with critical items being reviewed more frequently and at a minimum annually for these items. Annual care audit reports are reviewed at board meeting. The Assessment Team reviewed board reports and minutes which supported the claims made by the board.

The provider demonstrated effective organisation wide governance systems related to:

1. *information management*

The provider utilises robust, secure and effective electronic information management systems which enable access to care and service delivery documentation at the point of care delivery. Policies and procedures can also be accessed as needed to guide and support staff in the role of service delivery whilst protecting consumer privacy and confidentiality.

1. *continuous improvement*

Processes are in place at service and provider leave to detect, analyse, record and escalate opportunities for improvement. The governing body has implemented processes and strategies to inform and promote the collection of this information from consumers and representatives and staff. Identified improvements result in changes and there is accountability for implementation and action through complaints processes.

1. *financial governance*

Financial reporting inform board meetings on a monthly basis, with key performance areas identified to show concerning changes in captured information to allow the appropriate actions and planning to be taking to address trends in data. Consumer funds are monitored to ensure appropriate spending to achieve effective care and service delivery as identified through assessments.

1. *workforce governance, including the assignment of clear responsibilities and accountabilities*

The workforce is appropriately planned, resourced, trained and equipped to perform their roles. Staff have accountability established through position and role descriptions, and education is provided where need or deficit is identified. Staff performance is reviewed regularly, and staff feel informed and supported to undertake their role. Worked regulation is occurring and is monitored, including promotion of vaccination.

1. *regulatory compliance*

The provider has processes in place to ensure regulatory reform and legislative changes are effectively communicated and understood, within the context of their responsibilities of the Aged Care Quality Standards. Management are subscribed to peak bodies for information dissemination and keeping up with industry reform and change, including the pending implementation of the new Aged Care Act, Bill and participation in the home services, national quality indicators pilot.

1. *feedback and complaints.*

The provider has evidenced systemic effective feedback and complaints mechanisms, which are ensuring that opportunities for improvement, driven by consumers, is reaching a forum whereby change is considered, and improvements made to care and service delivery. Accountability frameworks exist within complaints registers for timeliness and actions taken to ensure consumers voices are heard. Thie processes are supported by policy and procedure and implemented by staff who promote its functions.

All services evidence effective risk management associated with the areas of:

1. *managing high-impact or high-prevalence risks associated with the care of consumers*

Care and service delivery is informed through validated assessment, and consumer needs goals and preferences. Risk is identified, and addressed through qualified expert intervention options, mitigated and appropriately recorded to allow further analysis, trending and strategy to address areas of need or deficit. Staff are qualified, competent and equipped to respond to consumer care needs, including clinical care. The provider communicates strategies to its workforce in the management of high impact high prevalence risk. Where service needs exceed the providers capability, external referrals are occurring and collaborative relationships exist, informed by comprehensive documentation and appropriate communication.

1. *identifying and responding to abuse and neglect of consumers*

Staff are trained and responsive to changes in consumer demeanour, presentation. They are knowledgeable about escalation processes and Serious Incident Reporting Scheme processes. Staff were confident in standing up for consumer rights and promoting their wellbeing and demonstrated having a level of respect for consumers. The provider has policy and procedures in place to manage these incidents in the best interest of their consumers.

1. *supporting consumers to live the best life they can*

Consumers said they are supported to live the way they choose, and that the service run by the provider enables them to do this and maintain independence longer. Staff are invested in resident wellbeing and communicate effectively in the management of deterioration being detected. Consumers feel safe and supported. They feel that their independence is being promoted and maintained. They are encouraged to pursue things of interest to them and are being facilitated to engage in their communities and with their support networks.

1. *managing and preventing incidents, including the use of an incident management system.*

Staff know the policies and procedures which determine how to record and manage incidents, risk, and near misses. They are engaged and trusted by consumers and engaged in their wellbeing. Staff allow consumers to engage with risk and maintain their preferences, whilst mitigating the presence of unnecessary risk via referral to clinicians and implementation of risk mitigation strategies such as equipment, processes, checks, behaviour management and external supports and education. Policy and procedure are regularly reviewed for effectiveness and updated where possible to ensure improvement from any learning that occurs.

The provider has oversight of a clinical and care governance and committee and has guidance within its care and service manual for staff, promoting antimicrobial stewardship. Staff are trained to report potential instances of antibiotic resistance, possibly represented by a lack of progress or improvement for consumers undergoing treatment with antibiotics. Opportunity for improvement was identified in consumer education, with the provider undertaking to add this for review at management meetings.

Restrictive practice was not identified as being in use across the services within the provider, and in addition to this staff demonstrated an understanding of the concept of restrictive practice and were able to identify what instances would look like when interviewed. Policy and procedure are in place to support and guide staff in the assessment of behavioural restraints. Serious Incident Response Scheme guidance is also available to staff, and staff were noted to have used this in reporting of other incidents, including escalation process.

Based on the information above, I find the provider, in relation to all HCP services, compliant with all Requirements in Standard 8, Organisational governance.

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