**Performance**

**Report**

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| Name of service: | RFBI Care at Home - Central Coast |
| Service address: | 3 Northville Drive EDGEWORTH NSW 2285 |
| Commission ID: | 200103 |
| Home Service Provider: | Royal Freemasons' Benevolent Institution |
| Activity type: | Quality Audit |
| Activity date: | 19 July 2023 to 21 July 2023 |
| Performance report date: | 21 September 2023 |

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

**This performance report**

This performance report for RFBI Care at Home - Central Coast (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* RFBI Community Services Central Coast, 17709, 3 Northville Drive, EDGEWORTH NSW 2285

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* The provider’s response to the assessment team’s report received 28 August 2023.

# 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

Consumers and/or representatives interviewed by the Assessment Team all said staff make them feel respected and valued as an individual. Staff interviewed by the Assessment Team described how they show dignity and respect towards HCP consumers. Care planning documentation reviewed by the Assessment Team included reference to consumer’s individual circumstances and involvement in decision making. Their care plan outlined consumer goals in relation to their wellbeing, with respectful language being used, including when Assessment Team interviewed staff.

Consumers and/or representatives confirmed staff know about their background and what is important to them. A staff member interviewed demonstrated that they are aware of how to provide care in a culturally safe way and described how they do this in practice. When management were interviewed by the Assessment Team, they advised that staff have completed a cultural diversity & safety course earlier this year. The service’s mandatory education staff training register showed all staff have completed cultural diversity & safety training in 2023 as sighted by the Assessment Team.

Consumers and/or representatives interviewed said the staff encourage them to make decisions about their services. Staff interviewed demonstrated how they support consumers to exercise choice and maintain connections with other people. Management advised that the service supports consumers to make decisions about their care and services in the initial assessment where they develop the care plan in conjunction with the consumer and also invite any representatives. With HCP level 1-2 client assessments the service’s Registered Nurse (RN) accompanies the service’s coordinators, during this process consent is also requested from consumers to share information with general practitioners (GP) or other Allied Health Professionals, required the care plan is also linked with Dementia Australia. Assessment and care planning policies and procedures viewed by the Assessment Team included the involvement of nominated representatives and consumers in making decisions regarding the services and individual support needs of each consumer.

Consumers and/or representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and active. A staff member described the importance of supporting consumers in their choices and described how consumers have the right to take risks in a safe way and explained support and assistance measures to ensure consumers are supported. Care planning documentation outlined preferred care and services and any goals the consumer had identified. Individual strategies to support consumers to maintain their independence and mitigate identified risks were sighted as per the support plans. The Assessment Team sighted the service’s consumer dignity of risk agreement form including the surrounding policies and procedures in relation to client decision making, client dignity and choice and client risk taking.

Consumers and/or representatives interviewed all confirmed they receive monthly statements from the service detailing how their budget is spent. The Assessment Team received mixed feedback regarding consumer’s HCP statements. A number of consumers were satisfied with their statements and felt they were reasonably clear and understood them quite easily. However, two consumers when questioned if their monthly HCP statements are clear and advised that they find them difficult to understand. The Assessment Team reviewed a sample of HCP monthly consumer statement for May and June 2023, the Assessment Team noted all income, services and costs were itemised, in date order and clearly detailed the available funding allocation, package management fees, closing balance and unspent funds. Although the font used to detail the services and income and expenses did appear somewhat smaller compared to the other font, overall, the Assessment Team found the statements comparatively were easy enough to read and understand. When management were questioned by the Assessment Team on how they ensure consumers understand their budget and monthly statements, management explained that they have a document ‘how to read a statement’ that is provided to new consumers with their first statement. In addition, consumers can contact the service and coordinators will visit personally to explain statements. Management also stated with any new budget, the service coordinator goes out and thoroughly explain the statements and consumers then sign to confirm they received a copy of their budget and care plan.

Consumers and/or representatives interviewed, said that they feel staff respect their personal privacy while delivering care and services to them. A staff member was able to describe how they maintain consumer’s privacy when providing care and demonstrated an understanding of their responsibilities in relation to maintaining consumer confidentiality. Management interviewed stated they manage privacy when consumer information is being shared by having the ‘consumer consent form’ completed by the consumer. This enables the sharing of client information between those directly involved in their care. Contra-agreement is also signed which includes privacy and their responsibilities, to ensure no unnecessary information is being shared. The Assessment Team also sighted the following:

* The service’s six-page privacy policy, which is included in each consumers information package; and
* The service’s mandatory education staff training register, which details all staff have had privacy & confidentiality training in 2023.

# Standard 2

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

Findings

Requirement 2(3)(b)

In respect to Requirement 2(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action and/or had pre-existing policies, procedures and guidelines that were not assessed by the Assessment Team during the Quality Audit. Additional details, documents and evidence provided by the service in their response on this occasion did meet and exceed the threshold required for the Decision Maker to find Requirement 2(3)(b) compliant. Documented below will be a summary of the Assessment Teams findings and a summary of the services response.

*Assessment Team Summary*

Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals, and preferences. All sampled consumers and/or representatives advised their needs, goals and preferences are being met. However, the consumers and/or representatives interviewed by the Assessment Team could not recall being offered the opportunity to discuss advanced care planning (end of life care). Care planning documents viewed showed that consumers’ needs, goals and preferences have been discussed and documented. Although no evidence was found that advanced care planning (end of life care) at initial assessment and at subsequent care reviews was discussed.

*Services Response Summary*

The services response includes documented evidence showing meeting minutes, policies, procedures, guidelines, instructions to staff, advanced care plans, initial assessments and care plans all involving, explaining and outlining advanced care planning and how its implemented and utilised within the service. There is an overwhelming amount of evidence to show advanced care planning was and is occurring in the delivery of services.

The Decision Makers deems Requirement 2(3)(b) to be compliant.

Requirement 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e)

All consumers and/or representatives provided positive feedback regarding assessment and care planning processes. They confirmed they received an in-home assessment that included discussions of their needs, goals and preferences prior to the commencement of services and an in-home environmental safety assessment was also conducted. They were able to describe the services they received as noted on their care plan and how this helps them. Care staff interviewed felt they get enough information on the needs of the consumers and how to deliver safe care. They confirmed they utilise the Care Vision App which supports them in providing safe services to consumers. Care planning documentation evidenced assessment at commencement of services, and planning was undertaken with consumers and/or representatives, including completion of risk assessments (fall risk assessments, home safety assessment), abbreviated mental test (AMTS), in conjunction with ongoing assessments based on needs.

Consumers and/or representatives interviewed advised they are fully involved in the care planning process and provided positive feedback on how the service makes it easy for them to be involved. Management when interviewed described how they work in partnership with individuals, other organisations, and service partners in assessment and care planning and communicate regularly about the changing needs of consumers. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumers' services. The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers.

Consumers and/or representatives interviewed confirmed they participated in assessments while confirming they had received copies of their care plans which are kept in their homes. They provided details of what services they receive, including frequency and relevant care staff and these were noted to match with care plans sighted in their files. Consumers and/or representatives said staff explain information about their care and services to them. Care staff and coordinators said they have access to consumer files on their mobile phone application (Care Vision App) which contains information on progress notes, instructions for staff, likes/dislikes, service type, medical history, contacts, allergies, risks - falls risk, etc. They said they generally have enough information to provide services in-line with the consumer’s needs and preferences. All consumers are provided with a copy of their care plan and care plans were sighted in all sampled consumer files. The service was able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and at the point of care.

The majority of consumers and/or representatives felt that if the consumers’ needs or preferences changed, they could change the services received if required. Care staff said they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental wellbeing, and relay this to the coordination staff, who follow-up and keep them informed of any changes. Coordinators advised HCP care plans are reviewed regularly, when there is a change in consumers’ needs and preferences and consumers’ needs are reviewed if changes are identified, including on return from hospital or when a consumer receives a higher HCP. HCP level 1 & 2 consumers care plans are reviewed annually and HCP level 3 & 4 consumers care plans are reviewed every three months.

# 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

Consumers and/or representatives receiving personal and clinical care services were sampled through interviews. They confirmed they are satisfied with the care and services received and did not have any issues to raise regarding these services or the care staff providing them. Consumers said the service understands their care needs and care staff consider individual preferences when providing direct care. Care and coordinator staff sampled had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of personal care and could describe what they would do if they had concerns in relation to a consumer’s personal or clinical care which included notifying the consumers coordinator. Initial assessment and ongoing support plans identify and address all risks to consumers health and well-being, care plans reviewed by the Assessment Team and feedback from care staff and management demonstrated consumers receive safe and effective personal care.

Care staff interviewed were able to describe strategies used in the home to minimise the risk of falls or other risks for individual consumers that matched with what was detailed in the consumers’ care plans. The coordinators and management provided examples of high impact and high prevalence (HIHP) risk consumers identified at the service. These included mobility/falls, dementia and cognitive impairment, poly pharmacy oxygen, pressure area, antibiotics, and lives alone, which are recorded in the service’s risk register as sighted by the Assessment Team. The HIHP risk register feeds into the service’s monthly reporting and data is trended into the Core Governance Monthly report. A summary is first completed by the service’s nurse practitioner and hub manager, which goes to the head of home & community care then to the clinical governance board committee and to the board. They also feed improvements back, for example, upgrading the register with a specific column, detailing consumers that live alone with cognitive impairment. Management explained they have specific strategies to help staff to provide care to consumers living with dementia by way of staff completing education and training on dementia. Care plans detail this and what is required, for example, if a decline is noted in a consumer, they then refer them to be reviewed further by a health professional and ensure the frequency of the service is adequate for their needs.

Currently the service does not have consumers identified as palliative care consumers, however staff were able to describe how their care and services are adjusted to maximise the comfort of consumers nearing the end of their life. Coordinators were also able to explain how they adjusted care and services to maximise a palliative consumer’s comfort. Management advised when interviewed, that staff are provided with training on how to support consumers near the end of life. The Assessment Team noted staff can utilise the employment assistance programme as needed. Additionally, the service liaises with staff regarding who is comfortable providing that sort of care.

All consumers and/or representatives said care staff knew consumers well and were confident they would identify and report changes to overall health and wellbeing. Some indicated referrals have also been made as needed to a doctor or ambulance called where necessary when the service noticed deterioration or change in a consumer’s condition. Care staff confirmed they inform the coordinators regularly about the consumer’s overall health and wellbeing and note any changes to this, in both progress notes and verbally when needed. Following care reviews, they are then notified of any changes in care. They said they are updated when changes are made to needs or services following care reviews. Discussions with coordinators confirmed care is reviewed regularly and reviews were noted in documentation sighted. Progress notes are also submitted by care staff and calls made for urgent concerns or emergency situations. The Assessment Team sighted multiple consumer files which included support plans, re-assessments, referrals for clinical care and allied health, personal care, weekly schedule, medical history and mental test scores. Consumer files included a ‘Falls Risk Assessment Tool’ (FRAT) completed, with intervention / strategies listed for consumers.

Consumers and/or representatives sampled advised they felt that staff knew what they were doing, and they had not needed to repeat instructions or direct staff that provided clinical or personal care. Staff said they record the service as completed via a mobile application (Care Vision App) and document notes at the point of care. Where there has been a change in the service delivery this is also recorded in the App. These were then reflected in the client management system for other users to see. This ensured that important consumer information was captured, documented, and shared. Coordinators described how changes in a consumer’s care and services are documented and communicated via the Care Vision App, including the services delivered, mood of client and changes and social support visits for lunch, visitors, coffee and the like. They also stated that care staff communicate with them as well of any changes to consumers. Care planning documentation demonstrated dated notes, focused assessments and care plans providing adequate information to support effective and safe care.

Consumers and/or representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed. Care staff advised they were not responsible for consumer referrals, although knew referrals were made through the coordinator. Coordinators explained the process for referring consumers to other health professionals. For example:

* HCP consumers requiring treatment for wounds have care staff formally notify the coordinators, who in turn refer consumers to Hunter Nursing for treatment. The service’s RN could also attend or arrange for staff to take the consumer to the GP. Staff would provide a photo of the wound. The service would follow up with GP, regarding ongoing care.

Consumers and/or representatives sampled advised that they had observed staff wash hands/use sanitisers, gloves and masks where appropriate. They also expressed satisfaction with the precaution measures used by staff to prevent and control infection when providing a service and entering and exiting their homes. Staff and management demonstrated their knowledge of transmission and standard-based precautions and procedures to prevent and control infections. The Assessment Team sighted the service’s vaccination register for staff relating to Influenza and Covid-19. The Assessment Team also sighted the service’s policies and procedures in relation to:

* Infection prevention and control procedures;
* Outbreak Management plans; and
* Antimicrobial Stewardship policy.

Management advised that the service’s Antimicrobial Stewardship policy supports the appropriate administration of antibiotics and contains strategies to minimise the need for antibiotics.

# Standard 4

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

Findings

Consumers reported that the service made them feel safe, and that they were able to receive supports and services that enabled them to remain in their own home and maintain independence and quality of life. Care staff gave examples of individual consumer needs and preferences and how they assist consumers in daily living. Care plans sighted by the Assessment Team were individualised and provided evidence of supports provided, including but not limited to domestic, shopping, transport, meal preparation, medication management and communication management, home maintenance and social support assistance. Care plans were consumer focused and included identification of their individual interests, needs and preferences, including any personal goals.

The service demonstrated that care and services provide spiritual and emotional support to consumers for their daily living. Consumers and/or representatives interviewed felt that care staff can recognise if consumers are feeling low. Home care staff interviewed said they observe and question consumers, if they had any concerns, they would report this to their supervisor. Care staff demonstrated good knowledge of individual consumers’ needs, personalities and interests. Care planning documents reflected individual emotional, spiritual and psychological needs are supported where appropriate.

Consumers and/or representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest within the community. They said they have plenty of opportunities to do things that are meaningful to them, and the care staff will take them wherever they wish during their social support services. Staff were able to discuss the services and supports they deliver to assist consumers to stay connected with the community and do the things they enjoy. Care documentation (support plans) reviewed by the Assessment Team provides information on each consumer’s background and their social activity preferences, where they have provided this information.

Consumers and/or representatives interviewed by the Assessment Team reported they are attended by regular care staff and confirmed those staff have a good knowledge of the care and services they require. They also indicated they were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care staff said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support. They also said they are provided with updated information as care needs change, through the Care Management App and their HCP coordinator. Care planning documents reviewed by the Assessment Team showed they are documented and contain sufficient information and instructions in order to deliver care.

Consumers and/or representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment. Management explained that they always aim to coordinate referrals in a timely and appropriate manner to ensure the consumer has access to other care and services as required. Where referrals are made to a specialist service by others, for example, a GP, the service will facilitate the referral and share the require information. Referrals made to external providers, for example a physiotherapist, are monitored and are regularly reviewed to ensure their services remain safe and effective. Consumer documentation sighted included information and referrals to various services such as allied health and equipment providers.

All consumers interviewed expressed satisfaction with the variety and quantity of food being provided by the service, consumers stated the service has a good range of food and they are able to request or choose from alternatives. Consumers can have a hot meal service provided by the service’s residential care (Lake Haven Masonic Village) catering kitchen, or via third parties (Meals on Wheels, Lite & Easy and TLC cuisine) if consumers request.

A number of consumers and/or representatives advised they had received equipment through their package to assist with their mobility and care, they were satisfied with the quality and choice of equipment, including home modifications. Staff described how consumers equipment needs are assessed based on reviews or discussions with families and consumers. Staff also advised they have not had any issues with the contractor supplied equipment. With any maintenance issues the service would contact the suppliers on the Central Coast, who will maintain, service and also trial the equipment for consumers. Management explained that in order to make sure that equipment provided is safe, they maintain a reputable trusted supplier list, with mobility aids being assessed on consumer’s needs. Management added that during the consumer’s assessment, checking equipment is part of home safety checklist.

# 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

All individual requirements within Standard 5 are not applicable therefore Standard 5 is not applicable and was not assessed as part of the Quality Audit.

# 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

Consumers and/or representatives sampled said that they are encouraged to raise concerns and are aware on how to do this and would feel comfortable doing so. The Assessment Team received mixed feedback regarding consumers being able to speak to coordinators to provide feedback and or make complaints. Staff advised consumers are provided with an information pack that includes information on feedback and complaints. The information pack details methods a consumer and/or representative can use to make a complaint, including the external aged care complaints mechanism through the Commission. Staff described how consumers, their representatives and others may provide feedback and complaints, and how they are encouraged to do so. Staff have access to brochures about external complaints in other languages as required based on consumers and/or representative needs. Management advised the service has strategies in place to provide resources and assistance to support consumers and/or representatives who do not understand written English or have a sensory impairment. Management acknowledged there has been communication issues however as of April 2023 management has created and implemented a call log to ensure phone calls are acknowledged and responded to by staff, the call log can be accessed by office staff and is discussed at morning staff and management meetings to ensure transparency and accountability. The service demonstrated effective systems and programs in place to monitor and manage phone calls and to provide consumers the opportunity to provide verbal feedback and/or complaints. The Assessment Team analysed consumer information packs, complaints/feedback register, call log register, minute meetings, feedback policy and procedure, complaints handling program, open disclosure policy, public facing feedback policy.

Consumers and/or representatives sampled confirmed they have been made aware of their right to use an advocate, advocacy services, language services and other methods for raising complaints. Documentation was also sighted that included consumers right to access services including advocacy services such as OPAN and Senior Rights Service. It also included the complaints process offered by the Commission, as well as language and translation services available. Management advised brochures are available in different languages and information regarding mediation for issues that are needing to be resolved following exhausting other strategies. Staff orientation and ongoing refresher training is provided to staff to ensure they have current knowledge and can deliver care and services in line with best practice.

The Assessment Team received mixed feedback from the consumers and/or representatives sampled regarding action taken in response to complaints. Some consumers and/or representatives said that they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong, while other consumers highlighted communication issues when responding to complaints. Staff interviewed demonstrated an understanding of open disclosure and how it is implemented in service delivery and were aware the organisation had a policy on this. All staff said if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability and fill in the complaint/feedback form and pass onto management. Care staff said they would escalate to the coordinator for action. Management advised all issues, no matter how small, have feedback forms completed and are entered on the complaints register. The Assessment Team reviewed policies and procedures and other organisational documentation including policies on open disclosure, feedback/complaints, advocacy, internal complaints/feedback form and complaints register. The complaints register noted complaints received in the last six months. It included feedback, the full range of service types and noted actions taken to address the issue, date issue resolved, date complainant advised and a link to the continuous improvement plan.

Consumers and/or representatives sampled said the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback through satisfaction surveys, verbally through care workers or directly to coordination staff by phone, email or in person. The Assessment Team noted there are no complaints regarding quality of services. The Assessment Team noted there has been no complaints regarding staff and meals since May 2023. Trends were identified through the complaints register and at the initial meeting by the service regarding consumers that were not happy with the move of office staff from Lake Haven to Edgeworth, consumers not understanding monthly statements and wait time for client reimbursements to be processed. The Assessment Team noted follow up actions were noted against all complaints and feedback in the register. The continuous improvement register was sighted by the Assessment Team and noted to contain items from a number of sources, including meeting discussions, self-assessment, feedback and complaints. The Assessment Team reviewed monthly statement, CPI, complaints register, case notes, policies and procedures were sighted relating to complaints, feedback and continuous improvements in the organisation.

# Standard 7

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

Findings

The service sufficiently demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. The service has subcontractors for every individual service that is provided to consumers. Coordinators are qualified and experienced in providing personal care and services that a care worker can provide, the service ensures number of staff availabilities for shifts are rostered to ensure consumer services and preferences are appropriately delivered. Regular rosters ensure consumers have their preferred care workers scheduled as per their request. When a care worker is unable to attend, they give a consumer as much notice as possible and the opportunity to request a different day or time, or different care worker if they choose, consumers and/or representatives confirmed this occurs.

Consumers and/or representatives sampled said staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding choice of care worker and timing for their services. Discussions with staff reflected they are aware of consumers individual circumstances, and they all spoke respectfully regarding consumers. Mandatory training for all staff includes identifying and responding to elder abuse and neglect, cultural diversity and safety, customer service and dignity and respect, it also includes the Code of conduct for aged care workers. All staff confirmed they have received relevant training. The Assessment team observed coordination staff participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner. All consumer files reviewed indicated a use of respectful language to each consumer and their individual circumstances, policies and procedures also included reference to respect and staff behaviours.

Consumers and/or representatives sampled said they feel staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently. They said the care staff were aware of their needs and preferences. Management described having a recruitment and initial onboarding process to ensure that the workforce hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. All relevant qualifications for staff are recorded in their electronic system. Policies and procedures are in place regarding staff recruitment, induction and ongoing training and information to be provided to staff, for example, individual job descriptions. A range of training records were sighted including, but not limited to:

* Orientation/induction, infection prevention and control, including COVID-19 training modules, elder abuse, SIRS, hazard identification and management, cultural diversity, and manual handling; and
* The education calendar for planned training was also sighted and included palliative care modules.

Management advised that all staff must complete mandatory training during onboarding and induction, the education calendar includes refresher courses that can be delivered online or face to face and demonstrates ongoing training and support are offered to all staff throughout the year. Staff training included a range of items relevant to the aged care standards including cultural awareness, elder abuse, infection control and WHS. The Assessment Team confirmed, through discussions with staff and review of training records, that all staff have completed training in the last twelve months based on their role. Education calendar shows that staff will also receive training in the new aged care standards. The Assessment Team sighted training records on recent training sessions and online training completed, as well as planned staff training on the education calendar. Staff provide feedback on any training sessions received and can also provide suggestions for future training. Regular meetings are held between management and with all staff providing HCP services, including care staff, which was evidenced through multiple meeting agendas and minutes reviewed by the Assessment Team.

Consumers and/or representatives provided positive feedback about care staff, coordinators and management and said they felt staff were trained well and always treated them with respect. No issues were raised with regards to staff in feedback provided to the Assessment Team. Management advised the service has a probationary process for new staff as well as regular performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed samples of probation, performance management procedure and process and appraisals for coordination and care staff, which had been completed recently, and included sections completed by the employee and their respective line manager. Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their supervisors. Staff also said that they receive feedback from management and have appraisals as required. They said management have an open-door approach and they are available for them to discuss any issues with at any time.

# 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

Consumers and/or representatives sampled were able to provide examples of times that they have provided feedback to the service, both informally and formally. They said they have been given information on various ways they can provide feedback and said they feel comfortable doing so. They gave examples of feedback provided, including relocation of office, meal quality and several staff compliments. These were all noted to be included on the complaints register, with items identified for improvement input into the continuous improvement plan. Management advised consumer feedback/complaints and suggestions are collated and trended and informs the continuous improvement plan. This information is primarily gathered from consumer satisfaction surveys, formal complaints, incident/hazard register and informal feedback.

The governing body remains accountable for the delivery of safe, inclusive, and quality care by being continuously informed through internal reporting and meeting mechanisms. The organisation also has a clinical governance committee whose role is to assist the board fulfill its governance responsibilities related to the delivery of safe, inclusive, and quality care and the committee meets every quarter. Management demonstrated the service has organisation-wide governance systems and processes that promote the governing body’s responsibility to providing safe, inclusive, and quality care. These include risk management systems such as incident management processes and use of a risk register as well as through regular staff meetings and discussions. The service has also developed a vulnerable person’s register (sighted) that includes those consumers with risks identified such as living alone, having sensory impairments, or experiencing frequent falls. The governing body remains accountable for the delivery of quality care and services by remaining informed of delivered services and key risk areas through regular reporting to the board on risks, incidents, complaints, staff leave (reports sighted) and any other issues. Any identified risks have strategies developed to mitigate the risks (documented on risk treatment plans) and are reviewed and updated regularly as needed.

*Information Management*

Information systems are structured and monitored at an organisation level, the service has a centralised information management system for consumer information/records, organisational HR utilises an electronic system for sub-contractors and staff information management system. The service is currently transferring data to an electronic platform Comply Care that will manage complaints and incidents, policies, education. Access to systems is password protected and information is accessed based on delegated roles and responsibilities within the organisation. Care staff use the care vision mobile app which enables staff to access consumer care plans and complete regular progress notes on services delivered, which are reviewed by coordinators. Coordinators also complete notes on any informal feedback provided by care staff or consumers. Coordination staff monitor progress notes for any changes or deterioration to consumers.

*Continuous Improvement*

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer and staff feedback, regulatory compliance updates, identified risks and incidents and internal audits. Management advised complaints and feedback, incidents and SIRS data feed into the CIP that is discussed at staff, management and board meetings. The Assessment Team sighted the continuous improvement plan, which is monitored by management for progress. The register has items organised by relevant quality standard requirement, and all have issues identified and source of the item, for example, whether discussed at a meeting or identified through audits or complaints/feedback received.

*Financial Governance*

Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. Management has oversight of the consumer’s budget and expenditure, and this is reviewed regularly and discussed through upper management meetings and reports provided to the governing board. Coordinators can access consumer budgets through individual folders in share point to manage queries, monitor, and manage funds. Relevant documentation, meeting invites and minutes as well as registers were sighted in reports and meeting minutes to evidence the above processes.

*Workforce Governance*

The Assessment Team reviewed the organisational chart that outlined the reporting framework for accountability and responsibility, job descriptions for all staff and management. Management confirmed all staff members, both operational and management, have job descriptions in place that include clear explanations of roles and responsibilities. All staff interviewed are aware of their roles, accountability, and responsibilities. They confirmed they have reviewed their job descriptions and duties list. All staff are provided with adequate training, both mandatory and ongoing, to support them in their role. Staff are also supported by the coordinators/managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly. For further information please refer to Standard 7.

*Regulatory Compliance*

The service monitors staff compliance with regulations such as police checks, car registrations and insurances for operational staff, and vaccinations for COVID-19 and influenza and relevant documentation was sighted by the Assessment Team to confirm these are regularly reviewed and renewed when needed. Management advised all relevant changes regarding regulatory compliance and changes to legislation are communicated to the board monthly, board members and senior staff are supported to attend industry conferences. The service has current membership to peak bodies such as but not limited to:

* The Aged and Community Care Provider Association;
* OPAN; and
* Department of Health and Ageing.

The food service has NSW Food Authority certification in place and relevant food safety documentation was sighted by the Assessment Team. Human Resources monitor and manage sub-contractor onboarding and compliance requirements.

*Feedback and Complaints*

The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed consumers complete satisfaction surveys regularly and feel comfortable providing feedback verbally through coordination staff. This was evidenced through viewing the complaints/feedback register. This information is discussed at relevant meetings and information is communicated to management in the form of complaint trends, data and plans for continuous improvement. For additional information please refer to Standard 6. The Assessment Team sighted governing policies and procedures, complaints and feedback register, staff folders, education calendar, meeting minutes and the monthly board report. – *End of ‘Feedback and Complaints’ heading.*

The service has processes in place to manage risks associated with the care of consumers. The service keeps a risk register, which also includes identified consumer risks. Where individual consumer risks are identified these are included on the high impact-high prevalence persons register and are monitored on an ongoing basis by coordination staff, with escalation to management when required. Information on risks is trended and reviewed by management on an ongoing basis and information is also reported to the board. The incidents register is reviewed on a regular basis and demonstrated all incidents are being actively monitored by staff and staff are in regular contact with high-risk consumers, and management are aware of the status of the risk. All staff interviewed said they have completed mandatory training on identifying and responding to abuse and neglect of consumers and were able to describe the process. The Assessment Team sighted the training register which confirmed service staff have completed the training. There are also policies in place that address abuse and neglect to guide staff practice.

The service was able to demonstrate the process followed when an incident or near miss occurs. Staff discussions indicated they are familiar with the process and the relevant policies and procedures in place. Some were able to give examples of incidents they had reported and advised appropriate actions had been taken by coordination staff and management to follow up and ensure the consumer’s safety by referring them for additional services and/or conducting reviews of their needs.

The Assessment Team reviewed the Incident Register which included relevant information on the incident, level of risk identified and follow up actions taken to ensure the consumer or staff member’s safety. Management confirmed they monitor the register regularly and implement strategies as needed to ensure consumer risks are addressed and to ensure their overall safety and wellbeing. Risks and incidents are also included in various meeting mechanisms across the organisation and reported to the board on a regular basis.

*Antimicrobial stewardship*

The service advised the care at home clinical governance committee ensures antimicrobial stewardship. Currently there are nil medications being administered by staff. The Assessment Team noted relevant staff have completed medication management training, staff are vaccinated in line with government requirements minimising the need for antimicrobial use. The service recognises the need for antimicrobial stewardship and the organisation updates its infection prevention and control policy and are in the process of creating an antimicrobial stewardship plan.

*Minimising the use of restraint*

The Assessment Team noted the service utilised no use of restraint, the organisation has a safety and wellbeing of consumers policy and identifying and responding to allegations of abuse which describes different forms of abuse the procedure and roles and responsibilities of staff/board. The complaints and feedback policy include advocacy information to support positive outcomes for consumers.

*Practicing open disclosure*

Staff and management interviews and a review of consumer documentation and feedback and complaints actions demonstrate a good understanding of the principles of open disclosure that is in line with the complaint’s resolution and handling process. Staff confirmed they have completed mandatory training in open disclosure.

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)