**Performance**

**Report**

**1800 951 822**

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| Name: | Rose Aged Care Service Pty Ltd |
| Commission ID: | 201317 |
| Address: | 78 Kildare Road, BLACKTOWN, New South Wales, 2148 |
| Activity type: | Quality Audit |
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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: 7077 Rose Aged Care Service Pty Ltd  
Service: 26205 Rose Aged Care Service Pty Ltd

**This performance report**

This performance report has been prepared by J Durston, 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** |

# 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

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 1(3)(a)

The Assessment Team found the HCP service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives said they feel welcomed by staff who demonstrated an understanding of consumers and the care and service preferences. Staff demonstrated they treat consumers with respect, maintain their dignity and provided examples of services tailored to the individual and cultural needs of consumers. Assessment and care planning documentation outlined consumer goals in relation to their spiritual, physical, cognitive and psychosocial wellbeing.

Requirement 1(3)(b)

The Assessment Team found the HCP service demonstrated care and services are culturally safe. Consumers described how their preferences, including their culture and backgrounds, inform the services they receive, and advised they feel safe, welcomed, supported, and valued. Consumers’ preferred language, including specific dialects, is recorded and noted in the care plan. Consumers' cultural backgrounds are identified through the initial assessment process and recorded in the service's electronic care management system. Service staff are of the same cultural backgrounds as consumers and are able to ensure that care and services align with consumers’ cultural preferences. Management and care staff described how they create culturally inclusive care plans to ensure care and services are culturally safe, including linking one consumer with a worker with the same faith so the consumer can have meaningful conversations and receive care and services that are culturally safe. The service has relevant policies and procedures for the provision of inclusive and culturally appropriate services.

Requirement 1(3)(c)

The Assessment Team found the HCP service demonstrated each consumer is supported to exercise choice and independence, make decisions about their care delivery, the way services are delivered. the involvement of family, friends or carers in their care, and to make connections with others and maintain their relationships of choice. All representatives interviewed said consumers were supported to exercise choice and independence. Sampled care documentation identified key consumer choices and decisions about care and services, including others the consumer would like involved in their care and support. Staff described the practical ways they support consumers to make decisions and maintain relationships with family and friends. Case managers and care workers were able to describe how they encourage consumers to exercise choice and independence in service delivery.

Requirement 1(3)(d)

The Assessment Team found the HCP service demonstrated consumers are supported

to take risks to enable them to live their best life. Consumers and representatives provided feedback on how the service assists them to live their best life. Staff discussed how they support consumers to live their best life including linking them with services that meet their needs. Care staff described the support and assistance measures they provide to ensure consumers are as safe as possible while living their best life. Care planning documentation for sampled consumers who choose to take risks to enable them to maintain their independence, contained individual strategies to support them to maintain their independence and mitigate identified risks, including completed dignity of risk documentation.

Requirement 1(3)(e)

The Assessment Team found the HCP service demonstrated each consumer receives information that is current, accurate and timely and effectively communicated and enables them to exercise choice. Consumers and representatives confirmed they received information about their care and services during the initial assessment process. They also confirmed they are provided with up-to-date information through the monthly service newsletters and monthly statements which are itemised and clear to understand. The service has a homecare agreement guide that is clear and easy to understand and informs consumers of their rights and responsibilities and the care and services they are entitled to or can expect from the provider. The Assessment Team observed information on display throughout the service. Printed information was displayed in several different languages spoken by consumers at the service and fee schedules are provided to consumers prior to commencement of services and are available in different languages such as Arabic, Hindi, Dari and Urdu. The service uses translation services should there be a need and translates documents for consumers who are of CALD background. Information regarding the translating services was displayed on the notice board

Requirement 1(3)(f)

The Assessment Team found the HCP service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers provided feedback confirming this. Staff demonstrated their awareness of how to ensure consumers' privacy is respected, and their personal information is kept confidential. Management advised the current electronic system stores consumer information confidentially and only specific staff members have access to the database which is electronically password protected. Hard copy consumer files are kept in a locked cabinet in a locked room only accessible by staff. Subcontractor agreements with allied health providers outline how consumer personal information is protected.

Based on the information summarised above, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f).

# 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 2(3)(a)

The Assessment Team found the HCP service demonstrated assessment and planning considers risks to the consumer and informs delivery of safe and effective care and services. Review of care planning documentation showed consideration of consumers’ cultural, religious, language and other needs, personal preferences, health and wellbeing including medical and social history and cognitive and functional abilities. Care planning documentation showed consumers are assessed using validated assessment tools and have care plans which clearly set out their risks, risk management strategies, care and services to be provided to meet their needs. The registered nurse conducts a clinical assessment on consumers’ commencement with the service, including consideration of risks to the consumer’s health and well-being, psychogeriatric assessment scales, mobility assessment, medication assessment, falls risk, and skin integrity and wound assessment are used. A home safety risk assessment is conducted for each consumer by an occupational therapist.

Requirement 2(3)(b)

The Assessment Team found the HCP service demonstrated assessment, care planning and review addresses consumers’ current needs goals and preferences, including advance care planning and end of life planning if the consumer chooses. Consumers and representatives provided positive feedback confirming good communication with the service. Sampled consumer files showed consumers’ needs, goals and preferences are current and kept up to date. The service Management confirmed end of life care and advanced care forms have been sent to consumers, but that no consumers have responded to the invitation to establish advance care directives. They advised they will revisit this at care plan reviews with consumers. One consumer interviewed confirmed they had received the email from the service but had not yet responded.

Requirement 2(3)(c)

The Assessment Team found the HCP service demonstrated assessment and

planning is performed in partnership with the consumer and those they wish to be

involved in their care. This was confirmed in feedback provided by consumers and representatives. Care planning documentation showed consumers and representatives are involved in the assessment and planning of their care. Home care agreements, assessments, case management plans, service delivery plans and client review forms recorded the involvement of the consumer, or their representative, or were signed by them. All consumers have home safety assessments conducted by an occupational therapist, evidenced in sampled consumer care documentation.

Requirement 2(3)(d)

The Assessment Team found the HCP service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in the care plan that is readily available to the consumer and where care and services are provided. Sampled consumers and representatives confirmed the communication with the service is good, they are satisfied with the information they receive about their care and services and that they received a copy of their care plan.

Requirement 2(3)(e)

The Assessment Team found the HCP service demonstrated care and services are

reviewed for effectiveness when circumstances change, incidents occur or when circumstances change impacting the needs, goals and preferences of the consumer. Sampled consumers and representatives confirmed they are involved in the review process, with one representative commenting they participated in the consumer’s care plan review the previous month during which a referral to a podiatrist was arranged. Management advised service delivery plans are reviewed 3 monthly to ensure the services, times and staff are appropriate. Formal reviews are held 6 monthly for HCP L3 and 4 package recipients and every 9 months for HCP L1 and 2 package recipients. Sampled consumer files showed they had all been reviewed within the last 6 months. Sampled care plans also evidenced reviews occur as needed when incidents occur or the consumer’s circumstances change.

Based on the information summarised above, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

# 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

This Quality Standard has been assessed as compliant as 7 of 7 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 3(3)(a)

The Assessment Team found the HCP service demonstrated each consumer gets safe and effective clinical and personal care that is best practice, tailored to their needs that optimises their health and wellbeing. Consumers and representatives confirmed they are very satisfied with the care and services provided. Staff demonstrated a clear knowledge of consumers’ individual needs. Care documentation demonstrated consumers are receiving care and services in line with their care plans. Personal and clinical care is overseen by the registered nurse who regularly visits consumers to monitor their health and provide support and education to carers. The representative of a consumer with complex care needs advised they are satisfied with their consumer’s personal and nursing care.

Requirement 3(3)(b)

The Assessment Team found the HCP service demonstrated effective management of high impact high prevalence risks associated with consumers’ care. Sampled Consumers and representatives expressed satisfaction and confidence that risks associated with their care and services are managed effectively. The service identifies falls as the most prevalent risk to consumers. All consumers receive a falls risk assessment. Risks and management strategies are discussed with consumers and representatives and referrals are made to allied health professionals to assist in the management of risks if required. Support workers advised they report any incidents or risks to the case manager or registered nurse.

Requirement 3(3)(c)

The Assessment Team found the HCP service demonstrated the needs goals and preferences for consumers nearing end of life are recognised and addressed with their comfort maximised and their dignity preserved. At the time of the Quality Audit the service was not managing any consumers end of life care needs. Management said the service has a policy on end of life care and has invited consumers to develop advance care directives. No consumers had responded yet, but they will raise the issue again at case management reviews. Further, management advised that in the event of a consumer requiring palliative care, the needs, goals and preferences of the consumer would be reviewed to meet the changing circumstances, and the service is able to provide nursing services through the registered nurse and also referrals to specialist services,

Requirement 3(3)(d)

The Assessment Team found the HCP service demonstrated 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. Support workers said they escalate changes in consumers’ condition to the case manager or registered nurse. The representative of one consumer advised the service arranged for the consumer to be assessed and upgraded from a Level 2 to a Level 4 HCP and they were very happy with the service. Another representative described their consumer’s satisfaction with how the service effectively managed their increased pain and decreased mobility, noting that they were reviewed by the registered nurse and referred to a physiotherapist for pain management and mobility support and an occupational therapist for supportive equipment.

Requirement 3(3)(e)

The Assessment Team found the HCP service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share their care. The service uses both hard copy and electronic information systems. Assessments are completed on hard copy forms and stored in consumer files. The care plan and details of the services provided for each consumer are uploaded into the electronic system. Support workers access this consumer information, including changes in their circumstances or services and record progress notes using a phone application. Support workers said they have the information they need for the delivery of care and services. Case managers liaise with subcontracted service providers to ensure they have the information they need for the safe and effective delivery of services. This was confirmed by a subcontracted physiotherapist.

Requirement 3(3)(f)

The Assessment Team found the HCP service demonstrated timely and appropriate referrals are made to individuals and other providers of care and services. Consumers and representatives said they were very satisfied with the services provided by the allied health professionals. Consumer care documentation showed timely referrals to and reports from allied health professionals. The service has subcontracting agreements with a range of allied health providers, including occupational therapists, physiotherapists, podiatrists, and dieticians that assists with timely referrals.

Requirement 3(3)(g)

The Assessment Team found the HCP service demonstrated there are effective processes and practices in place to minimise infection related risks including standard and transmission-based precautions and anti-microbial stewardship. The service has a policy for minimising infection, which sets out infection control practices at home visits. It has an outbreak management plan and other resources available to guide infection prevention and control, and infection control practice is overseen by the registered nurse. Training records showed all support workers are trained in infection prevention and control and have skills assessments for hand hygiene and the use of personal protective equipment (PPE). The focus for the service in relation to antimicrobial stewardship is the prevention, management and control of infections, as the service does not assist consumers with medication administration. The staff vaccination register showed 6 out of 14 support workers have not yet received the 2024 annual influenza vaccination. Management said all staff have been notified of the requirement and they will follow-up with unvaccinated staff. On balance, I find this requirement is compliant, but encourage the provider to follow-up with staff to ensure they are compliant with vaccination requirements as soon as possible.

Based on the information summarised above, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g).

# 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of 6 specific requirements are compliant for the service, with Requirement 4(3)(f) not applicable.

**Compliant Requirements**

Requirement 4(3)(a)

The Assessment Team found the HCP service demonstrated each consumer gets safe

and effective services and supports for daily living that meet their needs, goals and

preferences and optimise their independence, health, wellbeing and quality of life. Consumers and representatives advised they are very satisfied with the services provided to support their independence, health, wellbeing, and quality of life. Staff were able to describe how they engage with individual consumers to support their independence and wellbeing. Care and service documentation showed consumers’ needs, goals and preferences are clearly identified and services are being delivered as planned.

Requirement 4(3)(b)

The Assessment Team found the HCP service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological wellbeing. This was confirmed by positive consumer and representative feedback. The service’s policy on consumer wellbeing includes working with consumers to minimise any lack of purpose or meaning and referring them to specialists as needed. Care plans contain strategies to support consumer wellbeing. Support workers are allocated to consumers with similar cultural background and language, confirmed by one representative who advised they understand common spiritual things that makes things easier for their consumer. The service has partnered with an outside provider to deliver a community visitor program for consumers identified as requiring emotional support.

Requirement 4(3)(c)

The Assessment Team found the HCP service demonstrated services and supports for daily living assist each consumer to participate in their community within and outside the service, have social and personal relationships and do things of interest to them. In addition to the community visitor program considered in Requirement 4(3)(b), the service provides social support and transport services for consumers to participate in the community and pursue activities of interest, such as attending the mosque, participating in the local Afghani community, and attending bingo in the community. The service has a policy on supporting social connections and distributes a monthly newsletter to consumers containing information on community activities and groups.

Requirement 4(3)(d)

The Assessment Team found the HCP service demonstrated information about the

consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. The service has an electronic care management system to record and share consumer information with others providing services to the consumer. Support workers access this information and record progress noted on an application on their phone. Support workers interviewed knew the consumers well and could describe their individual needs and the ways they support them. They said they check the care plan before each visit for changes in consumers’ care and service requirements and they are notified of changes via email. Case managers send relevant background information to subcontracted service providers to support provision of safe and effective services. A review of consumer files showed all the relevant information is available for the safe and effective delivery of care.

Requirement 4(3)(e)

The Assessment Team found the HCP service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives confirmed consumers are referred to other services and they are satisfied with them. Examples include one consumer who advised the service arranged for a new lawn mowing provider to better meet their needs. The service referred a consumer to Dementia Support Australia (DSA) for assessment to assist staff to more effectively support the consumer’s needs.

Requirement 4(3)(f)

This requirement was not assessed. No meals are provided by the service. Although meals can be accessed through HCP and some components of them can be claimed, such as administration and delivery, the food component cannot be included under HCP funds. Therefore, this requirement is not applicable.

Requirement 4(3)(g)

The Assessment Team found the HCP service demonstrated where equipment is provided, it is safe, suitable, clean and well maintained. The service arranges for an occupational therapy assessment to advise on safe and appropriate equipment to meet consumers’ needs. The equipment is purchased through the consumer’s home care package and maintained under warranty.

Based on the information summarised above, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), and 4(3)(g), with Requirement 4(3)(f) not applicable.

# 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

# Consumer services are not delivered in a service environment, as such, the Standard is not applicable.

# 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

This Quality Standard has been assessed as compliant as 4 of 4 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 6(3)(a)

The Assessment Team found the HCP service demonstrated consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives described the ways they can provide feedback. They said they feel comfortable raising matters with staff and management without fear of reprisal, and advised they are encouraged to contact their case manager, inform their care workers or contact the office at any time if they are not happy with their care and services. Information about the feedback and complaints processes is provided to consumers and their representatives when consumers first commence with the service. The welcome/information pack includes information about how to provide feedback, including internal and external complaints mechanisms.

Requirement 6(3)(b)

The Assessment Team found the HCP service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. All sampled consumers and representatives said they felt comfortable raising feedback and complaints as they find management and staff approachable. Staff described consumers who were supported to access language support services, including a consumer who was assisted by an Arabic speaking support worker to make a complaint about one of the services they received. Management described how they make consumers and representatives aware of these services, including notices and brochures on advocacy and interpreting services and external complaint mechanisms displayed at the service entrance in multiple languages, information contained in the welcome pack and consumer handbook.

Requirement 6(3)(c)

The Assessment Team found the HCP service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Consumers and representatives advised management is responsive to the matters they raise. The service complaints register showed in the last 6 months several compliments were received with only one complaint, and the complaint was acknowledged, actioned, documented and resolved in a timely manner. Care staff described the process for actioning feedback and complaints and how they communicate consumers’ concerns via the mobile application to the electronic documentation system, or direct feedback to the case manager. The organisation has a policy and procedures related to open disclosure. The feedback register showed feedback and complaints recorded were responded to and closed in line with the policies and procedures.

Requirement 6(3)(d)

The Assessment Team found the HCP service services demonstrated feedback and complaints are reviewed and used to inform improvements to the quality of care and services. Consumers confirmed the service seeks regular feedback on care and services which it uses for continuous improvement. They said management would work closely with them to ensure feedback is actioned promptly and service improvements are identified and implemented. The service has a continuous improvement system that includes the use of feedback and complaints to inform the quality improvement of care and services. Review of the plan for continuous improvement confirmed this.

Based on the information summarised above, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

# 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 7(3)(a)

The Assessment Team found the HCP service demonstrated the workforce is planned and deployed to enable the delivery and management of safe and quality care and services. Consumers and representatives confirmed staff are not rushed when delivering services. Management and staff advised rosters are prepared to ensure the skill levels of staff are matched to consumer needs, and consumers are matched with support workers with the same cultural and linguistic background where possible to minimise communication barriers in the delivery of care and services. This was observed by the Assessment Team. Management confirmed that there has not been an instance where a scheduled service has been forgotten or a consumer has been impacted by a missed service.

Requirement 7(3)(b)

The Assessment Team found the HCP service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Sampled consumers said they found staff, care managers and management to be friendly, caring, efficient and competent in delivering safe and quality service to them. The service has policies and procedures about the code of conduct and diversity and inclusion and records showed these are included in mandatory training.

Requirement 7(3)(c)

The Assessment Team found the HCP service demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to perform their roles. All sampled consumers and representatives provided positive feedback that staff members know what they are doing and how consumers like their services delivered, with one representative stating they do not have to tell staff because they already know what is to be done. All staff are required to complete annual competency assessments for hand hygiene, donning/doffing of PPE, and manual handling. The service has a service brokerage agreement in place that stipulates the obligations and responsibilities of the brokered agency to ensure staff are competent and have the right qualifications and registrations. Management demonstrated they ensure all staff have the necessary qualifications, fulfil regulatory requirements, and that all registered nurses have current registration.

Requirement 7(3)(d)

The Assessment Team found the HCP service demonstrated the workforce is recruited trained, equipped and supported to deliver the outcomes required by the standards. Sampled consumers and representatives advised staff know what they are doing, and they are satisfied with the care they receive. The service has an orientation program, which includes mandatory training, competency assessment, buddy shifts and on-site induction. The service has a training program that includes the mandatory training for the year. Attendance records are maintained and monitored. Review of these documents showed staff are completing training as planned.

Requirement 7(3)(e)

The Assessment Team found the HCP service demonstrated there is regular assessment, monitoring and review of the performance of each member of the workforce. The service has a performance appraisal and development process for new and existing staff. Review of performance appraisals showed a probationary period and annual review discussions were occurring regularly, and staff were completing their goals and development plans and identifying any training needs.

Based on the information summarised above, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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

This Quality Standard has been assessed as compliant as 5 of 5 specific requirements are compliant for the service.

**Compliant Requirements**

Requirement 8(3)(a)

The Assessment Team found the HCP service demonstrated consumers are supported to be engaged in the development, delivery and evaluation of care and services. Consumers interviewed said they are encouraged to provide feedback on the service and would be comfortable speaking to staff about any concerns. They said management is responsive when concerns are raised. Engagement strategies include verbal and ongoing consumer satisfaction surveys and the service holds ad hoc social gatherings where consumers are encouraged to provide feedback or suggestions to improve care and services. The service arranged a community visitors scheme with an external provider in response to a consumer’s suggestion. The consumer handbook includes information about feedback, complaints and compliments, open disclosure, and how this information can be used for improvement.

Requirement 8(3)(b)

The Assessment Team found the HCP service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The director, finance manager and clinical nurse/case manager oversee the needs of the service’s 40 consumers to ensure care and services are delivered safely and effectively. Meeting minutes showed management has regular monthly meetings to discuss consumer deterioration and any client needs and support. The clinical manager reports monthly to management on consumers’ clinical needs. They review all high-risk consumers regularly and consumers living alone have weekly wellbeing monitoring. The clinical manager completes a communication book reviewed by management daily, or as required and all urgent needs are communicated to management by phone. Staff advised roles and responsibilities are clearly defined for the governing body, management, staff and volunteers.

Requirement 8(3)(c)

The Assessment Team found the HCP service demonstrated there are effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, complaints and feedback.

Staff and management advised they can readily access information when they need it. They access the information to provide safe and effective care and services to consumers through the electronic consumer management system and mobile phone application, meeting minutes, the staff social media group chat, and newsletters. Staff confirmed they have regular meetings with management, where they are provided information on changes to services, regulations, or policies. Consumers have access to their care and service plans and relevant fees for services provided. The service demonstrated effective systems and processes to ensure the privacy and confidentiality of consumers’ information.

The service has a continuous improvement process which includes monthly management and clinical meetings, strategic leadership planning, and annual business planning. Opportunities for continuous improvement are identified from consumer and representative feedback and complaints, incident and risk information. The continuous improvement plan included actions informed by consumer feedback.

The service demonstrated effective financial reporting processes. The finance manager is responsible for organisational financial policy and procedures, monitoring the financial management of the organisation and completes the monthly reports for director’s review and oversight of the organisation’s financial status. There is an annual audit by an external qualified auditor, who is approved and appointed by management.

The Assessment Team found the service demonstrated effective workforce governance. All staff have the required credentials in place, such as national criminal history checks, COVID-19 vaccinations and first aid certificates, which are monitored by the leadership group.

Management receives regular updates from government bodies on regulatory information, which is monitored by the leadership group. Information is disseminated to staff through emails, an online service chat group and/or regular meetings.

The service demonstrated it uses a range of effective strategies and mechanisms to support and engage consumers’ and representatives’ to provide feedback and make complaints to inform the continuous improvement of care and services.

Requirement 8(3)(d)

The Assessment Team found the HCP service demonstrated effective risk management systems and practices to manage high impact high prevalence risks, identify and respond to abuse and neglect of consumers, support consumers to live their best life and manage and prevent incidents including a risk management system. The organisation has a risk management plan that contains its risk management strategies, sets out responsibilities, and includes policies and procedures for the management of high impact high prevalence risk, managing elder abuse and neglect, incident management and prevention, and dignity of risk. Management advised the service utilises an online incident reporting system that is accessible to staff and allows them to track near-miss clinical incidents, monitor actions, and identify trends. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties, and limited support.

Requirement 8(3)(e)

The Assessment Team found the HCP service demonstrated where clinical care is provided there is a clinical governance framework that includes policies and procedures, key roles and responsibilities. Clinical care is monitored and managed by the registered nurse, the clinical manager, who regularly reviews and monitors the clinical care needs of all consumers. This includes clinical assessment, daily review, ongoing monitoring, and the collection and analysis of clinical data. Clinical indicators are reviewed at monthly clinical governance meetings. There are policies and procedures to direct the delivery of clinical care, antimicrobial stewardship, open disclosure and minimising the use of restraint. At the time of the assessment no consumers were subject to restrictive practices.

Based on the information summarised above, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

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