**Performance**

**Report**

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| Name of service: | RSL Homecare Logan River Valley |
| Service address: | 130-150 Old Logan Village Road WATERFORD QLD 4133 |
| Commission ID: | 700826 |
| Home Service Provider: | RSL Care RDNS Limited |
| Activity type: | Quality Audit |
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| Performance report date: | 6 October 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 RSL Homecare Logan River Valley (**the service**) has been prepared by F.Nguyen, 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:**

* RSL HomeCare Logan River Valley (EACH), 18376, 130-150 Old Logan Village Road, WATERFORD QLD 4133
* RSL HomeCare Logan River Valley, 18375, 130-150 Old Logan Village Road, WATERFORD QLD 4133

**CHSP:**

* Care Relationships and Carer Support, 24948, 130-150 Old Logan Village Road, WATERFORD QLD 4133
* Community and Home Support, 24947, 130-150 Old Logan Village Road, WATERFORD QLD 4133

# 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.

# 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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.

# Standard 1

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

Findings

Consumers/representatives provided positive feedback about PCWs, saying they are kind and gentle, and take care to be respectful. They advised staff take care to understand their background and pay attention to their personal circumstances and preferences. They said staff make them feel valued and are comfortable to discuss their personal information and individual needs or requests with staff. PCWs interviewed spoke respectfully about consumers and were able to outline for individual consumers how they treat them with respect and demonstrated an awareness of the consumer’s individual identity. Staff could provide examples of how consumer’s rights and dignity is respected in their assessment approach.

Consumers/representatives said staff understand their needs and preferences and their service is delivered in a way that makes them feel safe and respected. Staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Staff advised as part of the assessment process information is captured for consumers including any specific cultural requirements. Documentation reviewed evidenced the consumer’s history is detailed from My Aged Care (MAC) support plans and discussion with the consumers/representatives. The Assessment Team reviewed documentation that demonstrates consumers sharing their preferences with the service.

Consumers/representatives interviewed advised they are informed of the services available to them, are supported to make their own decisions about the services they receive, and the service supports them to be as independent as possible. They advised the service makes it easy for them to be involved in exercising choice and to involve the people important to them. They said they can speak with staff at any time to make requests or changes to their services and this is acted on promptly. Staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences. Staff demonstrated awareness and understanding of individual consumer’s communication needs, choices and preferences.

Consumers/representatives said staff listen to consumers, understand what is important to them and respect the choices they make. The service demonstrated consumers are supported in making choices about the services and supports they need and how they wish the services to be provided. Staff spoke of steps they take to support consumers to live a life of their choosing. PCWs advised they encourage consumers who may be feeling anxious to have PCWs in their homes to engage with the service delivery at their own pace. PCWs described how they assist consumers with mobility aids to access transport vehicles and supervise the consumer when mobilising. Staff advised if they believed a consumer was taking a risk this would be discussed with the consumer and the family to ensure the safety and wellbeing of the consumer. The service has policies and procedures for dignity of risk to identify, assess and support risks consumers may wish to take. For example:

Consumers/representatives said consumer privacy is respected by PCWs delivering care and services. The service was able to demonstrate consumers’ privacy is respected and their personal information is kept confidential. The service has privacy and permission to share consumer information forms, which were observed by the Assessment Team to be completed. The Assessment Team observed paper-based documentation to be securely stored in lockable locations. The service also has secure password protected electronic documentation systems for rostering of service delivery. Staff advised they brief PCWs on the background and conditions of consumers they are delivering services to. They said all staff sign privacy and confidentiality agreements and staff are reminded at meetings to respect the privacy of consumers. PCWs demonstrated an understanding of the need to observe consumers’ privacy and confidentiality.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1- consumer dignity and choice.

# Standard 2

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

Findings

Consumers/representatives said staff involve them in the consumer’s assessment and care planning through phone, face-to-face, case conferencing, and ongoing reviews. Consumers said they generally had continuity of PCWs and any changes to PCWs are discussed with them prior to service delivery. Consumers/representatives said they receive safe, effective care and services and any potential risks are discussed. PCWs described risks for consumers sampled and advised they receive care planning information including alerts via their phone application to guide the delivery of care and services for each consumer. Care planning documentation reviewed identified comprehensive assessments, including the use of validated assessment tools. Risk assessment tools are used to identify risks to consumers health and well-being including falls, pain, medication, continence, cognition, skin integrity, nutrition, hydration, wound management (when relevant) and non-response to scheduled visits. The service has policies and procedures in relation to assessment and planning.

Consumers/representatives said the care they currently receive meets their needs, goals and preferences. They said they have day to day control of the services they receive. Staff interviewed could describe how they undertake assessment and planning, taking into account the consumer’s needs, goals and preferences. PCWs were able to describe individual consumers and what was important to them in how their care and services are delivered. Staff said that advance care planning (ACP) is discussed in line with the consumer’s preferences and wishes during the initial assessment, when care planning information is reviewed or when there has been a significant change in the consumers’ condition. Care plans reviewed were tailored for the consumer, describing in detail service delivery strategies, and there is evidence that ACP has been raised with consumers. The service has policies, procedures and training modules to guide staff in assessment and care planning processes.

Consumers/representatives interviewed said the quality of care and services meet their individual needs and preferences and they and others of their choice are involved in decisions about their care. Staff and RNs described how they work in partnership with the consumer, representatives and other organisations such as MAC, MOs, allied health professionals, clinical practitioners and other service providers. Staff discussed the importance of communicating regularly regarding the changing needs of consumers. Staff provided examples of other providers who are involved in the care of the consumer to suit their specific preferences. Documentation evidenced consumer/representative involvement in the planning of services and in ongoing review, annually or more often if required.

Consumers/representatives said they are satisfied with the information they receive from the service and are comfortable following up with the service if they have any queries. Consumer care planning information including progress notes demonstrated the service consults with consumers/representatives in an ongoing way. This includes an initial assessment and care planning on entry into the service, regular care reviews or when there is an identified change in the consumer’s health and wellbeing. PCWs interviewed said they are informed of each consumer’s care needs and preferences, and any changes in a timely manner via their phone application. PCWs advised if they have any concerns with the service delivery or changes in the consumer’s condition or circumstances, they will contact office staff, who will escalate as appropriate. Staff review and complete care planning information with the consumer and/or representative. An electronic copy of the care plan is uploaded on the service’s electronic database. A hard copy of the care plan is also provided and kept in the consumer’s home file.

For consumers sampled, care planning information evidenced review on both a regular basis and when circumstances changed. This includes deterioration or change in health condition, care needs, preferences or goals, and in response to identified risk, hazards, incidents or complaints. Staff explained consumers’ care plans are reviewed annually and as required in response to changes or identified risk. A review of care planning information confirmed reviews are completed within the service’s policy and procedure guidelines and consultations with consumers/representatives, staff or other providers of care are detailed. PCWs interviewed provided examples where they had contacted the office regarding concerns about a consumer, which has triggered a review of the consumer’s care and services. Staff advised there are detailed checklists for staff to complete during assessments including baseline health assessments and referrals to allied health professionals if required. Consumers/representatives said staff regularly communicate with them about the services they receive and make changes to meet their current needs.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 – ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers/representatives said that staff know what they are doing and that consumers feel safe and supported. Care plans for the consumers sampled documented detailed information and strategies to guide staff practice. The service has relevant documentation including an overarching care plan and individual personal care and/or clinical care plans detailing practical strategies to guide care. PCWs and RNs provided feedback which demonstrated that they are aware of consumer’s individual personal and clinical care needs and described the specific strategies they use to deliver care. Reviewed care planning information for consumers showed assessments, care plans, dated notes, treatment regimes, monitoring records and relevant correspondence and communications. Documentation reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has clinical and personal care policies, procedures, and validated assessment tools in line with best practice, to guide staff in delivery of care and services.

The service demonstrated an understanding of risk management, including high- impact and high-prevalence risks associated with the care of individual consumers. Consumers/representatives interviewed advised staff explain the risks to consumer’s wellbeing and they have input into the steps to reduce those risks. Consumer assessment documentation identified key risks including falls, nutrition, skin integrity concerns including chronic wounds, pressure injuries, and medication management. The service uses validated assessment tools including psychogeriatric assessment scales (PAS), bowel and urinary assessments, and falls risk for older people (FROP). Staff and RNs described the high-impact and high-prevalence risks for consumers at the service. These include falls, medication management, pain management, cognition, wounds and infections. Individual risks are reflected in care planning information for the consumers. PCWs advised should they require further information on managing consumers’ high-prevalence risks, they would refer to the care plan or contact the office for further guidance. PCWs and RNs described how they would report consumer risks and incidents. Management described how incidents are documented and reviewed, and how outcomes of any actions that require follow up are initiated. Policies and procedures are available to all staff on high-impact or high-prevalence risks associated with care of consumers.

Consumers/representatives interviewed said staff have discussed ACP and end of life (EOL) planning with them and provided information if they wish to discuss at a later date. Consumers said they feel comfortable speaking to staff about their wishes and arrangements. Sampled consumers care planning information identified that ACP discussions take place, and this information is provided to consumers on entry to the service and updated at reassessments. Staff advised they work closely with local palliative care teams to support the consumer’s wish to pass away in their own home as part of the assessment and planning process. Clinical staff described the way care and services are adjusted for consumers nearing end of life, including conversations with representatives and medical professionals. Staff identified consumers who are associated with palliative care teams and provided details on the care and service delivery. The service has policies and procedures that guide staff in the management of EOL care, including pain management and comfort care.

Interviews with consumers/representatives and staff and review of care planning information identified the service has processes in place to support staff to identify and notify others of changes in consumer’s condition. For the consumers sampled who experienced deterioration or a change in their condition, this was identified, reported and followed up and appropriate referrals were arranged as required. Care planning information reflected the identification of, response to, deterioration and changes in a consumer’s condition in a timely manner. All staff interviewed demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in their health and wellbeing. PCWs advised they observe consumers for signs they may be unwell, including changes in behaviour, and report to the office. The Assessment Team reviewed the service’s policies and procedures and escalation process which provides guidance for staff on the identification, assessment, communication and response to deterioration.

Consumers/representatives interviewed said they were satisfied with the care and services they receive and advised staff work well together to meet their personal and clinical care needs. The service documents information about each consumer’s health conditions, care needs and preferences and this is communicated to all relevant staff and with others involved in the care of the consumer. Care plans and other relevant information is available in the consumers’ home file and on the electronic care management system, including alerts outlining changes to their care and service needs. PCWs and clinical staff receive information specific to each consumer’s needs via their phone application, including alerts and tasks lists, and are advised of any changes by office staff. Clinical staff advised changes, incidents and other notable information are documented in progress notes, escalated to management for action and discussed at regular meetings. The service has a clinical governance framework and policies and procedures which guide staff practice. There are reporting and escalation processes to ensure information is communicated effectively within the organisation and with those who are involved in the consumer’s care.

Consumers/representatives said they are satisfied with the care and services delivered by those the consumer has been referred to. Consumers said they have access to their MO and other health professionals when they need it to support their care and preferences. Review of consumer care planning information demonstrated input from others is sought such as MOs, hospital discharge staff, physiotherapists, OTs, dieticians, podiatrists and recommendations are incorporated into care plans. Staff said if the service could not provide suitable support to meet consumer’s personal and clinical care needs, consumers are supported to access brokered support services through another provider such as allied health. Review of documentation identified referrals are made when appropriate and in a timely manner. The service has policies and procedures in place to guide staff practice in relation to referral processes.

Consumers/representatives said they have been kept up to date by the service in relation to COVID-19 and any impact this may have on their health and wellbeing and care and service delivery. Staff interviewed have an understanding of practical ways to minimise the transmission of infections and understand what signs may indicate infection. Examples given included following an infection control policy, screening process prior to undertaking a service with a consumer and wearing personal protective equipment (PPE) when required. Management advised staff undertake training in PPE and staff said there are sufficient supplies of PPE available to them. The service has policies and procedures in place related to antimicrobial stewardship, infection prevention and control, including a COVID-19 safe plan and an outbreak management plan.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers/representatives say they feel supported to participate in activities that they like, and they are provided with appropriate support to optimise their independence and quality of life. Staff explained how consumers’ preferences and needs are ascertained and communicated, such as leisure activity likes and dislikes, personal interests and spiritual needs. For consumers who are socially isolated the service recommends other provider respite centres or SSI with PCWs. The service arranges transport for appointments and accompanied activities and support the mobility needs of consumers. PCWs could explain what consumers like to do and this is aligned with the information in consumers’ care plans.

Consumers/representatives said their emotional, spiritual and psychological needs are supported. PCWs demonstrated an understanding of what is important to consumers and gave examples of how they support consumers’ emotional and spiritual needs. Staff described how they can refer consumers back to MAC for referral to social workers or psychologists if they notice a change in consumer’s behaviour. Care planning information included details regarding consumers’ social and family history, emotional, spiritual and psychological wellbeing needs, goals and preferences.

Consumers said they get the most out of their social life and are provided with opportunities for social interaction and social connection through the supports they receive. Staff discussed the services and supports they deliver to assist consumers to stay connected with the community, do the things they enjoy and described ways they support consumers to participate in the community such as attend respite centres of their choice. Care planning information identified the people important to individual consumers and the activities of interest to the consumer.

Consumers/representatives advised they are satisfied information about their needs and preferences is shared within the service and with others involved in their care. Consumers/representatives said staff have a good knowledge of consumers’ needs and preferences. PCWs advised information about the consumer’s care and services is available on the phone application, care plans and in the consumer’s home file. Care planning information have appropriate details to guide PCWs in delivering care and services in line with the consumer’s preferences. The service demonstrated how information about the consumer’s condition, needs and preferences is communicated within the service and with others, where responsibility for services and supports for daily living is shared.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers/representatives said they are satisfied with the services provided by other organisations where consumers have been referred. Staff described the process for referrals to other organisations and individuals involved in the consumer’s care. PCWs advised if they identify an additional need for a consumer, they will contact office staff who, depending on the nature of the need, conducts a review of the consumer’s care and services. Following the review, referrals are made to other services where required.

The service demonstrated where equipment is provided it is safe, suitable and meets consumer needs. The service requests consumers to participate in assessments where there is an identified need for equipment to support their independence, safety and wellbeing, including demonstrations on how the equipment is to be used. Where consumers own the equipment, the service has systems and processes in place for annual maintenance services to be completed to ensure the equipment is safe and suitable for the consumer to use. PCWs were able to explain the process should unsafe or ineffective equipment be found in a consumer’s home.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# Standard 6

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

Findings

The service demonstrated consumers/representatives are encouraged and supported to provide feedback and make a complaint. Interviews with consumers/representatives confirmed they have been provided with information and ways to provide feedback. All consumers/representatives interviewed advised they knew how to provide feedback/make a complaint to the service. All PCWs interviewed advised they encourage consumers to provide feedback by directing consumers to the complaint hotline and assist to make a complaint on behalf of a consumer if necessary. Management advised the service’s complaint/feedback mechanism is discussed upon intake and at review of services. An admission pack provided to all consumers was reviewed by the Assessment Team containing various documents (HCP agreement, consumer factsheet-internal, and at home support client handbook) referencing the complaints/feedback mechanism. The service has a consumer engagement and feedback policy and procedure that outlines the importance of gathering, managing, recording, and reviewing feedback in a timely manner.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Consumers/representatives are provided with information about external organisations that can advocate on their behalf when required. All consumers/representatives interviewed said they felt comfortable to provide feedback and raise concerns to the service. PCWs interviewed were aware of the range of internal and external options available to support consumers if they require assistance to provide feedback or make a complaint. PCWs also demonstrated an awareness of how to support consumers living with vision and/or hearing loss and cognitive impairment to provide feedback or raise concerns.

The service demonstrated appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. PCWs were able to demonstrate how open disclosure is practiced and management could speak to the process of complaints resolution. Consumers/representatives interviewed confirmed when they had provided feedback, they were satisfied with the actions taken to resolve their concerns. All PCWs interviewed demonstrated an understanding of open disclosure and were able to speak to how this is done in practice. Management provided, and the Assessment Team reviewed, numerous documented examples of consumer complaints resolved using an open disclosure approach. Review of documentation confirm the service has an open disclosure policy and procedure which guides staff when resolving complaints

The service demonstrated feedback and complaints are reviewed and are used to improve the quality of care and services. Management advised consumers had provided feedback about the difficulty in reading HCP monthly statements. This had resulted in a change in statement layout as well as a ‘how to read your home care package statement’ factsheet prepared and provided to all HCP consumers. Consumers/representatives interviewed confirmed monthly statements are clear and easy to read. Feedback and complaints are captured in the services centralised electronic risk management system and are overseen by management and the clinical safety and quality team. Review of quality improvement plan provided confirm feedback and complaints are used to identify improvements to safety and quality systems including to review and improve how complaints are managed.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – feedback and complaints.

# Standard 7

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

Findings

The service demonstrated the workforce is planned to enable the delivery and management of safe and quality services. Consumers/representatives advised services are delivered as planned and receive continuity of services. Most consumers/representatives interviewed said services are consistently delivered by PCWs who know their needs and preferences and turn up on time as scheduled. All PCWs interviewed advised they have access to electronic and hard copy consumer care plans and are scheduled adequate time to complete services for consumers. Management advised there have been no issues with filling shifts in the past month. If preferred PCWs/times are not available they will discuss with consumers/representatives alternative arrangements, such as rescheduling to another day or time.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers/representatives interviewed said staff are always friendly, kind, and respectful. All staff interviewed spoke in a respectful way about consumers and described how they are respectful of consumer’s preferences and choices when providing services. Review of documentation confirm expected staff-consumer interactions are outlined in the organisational Code of Conduct and Diversity Framework sighted by the Assessment Team.

The service demonstrated its workforce (including subcontracted staff) is competent and has the skills and knowledge to effectively perform their roles. All consumers/representatives interviewed confirmed all staff (including subcontracted workers) involved in their care have the skills and knowledge to effectively perform their roles. PCWs interviewed advised they are required to undergo competency based assessments prior to completing certain specific consumer tasks, such as the use of a hoist or feeding with thickened fluids. Management advised and provided evidence of an electronic database used to record and track relevant qualifications and compliance documentation for all internal staff. Compliance reports are generated and sent to line managers monthly for follow up with relevant staff. Subcontracted suppliers are provided a ‘service provider agreement – at home support’ outlining service specific accreditations/registrations, training requirements, and reporting responsibilities. This was confirmed by an allied health sub-contractor interviewed. Subcontract agreements are managed by the procurement team. Subcontractor compliance is managed by an external agency which notify subcontractors when relevant documentation needs to be updated and sent through.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Consumers/representatives interviewed said they felt staff are well trained and equipped to deliver services. All PCWs interviewed spoke of the induction/orientation training provided upon onboarding consisting of completing mandatory online and face-to-face training prior to completing buddy shifts with another experienced PCW. All PCWs also advised refresher training is completed annually. Management advised staff are provided training and development relevant to their roles as per the organisational training matrix sighted by the Assessment Team.

The service demonstrated regular monitoring and review of the performance of workforce members is conducted. Consumers/representatives interviewed advised the service request feedback on PCWs that deliver care and services on a regular ad hoc basis as well as during reviews. PCWs interviewed advised they receive 6 monthly performance reviews but can ask for support prior to formal reviews at any time. Management advised performance reviews are conducted annually. All staff also participate in the ‘Focus 120’ performance management process, which encourages line managers to informally stay connected with staff members every 120 days. A review of documentation confirms the service has a performance review policy outlining scope and procedural duties to be undertaken annually as well as a current 69% performance review completion rate.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – human resources.

# Standard 8

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

Findings

The service demonstrated consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. Sampled consumers/representatives interviewed advised the service is well run, and they have an opportunity to regularly engage with the service through communication with their care manager and feedback processes. Management advised an external party is engaged to conduct annual consumer experience surveys to measure consumer satisfaction with home support services, consumer perceptions of staff and the organisation overall, comparison of results between previous years. The service has a consumer engagement and feedback policy and procedure that outlines how partnerships with consumers and other stakeholders are encouraged and incorporated in care and service delivery, including how consumer groups feed into organisational governance committees. The service’s quality improvements register showed several service improvements implemented from feedback from consumers.

The service demonstrated that the governing body provides oversight in a manner that promotes a culture of safe, inclusive and quality care. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Management advised there is a system of monthly continuous quality improvement (CQI) reporting to the executive level which highlight areas for improvement and evaluation of outcomes. Reporting is overseen by the clinical quality and safety team operating within the services quality business framework. Management advised all members of the Board know and have been educated on the ACQS and are responsible to approve the clinical governance framework. Evidence of the Board communicating strategic directions endorsed by the governing board are included in staff magazines, intranet information, and consumer handbooks sighted by the Assessment Team. The service has a diversity framework that includes diversity action plans designed to better identify, understand, and respond to the needs and choices of consumers/representatives and the workforce. Policy and procedures, such as the ‘client-resident incident management guideline’ outline in detail the process for escalation of incidents based on severity, investigation steps and recommendations.

The service demonstrated it has effective organisation wide governance systems in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example:

In relation to information management:

* All staff have access to the information they need to effectively perform their roles via an electronic clinical care system. Records of all consumer incidents, complaints, compliments, and quality improvements are stored in a centralised electronic system. Internal notifications and escalation processes are triggered by specific issues, such as allegations of abuse or serious events. All hard copy consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures, and other documentation are available on the intranet. The Assessment Team noted all policies and procedures are reviewed regularly.

In relation to continuous improvement:

* The service uses a continuous improvement plan (quality improvements register) that clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and outcomes. A review of the quality improvements register shows that proposed improvements have been informed through many avenues including review of incidents, actions identified by the commissioned review, system improvements, policy and procedure review, feedback from consumers and staff.

In relation to financial governance:

* Management advised that unspent HCP funds are monitored by the finance/business analyst and are provided a monthly HCP balance report. Management advised the service actively engages with consumers who have large HCP unspent funds to encourage them to access the care and services they have been assessed as needing. Monthly statements provided to consumers were noted to identify the Commonwealth portion of provider-held funds, the consumer portion of provider-held funds, and the home care account balance, as required.

In relation to workforce governance:

* The service has policies and procedures in place in relation to workforce governance and demonstrated adequate and appropriate levels of staff are rostered to ensure consumer needs are met. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

In relation to regulatory compliance:

* The service has a group quality and policy governance team that monitors industry legislative requirements and updates. Information is received through organisational memberships with LexisNexis and the Australian Community and Care Providers Association (ACCPA). Information relating to legislative requirements is reported to the Board, updates made and endorsed before being disseminated to the workforce via email, toolbox sessions, webinars, and meetings.

In relation to feedback and complaints:

* The service has effective and proactive feedback and complaints processes to encourage and support consumers to provide feedback and make complaints. Feedback and complaints are captured in an electronic centralised management system, which allows the service to effectively analyse and trend feedback and complaints. Staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure.

The service demonstrated effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. For example:

In relation to managing high-impact or high-prevalence risks:

* The service has processes to identify risk with consumers and could demonstrate that consumer risk assessments are undertaken, and risks managed. Management demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities and a vulnerable client matrix has been implemented and monitored. Review of documentation confirm clinical incidents are trended and analysed by the service and discussed at staff meetings and actions are taken if a risk has increased.

In relation to identifying and responding to abuse and neglect:

* PCWs interviewed demonstrated an awareness of elder abuse and their responsibilities in reporting any suspected or actual observation of abuse. PCWs advised, and management confirmed all staff are provided mandatory training on reporting requirements of harm, abuse, or neglect of consumers including SIRS training.

In relation to supporting consumers to live the best life they can:

* The service has an assessment and care planning process which works in partnership with the consumer/representatives to identify ways to support the consumer to make informed choices, and take risks if they wish, to live their best life.

In relation to incident management systems:

* The service has a centralised electronic incident management system which was observed to record both clinical, non-clinical, and ‘near miss’ incidents. Review of incidents showed there are timely reporting, investigation, and actions taken to prevent or reduce the likelihood of the incident reoccurring for each consumer.

The service demonstrated that it has a clinical governance framework in place that guides staff and sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. The framework includes processes for open disclosure, minimising the use of restraint and antimicrobial stewardship. For example:

In relation to antimicrobial stewardship:

* As detailed under Standard 3 Requirement (3)(g), the service has policies, procedures, and training in place relevant to minimisation of infection-related risks. As part of the services policies and procedures consumers are to be sent general information about anti-microbial stewardship. However, the Assessment Team identified consumers have not been provided this information. Management acknowledged this had not occurred and advised information on antimicrobial stewardship would be provided to consumers.

In relation to minimising the use of restraint:

* The service has a minimising restrictive guideline specific to home service consumers outlining roles and responsibilities in the identification and review of restrictive practices. Management advised the service’s mandatory online SIRS training module include information on restrictive practices. Management and clinical staff advised there has been no restrictive practices identified for consumers.

In relation to open disclosure:

* The service has an open disclosure policy and procedure that defines roles and responsibilities associated with the service’s open disclosure process. Management advised the open disclosure policy applies to all members of the workforce (including Board members). Open disclosure is a mandatory training module and records reviewed confirmed all staff have completed training. The Assessment Team sighted numerous examples of where open disclosure was used to discuss and resolve incidents or complaints with consumers/representatives.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – organisational governance.

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