**Performance**

**Report**

**1800 951 822**

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| Name of service: | RSL Homecare Townsville |
| Service address: | 70 Thuringowa Drive Thuringowa QLD 4817 |
| Commission ID: | 700219 |
| Home Service Provider: | RSL Care RDNS Limited |
| Activity type: | Quality Audit |
| Activity date: | 14 July 2023 to 19 July 2023 |
| 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 Townsville (**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 Townsville, 18381, 70 Thuringowa Drive, Thuringowa QLD 4817
* RSL HomeCare Townsville - EACHD, 18383, 70 Thuringowa Drive, Thuringowa QLD 4817

**CHSP:**

* Care Relationships and Carer Support, 24948, 70 Thuringowa Drive, Thuringowa QLD 4817
* Community and Home Support, 24947, 70 Thuringowa Drive, Thuringowa QLD 4817

# 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.
* the provider’s response to the assessment team’s report received 6 September 2023.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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/STRC | 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 said they are treated with dignity and respect and staff are friendly and polite. Staff interviewed spoke respectfully about consumers and demonstrated an awareness of the consumer’s individual identity. Management provided examples of how consumers’ rights and dignity is respected in their care approach. Documentation reviewed evidenced the service has a consumer-centered approach to delivering services.

The service demonstrated how they provide consumers with services that are culturally safe and respect individual consumers’ needs and preferences. Consumers/representatives confirmed that staff understand their individual preferences and feel safe and respected when services are being delivered. Management and staff could provide examples of how services are delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. Policies, procedures and the service’s training register confirmed that staff have the resources necessary to understand and appreciate the unique cultural background of consumers.

Consumers/representatives confirmed staff understand their individual needs and preferences and they are supported to exercise choice about how their services are delivered, including making decisions about when to involve family or others in their care. Staff understood the consumer’s life journey and personal circumstances and were able to describe how it influenced the day-to-day delivery of care and services. Care managers demonstrated knowledge, awareness and understanding of consumer choices and preferences. Management stated consumers have control over how their services are structured. Documentation evidenced consumer involvement in decisions about the services they would like to receive.

The service demonstrated each consumer’s service delivery preferences are documented, contain information on their likes and dislikes, along with specific cultural needs. Staff advised they report any identified risks to the care manager or manager, including hazards, incidents or if they notice any abnormal behaviour exhibited by consumers, which could lead to a change of circumstance in their life. Staff described the importance of discussing the potential risks with consumers and then allowing them the freedom to continue taking those risks if they choose. Management confirmed that the service respects each consumer’s right to take risks and how dignity of risk forms part of the orientation program and ongoing staff discussions. The service has a dignity of risk procedure and a form which is completed with consumers documenting their understanding of the risk and education provided.

Consumers/representatives said consumers receive information in a way they can understand and enables them to make informed choices and advised monthly statements are clear, easy to read and accurate. Staff described strategies used to help communicate with consumers who may experience communication barriers. Management advised how information is provided to consumers in their preferred manner and how care plans document consumer preferences in relation to information provision. Documents sighted, including statements and letters to consumers advising of price changes, are accurate and easy to understand.

The service demonstrated that each consumer’s privacy is respected and personal information is kept confidential. Consumers/representatives advised care workers are respectful of their personal privacy. Consumers/representatives are provided resources to understand how their personal information will be used and their consent is sought before sharing their information with other providers involved in their care. Consumer information is stored in a secure electronic database and filing cabinets. Access to electronic information is limited by role and is password protected and filing cabinets are secured.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | 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

Requirement 2(3)(e)

The Assessment Team recommended Requirement 2(3)(e), as they were not satisfied that 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. The Assessment Team provided the following evidence relevant to my finding:

* The service could not demonstrate that care and services are being reviewed on a regular basis. Reviews for most care plans are up to date, however management advised seven (7) HCP consumers and fourteen (14) CHSP consumer reviews are overdue. Of the 7 HCP consumer care plans overdue, the oldest review dates back to 2019. Management said these would be completed by 11 August 2023. Of the 14 CHSP consumer care plans overdue, the oldest review dates to 2021. Management said these would be completed by 31 August 2023.
* Management advised the 7 HCP consumer reviews that are overdue are from the same care manager, and they feel this is an isolated matter, as other assessments had been completed. Conversations have been held with the staff member, and further discussions are also due to be completed. Management has identified training needs and support and ongoing education will be provided to the staff member to ensure they are up to date with care planning. In relation to the CHSP consumer reviews a staff member recently relocated from another office to take on the role of CHSP care manager, after the position was vacant for a period of time.

The provider acknowledges the Assessment Team’s findings, however, maintains that expectations of this Requirement are met. The provider’s response includes additional information and evidence to clarify aspects of the Assessment Team’s report and demonstrate actions have been taken and/or planned to address identified deficits. This includes, but is not limited to:

* The service has confirmed that the overdue care plans and support plans were identified internally, and they were brought to the attention of the assessment team by management during the audit. All clients who were identified as having overdue care plans and support plans have been reassessed and these documents are now up to date. A Quality Improvement Plan (QIP) was entered into the risk management system on 19 July 2023 which outlined a clear plan to return to compliance with assessment, care planning and support planning.
  + Evidenced by documents sent to the Commission as reviewed by the Decision Maker in relation to Requirement 2(3)(e).

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does demonstrate that 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. Based on the above evidence, the Decision Maker finds Requirement 2(3)(e) compliant.

Consumers/representatives reported staff involved them in the consumer's assessment and care planning and ongoing reviews. Sampled consumers stated they are satisfied the care and services provided meet their current needs, goals and preferences. Risk assessment tools are used to identify health and well-being risks to consumers and risks are clearly outlined in care plans. Care workers were able to identify risks for consumers and care planning documentation provides detailed information to guide the delivery of care and services for each consumer.

Consumers/representatives report the care they receive meets their needs, goals, and preferences and said they have day-to-day control of the services they receive. Staff described palliative care as providing the consumer with additional care and engaging with them as much as possible. Care planning documents describe the services the consumer receives, goals and preferences and agreed activities to be undertaken by the service. The service has policies and procedures to guide staff in assessment and care planning processes. Consumers are provided with information about Advance Care Planning in their information pack and staff and management confirmed consumers are asked about Enduring Powers of Attorneys (EPOA) and Advance Health Directives (AHD) during their initial intake appointments.

The service demonstrates assessment and planning is based on partnership with consumers and others that have received consent. The process includes other organisations and professional providers that are involved in the consumer’s care. Review of care planning documentation and consumer interviews demonstrate that planning is completed in partnership with consumers and others they wish to be involved. Other health care providers such as general practitioners and allied health professionals are included in assessment and planning for consumers as needed.

All consumers/representatives interviewed said the quality of care and services meet their individual needs and preferences. Care planning outcomes are clearly communicated, and they have a care planning folder in their homes. Staff provided examples of other providers who are involved in the care of the consumer, to align with their individual needs and preferences. Consumers/representatives said the services they receive, and the frequency of those services, are explained to them on commencement and when changes occur.

# Standard 3

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| Personal care and clinical care | | HCP/STRC | 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

The service is delivering safe and effective personal and clinical care that is based on best practise and tailored to their needs. Consumers/representatives advised the clinical care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Consumers/representatives said that staff know what they are doing and that they feel safe and supported. Staff providing personal and/or clinical care had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care. Sampled consumer files, including care plans, progress notes and clinical assessments reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

The service demonstrated high impact and high prevalence risks to consumers are managed effectively through clinical review, which includes other health professionals when required. Staff described the main risks to consumers include social isolation, falls and skin tears. Staff explained the risk mitigation strategies include but are not limited to social support services, falls risk assessments, making sure the house is safe and clear of obstacles, wound management assessments and clinical care, ensuring the wound is kept dry and clean.

The service demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Some consumers/representatives interviewed could recall that end of life planning was discussed as part of their assessment. Most consumers said they have this in place and that their families are aware of them. Care staff advised that in most instances, a palliative care team is appointed through the hospital when a consumer is assessed as palliative. Management said care and service delivery for consumers nearing the end of life ensures their needs are addressed, pain is managed, and the consumer’s dignity is maintained. Staff advised palliative care patients can be referrals from hospital and care is supported through a partnership with the palliative care team.

The service demonstrates effective systems and processes to address deterioration or change in a consumer's mental health, cognitive or physical function, capacity, or condition. Consumers/representatives and staff interviews revealed recognition and timely responses to such changes. Staff were able to provide examples of successfully recognising and responding to deteriorating or changing conditions among the sampled consumers.

The service demonstrated information about the consumer’s condition is documented and shared both within and external to the service when necessary. Consumers/representatives reported they are satisfied that staff know about their needs and preferences most of the time, the exception being when care staff are new to their role. Consumers/representatives are aware of the type of information which is made available to care staff on every visit. Management and staff described how changes and updates are reported and the appropriate action is initiated that may include a review of services delivered.

The service was able to demonstrate that referrals to other healthcare professionals or organisations are made in a timely way and are appropriate. Management and staff described how changes in consumer health or well-being would prompt referral to a relevant health professional. For example, following a fall, consumers are referred to their medical officer, or the hospital if it is serious, and the appropriate care staff will then visit them as a priority. Review of care documentation identified other health professionals assess consumers and provide directives for their care.

The service demonstrated that there are processes and procedures to support the minimisation of infection related risks, through infection prevention and control practices. Consumers interviewed confirmed staff take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. They said they had also been provided with information from the service regarding safe practices for them during COVID-19. All consumers and representatives felt staff practices have kept them safe. Staff advised they had received training on COVID-19 and the use of personal protective equipment (PPE). They have been kept up to date with the changing COVID-19 situation and any restrictions in place from time to time. Management advised historically COVID-19 impacted on the delivery of care and services to consumers and to minimise risk, management meetings are in place to assess the impact on care and services.

# Standard 4

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

Findings

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. Consumers/representatives reported the services and supports consumers receive help them to maintain their quality of life and independence. Staff interviewed demonstrated an understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documents were individualised and outlined the services and supports to be provided.

Consumers/representatives advised they enjoy services and feel comfortable, happy and safe with their care staff while receiving care and that care staff check how they are on each visit and if they have any concerns will report this to the office. Consumers/representatives also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care staff, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. Care staff said if they have any concerns they discuss this with the clinical staff, who can make appropriate referrals if needed. Care staff demonstrated a good knowledge of individual consumers’ needs, personalities and interests, as did the clinical staff interviewed.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them and the care workers will take them wherever they wish on their social support services. Care staff were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. Clinical staff gather information on consumers’ life stories and social needs on entry to the service. They said this was so important to ensure they could facilitate the continuity of any relationships and aid in communication, for example contacting the nominated person on the consumer’s behalf or transport them to visit friends or relatives.

Consumers/representatives were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care staff said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as help while mobilising in the community. They also said they are provided with updated information as care needs change. Clinical staff advised they communicate with family and other representatives as required and provide information or make referrals as needed for additional services, often to improve mobility and hence community access.

Consumers/representatives said referrals are made from time to time, with their permission. All consumers/representatives for standards 2, 3 and 4 said they had been referred to occupational therapists for home modifications or equipment. Clinical staff outlined referral processes and noted the importance of timely referrals for consumers. Care staff advised they have frequent contact with clinical staff regarding consumers and their increasing needs and provide a progress note after each service and clinical staff will advise them of referrals made.

The service supports the nutritional needs of consumers, through assistance with grocery shopping and/or meal preparation in the consumer’s home or meal delivery services if required. Assessment includes discussions on the consumer’s nutritional needs and capacity to maintain overall health and wellbeing. Assessments and care plans reflect needs and preferences and the assistance required by staff to support the consumer with managing their meals.

Consumers/representatives advised they had received equipment through their package to assist with their mobility. Consumers are satisfied with the quality of the equipment and range of equipment to choose from. They said they can also contact the service for assistance in scheduling maintenance. Care staff advised equipment is listed in the consumer’s care plan and includes instructions for it’s safe use. Care and clinical staff shared the equipment is checked to ensure it is safe and would report back any issues to the service. Management advised consumer equipment is accessed based on individual needs and provided through individual package funds, budget permitting.

# Standard 5

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| Organisation’s service environment | | HCP/STRC | 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/STRC | 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

Consumers/representatives confirmed they are aware of how to provide feedback or make a complaint and feel supported to do so. They advised they would generally provide feedback by speaking to care staff, their care manager or calling the office. On entry to the service, consumers/representatives are provided with a handbook which provides them information about the internal complaints process, as well as the complaints form. Staff receive training on complaints management and the service has policies and procedures on complaints handling, to guide staff in responding to feedback and escalating concerns.

The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. On commencement with the service, consumers are provided with an information folder and a consumer handbook which contains information about interpreter services, advocates and external complaint handling bodies, including the Commission. Management confirmed they tell consumers about advocacy services and the Commission when dealing with complaints, especially when consumers may not be satisfied with the outcome or require further support. The service’s complaints management system demonstrates the use of advocacy services by consumers and escalation of concerns to the Commission.

The service demonstrated that appropriate action is taken in response to complaints and that an open disclosure process is used when things go wrong. Staff and management demonstrated an understanding of the importance of utilising open disclosure throughout the complaints process. The service includes a module about open disclosure as part of their orientation program and staff interviewed were aware of the term and could give examples of how they have used it in practice. The Assessment Team reviewed the feedback and complaints register which evidenced a clear process to record, monitor, respond and manage feedback and complaints. The service has a feedback management guideline in place which outlines an open, blame-free culture of complaints handling.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Management outlined the importance placed on ensuring all feedback is entered into their complaint management system, so feedback can be tracked and complaint trends analysed. Management also outlined how learnings from complaints are regularly discussed at team meetings to improve service quality. The Assessment Team observed that information is provided to the governing body regarding complaints and feedback. Information provided to the Assessment Team evidenced that the service listens to recurring feedback from consumers and seeks to make improvements to services in response.

# Standard 7

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

Findings

The service demonstrated that the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers/representatives generally reported the workforce are sufficient to ensure they receive safe and quality services and confirmed staff arrive within allocated timeframes and do not feel rushed. Additionally, many consumers stated they will often get the same staff members delivering services. There is a system in place to record preferred staff members for each consumer and the rostering team will check this list before allocating staff. Management discussed some of the previous difficulties in recruiting new staff. In response to the challenges, management implemented a new traineeship program and have successfully recruited 4 new care staff trainees who commenced recently.

Consumers/representatives said staff are kind, caring and respectful of each consumer’s identity, culture and diversity. Care staff interviewed were familiar with consumers and spoke about them in a respectful way. Care staff were able to provide examples to demonstrate how they treat each consumer respectfully and are aware of their individual preferences. Management could describe strategies used to make consumers feel respected and provide consumer-focused care. Policies and procedures clearly set out the service’s approach to respecting each consumer’s individual uniqueness. The service’s orientation program includes modules on valuing identity and diversity, and wellness and reablement, demonstrating a focus on respectful and inclusive care.

Consumers/representatives interviewed provided feedback that care staff are competent to perform their roles effectively. Management advised each role requires staff members to have appropriate background checks, experience and qualifications. Management advised the service has a system in place for monitoring that all necessary qualifications for staff are current and up to date, such as police checks, vaccination records, first aid certificates and driver’s licenses. The Assessment Team reviewed position descriptions outlining necessary skills and capabilities required for staff roles to ensure the appropriate level of care and service are delivered to consumers. Management advised staff, including brokered, competency levels are assessed via consumer and staff feedback.

Management and staff described the service's recruitment and orientation process, including mandatory training courses. Staff confirmed they receive training specific to the roles they are undertaking. Staff interviewed said that they feel well supported with sufficient information about consumers prior to servicing them for the first time and for their ongoing support. The Assessment Team sighted the service’s training records, which evidenced staff completing appropriate training, including but not limited to hand hygiene, incident management, Serious Incident Response Scheme (SIRS) and Code of Conduct. Training specific to clinical staff is also scheduled including training in palliative care and urinary catheters. Management said the workforce also have access to additional non-mandatory online learning and are able to identify any training needs via pathways including consumer feedback, staff/peer feedback and from their individual performance and development reviews.

The service has a process for assessing, monitoring and reviewing staff performance. Staff and management advised staff performance is monitored and reviewed on an ongoing basis and formally assessed through an annual performance appraisal cycle and performance review discussion. Staff said they have had annual performance reviews. Performance reviews cover measures of success, goals to achieve and areas to develop with staff and manager input. Staff performance is also monitored by consumer/representative or staff feedback and complaints, with any feedback discussed directly with staff. The performance of brokered staff is monitored by feedback received from consumers/representatives.

# Standard 8

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| Organisational governance | | HCP/STRC | 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 that consumers/representatives are engaged in the development, delivery and evaluation of the services they receive and are supported in that engagement. The service conducts annual surveys asking consumers whether they are satisfied with the services provided and allows them to make suggestions about how the organisation can improve. Targeted interviews are conducted with consumers during care plan reviews, and on exit from the service, and any feedback is entered into the complaints management system to track suggestions. Feedback from consumers on their satisfaction with the delivery of care and services is discussed at management meetings and trends are reported to the Board of Directors via regular reports, with key learnings discussed at local level team meetings. Management advised that the broader service has Community Partnership Groups in place which review documentation prior to implementation, including changes to statements. The service attempted to implement a group in the North Queensland region, however, no consumers/representatives expressed an interest in participating. Management provided an example of how the service uses feedback from consumers, gathered during surveys and interviews, to improve care and services.

The governing body promotes a culture of safe, inclusive, quality care and is accountable for its delivery. The Board of Directors remain informed of the service’s operations through regular meetings and data driven reports. The Assessment Team sighted examples of reports provided to the Board and the information includes relevant details to enable the monitoring of safe and effective services. The service utilises various strategies to create an inclusive and welcoming culture for consumers and others. The service clearly communicates its meaning and purpose to the workforce through its quarterly staff magazine and a ‘Town Hall’ virtual meeting, at which time key information is disseminated. Management advised that locally a face-to-face planning day was held during which the service’s broader values were discussed. The team worked together to break down each of the values and discuss what it means in practice for staff and consumers within their region.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

(i) Information management

Information about consumers, including medical information and incident reports, is available to staff on a need-to-know basis. All consumer files and information is stored on the service’s information management system, which is username and password protected. The service has a robust privacy policy that ensures consumers are made aware of how their information is collected, stored and used. Management described ways the service provides consumers information in a way they will understand and enables consumers to exercise choice regarding their care and services.

(ii) Continuous improvement

All incident reports, feedback, complaints and other risks are identified through the service’s incident and feedback reporting procedures. Incidents and feedback are reviewed by management, who take steps to escalate or monitor their management and from which continuous improvement opportunities can be identified. Internal audits are also completed on a regular basis from which quality improvements are identified. The service has a continuous improvement plan that determines the overarching direction of the service and tracks progress against time frames. The service provided continuous improvement examples that have taken place.

(iii) Financial governance

The organisation has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. Consumers/representatives sampled confirmed receiving monthly statements (HCP) and invoices (CHSP) and that they are easy to understand. The organisation provides consumers with individual budget updates and monthly statements and have processes to manage unspent funds. Management said they have regular meetings where they discuss consumers individually, including their packages and budgets. The team discusses consumers who have opportunities to maximise their funds and the necessary actions to help the consumers do so.

(iv) Workforce governance, including the assignment of clear responsibilities and accountabilities

Management and staff are provided with a position description and have a clear understanding of their roles and responsibilities. The service supports and develops its staff to deliver safe and quality care and services. Staff interviewed demonstrated a clear understanding of their role, their responsibilities and accountabilities. Management advised there is ongoing recruitment strategies to ensure sufficient staff for service delivery, this is further evidenced in Standard 7.

(v) Regulatory compliance

The broader service has a Clinical Safety and Quality Team that monitors regulatory changes. In consultation with service delivery areas, information is distributed to staff and consumers as appropriate, including via the intranet, clinical and general alerts, webinars, newsletters and meetings. Policies and procedures are updated to reflect legislative or regulatory change, as necessary. The service has updated its policies and procedures to reflect regulatory changes, including the introduction of the Serious Incident Response Scheme (SIRS) to home and community care.

(vi) Feedback and Complaints

The service demonstrated effective governance systems related to complaints and feedback, including using feedback to actively look for ways the service can improve. All feedback received is managed by management, who can escalate or monitor the complaint depending on severity. Feedback data is compiled into a regular report and presented to the Board for review. The Assessment Team found that feedback is used to improve care and services. The governing body is kept informed of all feedback provided to ensure oversight of the quality of care and services is maintained.

The service has appropriate risk management frameworks, policies and procedures to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in an incident register and management demonstrated how incidents were assessed, investigated and resolved where possible. Data regarding incidents is provided to the Board through regular reports that allow appropriate oversight of factors that might affect the safety and quality of care provided by the service.

Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the consumers of the service. Vulnerable consumers are identified and recorded in a Vulnerable Consumers Register for each region and collated overall. In this region, due to the risk of cyclone and flood, this information is used during times of disaster to support consumers and a Business Continuity Plan is in place to ensure continuation of services. Changes in consumers’ conditions are recorded and contact is made with appropriate parties, such as a representative, along with the care manager and registered nurse. All staff receive training in abuse and neglect as part of induction and this is discussed at staff and management meetings.

The service provides clinical care and has a documented clinical governance framework and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. There are staff trainings in relation to these policies and staff were able to provide examples of the relevance of the policies to their work. Processes to improve clinical care are identified and reviewed by the service and management were able to provide examples of steps to ensure quality clinical best practices.

(i) Antimicrobial Stewardship

Staff and management described strategies to minimise infection risks including adherence to hand hygiene practices and the use of personal protective equipment (PPE). The service has an infection prevention champion onsite to support staff in the implementation of appropriate practices.

(ii) Minimising the Use of Restraint

Staff demonstrated an awareness of restrictive practices and advised training was received on induction to the service. Management advised there is a Minimising Restrictive Practice Guideline in place and said any use of restraint is reported on a monthly basis. Management advised there are currently no consumers with whom a restrictive practice is used within the service. Management was able to describe effective processes to minimise the use of restrictive practice.

(iii) Open Disclosure

The service has a Complaints and Feedback Management Framework that covers detailed principles of open disclosure and complaints management. Staff and management understand the underlying principles of acknowledging when things go wrong, being transparent, offering an apology and meeting the consumer’s needs.

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)