**Performance**

**Report**

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| Name: | Russian Relief Association of St Sergius of Radonezh |
| Commission ID: | 201133 |
| Address: | 1 Gilbert Street, CABRAMATTA, New South Wales, 2166 |
| Activity type: | Quality Audit |
| Activity date: | 9 April 2024 to 11 April 2024 |
| Performance report date: | 21 May 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 194 Russian Relief Association of St Sergius of Radonezh  
Service: 27650 St Sergius Home Care Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8166 RUSSIAN RELIEF ASSOCIATION OF ST SERGIUS OF RADONEZH  
Service: 26704 RUSSIAN RELIEF ASSOCIATION OF ST SERGIUS OF RADONEZH - Care Relationships and Carer Support  
Service: 24953 RUSSIAN RELIEF ASSOCIATION OF ST SERGIUS OF RADONEZH - Community and Home Support

**This performance report**

This performance report for Russian Relief Association of St Sergius of Radonezh (**the service**) has been prepared by N Eastwood, 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.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 May 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 2

* Requirement 2(3)(a) ensure review and update of care plans include sufficient details to enable staff to effectively execute their duties and mitigate risks.

Standard 3

* Requirement 3(3)(a) consider validated assessment tool incorporation into personal and clinical care, implement wound management processes as well as incident reporting.
* Requirement 3(3)(e) improve access and detail contained within consumer care information to facilitate greater communication between all parties.

Standard 8

* Requirement 8(3)(c) ensure implementation and sustained improvement with information management systems.
* Requirement 8(3)(d) review and maintain assessment and effective monitoring of risk, incident reporting and evaluation, auditing of compliance with updated and policies and procedures supporting effective risk management systems.

# 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

The Assessment Team recommended that Requirement 1(3)(d) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 1(3)(d):

Consumers and representatives were satisfied with the supports provided by the service. Staff and management shared their knowledge of consumer needs, however, did not demonstrate how the service supports consumers to take risks. Several consumers were identified as having chosen not to wear hearing aids, these consumers were not included on the risk-taking register and staff confirmed they had not been provided information related to consumer choice to take risks or alternate ways to support consumer choice.

The Approved Provider submitted a response (the response) and supporting Plan for Continuous Improvement (PCI) to the Quality Audit report confirming their use of a Risk-Taking Consumer Policy and Procedure which outlines the need to support consumers who take risks, through a risk assessment process. The response also disputes the overall number of consumers identified in the Quality Audit Report and provides additional context surrounding the use of established risk registers evidence of assessments in place and future activities to support ongoing assessment of risk. The PCI reflects training, review of care plans and an audit to support oversight of the identification of individual risk and ability to support consumer choice.

I am reassured that the information available supports that the service is aware of its obligations to consumers and that the Assessment Teams observations have been considered in their response. As a result, I consider this requirement compliant.

Compliance with remaining requirements:

Consumers and representatives confirmed they are treated with dignity and respect. Staff, demonstrated they are familiar with the identity, culture and diversity of each consumer, speaking and demonstrating culturally safe behaviours. A review of consumer files reflected consumer culture, identity and diversity is identified and used to plan their services.

The Quality Audit noted the services ‘Independence, emotional Support and Sexual intimacy policy and procedure’, reflecting consideration a commitment to supporting consumers. Management described how families are involved in the planning of care and each consumer has a file in their home containing a care plan.

Consumers explained that they receive information in different methods including in their own language and are provided with monthly statements and accounts. Management advised all staff are bilingual and paired with consumers according to the consumer needs and preferences in addition to also having access to an interpreter service. Staff explained they prepare monthly activities for different consumer groups which may be altered based on consumer preference.

There was evidence to consideration of consumer privacy with supporting information system policies and procedures.

# 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. | Not Compliant | Not 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

The Assessment Team recommended that Requirements 2(3)(a), 2(3)(b) and 2(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied Requirements 2(3)(b) and 2(3)(e) are compliant and Requirement 2(3)(a) is non-compliant as outlined in the table above and as a result does not comply with this Standard.

Requirement 2(3)(a):

The service did not provide adequate evidence that care plans consistently included sufficient details to enable staff to effectively execute their duties and mitigate risks. Care planning documentation included incomplete information regarding implementation of individual strategies and indications for intervention and staff were not aware of individual escalation criteria where mental health concerns were noted. When validated risk assessment tools for assessment and planning are completed, they do not inform the care and planning of services delivered or minimise consumers risks.

The response accepts the Assessment Teams observations and includes a supporting PCI with clear actions to address the identified deficits with documentation of risk and detailed needs and preferences. The response also included evidence of updates to assessments and care plans for named consumers following the Assessment Teams attendance. The response indicates the service is committed to completing a review of all assessments and care plans, conducting an audit following the review of documentation and the provision of further training related to risk identification.

I acknowledge the planned actions and proposed improvements related to the identification of risk and documenting greater individual needs. I am reassured that these actions are clearly identified within the PCI and will be completed in the near future. I note the response includes reference to the use of validated assessment tools to inform the reduction of consumer risk at Requirement 3(3)(a), however it is not clear how this is to be incorporated at either Requirements 2(3)(a) or 3(3)(a). I consider further time is required to ensure the successful completion and evaluation of the proposed improvements, as a result this Requirement is non-compliant.

Requirement 2(3)(b):

Assessment and planning processes do not identify and address consumer current needs. Not all advance care planning documentation was complete, however there was reference to accessing family members where additional information was required. The Quality Audit report indicated examples of risk with choking hazards noted and known medical condition monitoring. A review of documentation reflected generic needs, goals and preferences for at least two identified consumers.

The response and supporting PCI acknowledging the absence of advance care planning according to consumer wishes, and the need for further material to be available to consumers to inform end of life planning where required. The service plans to provide further advice to consumers and training to staff related to advance care planning and individualised information contained in care planning documentation. The response and additional evidence support updates have been completed to documentation for consumers identified in the Quality Audit report, with further review and inclusion of individualised needs, goals and preference information for CHSP consumers.

I am reassured by the immediate actions taken to address concerns raised in the Assessment Team report and the planned actions to continue the improved documentation of advance care planning and individualised needs. As a result, I consider this Requirement is compliant.

Requirement 2(3)(e):

Quality review of care planning for effectiveness or when circumstances change was inconsistent, the current systems do not support ongoing review of care planning for all consumers. Several care plans were identified as receiving a recent review however the documentation did not reflect how the service meets changing consumer needs or evidence of effectiveness of current care strategies.

The response and supporting PCI include further context regarding the current processes for scheduled review of care planning documentation and where changes occur. The response also included supporting evidence of actions taken following hospital discharge and where consumer condition had improved with the support of carers to improve the quality of meals. The service is also in the process of implementing an electronic record system to allow remote access to care planning and assessment documentation. I accept the services response and supporting material which indicates a proactive approach to ensuring consumer assessments are reviewed and considered where changes occur. As a result, I consider this Requirement is compliant.

Compliance with remaining requirements:

Consumers and representatives confirmed their involvement in decision making with regard to their care and services. Staff described escalating to coordinators if they observe consumer needs and preferences change requiring alteration to care and services. A review of care planning documentation reflected family involvement.

There was evidence of care plans being provided to consumers and representatives with staff confirming they receive adequate information regarding consumer care and where needs change.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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 Assessment Team recommended that Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(f) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g) are compliant and Requirements 3(3)(a) and 3(3)(e) are non-compliant as outlined in the table above and as a result does not comply with this Standard.

Requirement 3(3)(a):

While consumers and representatives were satisfied with the care and services they received, care plans did not provide sufficient information to ensure that staff could deliver safe and effective care. Documentation is not completed with consideration to validated assessment tools and best practice guidelines. Clinical staff demonstrated the use of validated tools (Falls Risk Assessment Tool, Rowland Universal Dementia Assessment Scale, Waterflow), although these tools were not utilised to understand and reduce the risks associated with consumers. The Quality Audit identified issues with documentation and reporting of wound assessments and formalised processes to support the use of informal pathology collection services. The Quality Audit also noted difficulty accessing allied health notes and recommendations as these were not always stored in a centralised consumer records and the quality of consumer progress notes did not support comprehensive communication of consumer care needs.

The response and supporting PCI accept improvements with documentation of allied health referrals and information would be beneficial to support consumer care. The response indicates that implementation of the electronic record system will assist with this process, as well as implementation of a referral register and further documentation training for staff.

I note the updates to identified consumer documentation following consideration to the Quality Audit report, however it is not clear through the response or PCI how validated assessments will be incorporated into the personal and clinical care process. The response indicates that future wound management will include use of wound assessment and wound charts as will as recording through incident reporting systems, although I note there is no plan for audit or evaluation of this proposed action. Given the extent of the Assessment Team’s observations and the information provided in response, I consider further time is required to ensure all aspects of identified concerns are addressed and evaluated for effectiveness and to demonstrate improvement. I consider this requirement is non-compliant.

Requirement 3(3)(b):

The service has plans to strengthen identification and management of high impact and high prevalence risk by implementing electronic records, which will allow for easier exchange of data, and increased knowledge of incident reporting. At the time of the Quality Audit the service did not demonstrate how they effectively manage high impact and high prevalence risk. Management explained the service trends, analyses and responds to risk through the use of risk assessments and adds relevant information to the risk register. The service analyses risk and manages consumers closely, if required, more staff may be allocated to support the consumer. The Quality Audit indicated inconsistencies with recorded risks in consumer files and information transferred onto the register.

The response and supporting PCI indicate a number of actions in place to support improvement in the identification and management of high impact and high prevalence risk. The response also provided further context around examples noted in the Quality Audit and named consumers with supporting evidence to address identified deficits. The service has engaged a clinical resource to assist with review of potential risks and deterioration, additional training to be provided and review of existing documentation, trending and analysis to support greater identification and communication of deterioration.

I consider the actions completed and PCI reflect reasonable timeframes and evaluation of proposed actions. The ongoing review and frequency of discussion regarding identified high impact and high prevalence risk appears to support an adequate approach to ensure appropriate oversight of identified consumers. I encourage the service to continue with the proposed improvements and consider that the actions completed address concerns identified by the Assessment Team, as a result I consider this requirement compliant.

Requirement 3(3)(c):

The service has a sound end of life planning policy but the service was unable to demonstrate in practice how consumers on both types of funding HCP and CHSP, end of life needs, goals and preferences are recognised and addressed. The service has an advance care planning tool which details how to identify someone may be at the end of their life and customs or cultural practices to be aware of. End of life plans for consumers include consumer religion, burial or cremation and significant other preferences, although these plans did not describe how comfort can be maximised and dignity is preserved.

The response and supporting PCI provide further context around palliative care approach. There is access to local palliative care supports and services following referral and consideration to staff experience where additional clinical and care needs are required. The response also refers to actions proposed and completed related to Requirement 2(3)(b). As a result, I am reassured there are adequate resources in place to assist staff to support consumer dignity and comfort and to ensure consumers have access to palliative services where required. This requirement is compliant.

Requirement 3(3)(d):

Staff described how they recognise consumer deterioration, management indicated they encourage staff keep communication open and escalate where consumer condition changes. Staff provided an example of recognising and responding to deterioration and consumers confirmed staff would notice changes in their health. The Quality Audit noted that the expected assessment tool recommended for use in circumstances of deterioration was not always utilised or evident in the care and services plan.

The response and supporting PCI refer to actions identified related to Requirements 3(3)(a) and 3(3)(b) and accepts improvements in documentation will be assisted by the implementation of the new electronic record system. The service will be providing further training to staff in the short term as well as keeping this as a standing annual training update. I con sider the actions taken and proposed address the concerns raised in relation to this requirement, as well as the actions related to corresponding requirements. As a result, I consider this requirement compliant.

Requirement 3(3)(e):

Consumers and representatives were confident that staff understand and knew consumer condition, needs and preferences, however the Quality Audit report identified a lack of evidence that these are documented and consistently communicated within the organisation. Care planning documentation was not always sufficiently detailed to deliver care.

The response and supporting PCI refer to actions identified related to Requirements 2(3)(a), 2(3)(b), 2(3)(e) and 3(3)(a). The service has a plan in place to support improvement in the areas related to documentation, detailed and individualised assessment and care planning. The service accepts this as an ongoing area for improvement and is in the process of transitioning to an electronic records system. I encourage the service to continue with the planned actions and improvements as well as ensuring evaluation is completed to ensure compliance with new processes. As these actions remain in progress, I consider further time is required to ensure improvements are sustained in practice. I consider this requirement is non-compliant.

Requirement 3(3)(f):

Referrals were made to other clinical professionals although the Quality Audit noted there was inadequate evidence to support these are timely and appropriate as there were inconsistent practices related to communication between staff and their responsibilities.

The response and supporting PCI refer to actions identified related to Requirement 3(3)(a) and disputes the example relied upon within the Quality Audit related to access to physiotherapy treatment. The response includes evidence of the records supporting referral to allied health and escalation to a medical practitioner for further review as well as ongoing physiotherapy treatment. I note the inclusion of the additional information potentially unavailable to the Assessment Team at the time of the Quality Audit and encourage the service to progress the centralisation of records to ensure improvements in documentation and continuity of care particularly where referrals are made continues. As a result, I consider this requirement compliant.

Compliance with remining requirement:

There was evidence of effective infection control practices with supporting policies and procedures which provided sufficient information to inform staff of standard and additional precautions with links to further resources. The Assessment Team considered that as the service did not have oversight of antibiotic prescribing or medication handling Requirement 3(3)(g)(ii) was not applicable for assessment.

# 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The Assessment Team recommended that Requirement 4(3)(e) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 4(3)(e):

Consumers and representatives indicated they had not been referred to other services to meet their needs. The Quality Audit indicated that the service did not demonstrate a process to identify and refer to individuals and organisations that could deliver services to meet consumer needs and preferences.

The response and supporting PCI included further context and information related to the referral process including evidence of a number of referrals to cultural heritage groups and transport. The response also included evidence of a Community Services folder resource and indicated government sources and local contacts are also accessed to support access to alternate organisations.

I am reassured that there are adequate processes in place to facilitate active referrals to other organisations as required. As a result, I consider this requirement is compliant.

Compliance with remaining requirements:

Consumers and representatives described how the service provides supports to meet their needs and support wellbeing and quality of life. Staff demonstrated knowledge of what is important to consumers and how to support consumers to maintain their independence. The Quality Audit identified consumers who were supported to engage in activities of their choice and their local community. Management outlined how the service assesses consumers emotional, spiritual and psychological wellbeing needs in the development of a care plan.

The service has a chapel and links to local community pastors and provides a social support group which is open to consumers. Staff described how consumers are connected to the community and do things which are important to them. Consumers confirmed consistent staff attendance supporting their ability to know the needs of the consumer and staff indicated updates and changes to care are communicated to them through telephone contact.

Meals and snacks are provided at the social support group with consumers able to provide feedback through a feedback book. Staff indicated where consumers have preferences, dietary requirements or allergies, they can communicate these to the kitchen to make changes to the food being provided.

Management explained that they recommend occupational therapist assessments for equipment. The service then organises a trial to check that equipment would be fit for the consumer’s purpose, utilising ‘independent living specialists.’

# 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service runs regular group activities in a community hall environment and occasional excursions for consumers. Consumers indicated the venue and staff were welcoming and fostered independence and inclusivity. The environment was noted to be clean, organised and fit for purpose with consideration to a variety of equipment, accessibility of mobility aids and ample space to move freely. Consumers reported the furniture and equipment at the service was clean and safe and there was evidence of appropriate food related equipment maintenance monitoring.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives indicated they are encouraged to provide feedback and feel comfortable to raise any issues with the service. Information on how to give feedback and how to access advocacy and translation services is provided to consumers. Consumers and representatives described how the service responds to their feedback and takes actions in a timely manner. The service has policies in place to support an open and transparent process to manage complaints. The service is using consumer feedback surveys, or complaints when received, to identify areas for improvement.

# 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 Assessment Team recommended that Requirement 7(3)(d) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(d):

When engaging third parties to provide care and services, the service is not checking the Aged Care Register of Banning Orders or requesting agreement to comply with the Aged Care Code of Conduct. The service has a mandatory training schedule in place for staff members, however not all recommended training was included and the service did not appear to be monitoring completion all required training.

The response and supporting PCI provide additional information regarding the recruitment process and oversight of training records. The PCI includes actions for completion within the immediate future and reflects consideration to evaluation of these actions. The service also indicates the implementation of the electronic record system will enable greater access to policies and procedures for staff in the community and there is routine consultation with staff regarding individual training needs.

I am reassured the service is aware of and has a plan in place to address previous areas acknowledged for improvement. I encourage the service to continue with the ongoing actions and commitment to improvement. As a result, this requirement is compliant.

Compliance with remaining requirements:

Consumers and representatives were satisfied with staff and regularity of their services. Staff described having enough time to complete their duties and travel between consumers. Management indicated there have been no missed shifts in the previous month. A review of the services rosters demonstrated shifts allocated with permanent staff and a positive ratio of staff availability to service requests.

Staff described and displayed caring and inclusive language such as speaking in the consumers native language. Management described staff qualifications, position descriptions and knowledge required to complete their roles as well as the appraisal schedule and performance monitoring process.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not 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. | Not Compliant | Not 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 Assessment Team recommended that Requirements 8(3)(c), 8(3)(d) and 8(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied Requirement 8(3)(e) is compliant and Requirements 8(3)(c) and 8(3)(d) are non-compliant as outlined in the table above and as a result does not comply with this Standard.

Requirement 8(3)(c):

The Quality Audit indicated that the services multiple methods of documentation storage and information systems did not support the ability to review and monitor information, or access adequately detailed information for the safe and effective delivery of care.

The response and supporting PCI include plans actions to address the identified deficits related to information management. There is a plan in place to transition to electronic records to support accessibility and enable improvement with record keeping. I note the corresponding Requirements and acknowledgement in the response to this being an active area for improvement and actions in place to support this. I encourage the service to continue with the proposed and commenced actions and consider additional time is required to complete evaluation of the proposed improvements as well as ensuring these are sustained in practice. As a result, I consider this Requirement is non-compliant.

There is adequate evidence of continuous improvement with updates during the Quality Audit to include Assessment Team observations. Management provided a list of all consumer package funds, there were no identified consumers in deficit or with significant unspent funds and efforts are made to encourage consumers to utilise funds for the care and support. Workforce governance is effective with evidence of consideration to skill mix and appropriate position descriptions including roles, responsibilities and leadership statements. Management discussed monitoring regulatory compliance through various mechanism including subscription to peak body email alerts. There are effective systems in place to support appropriate feedback and complaint mechanisms.

Requirement 8(3)(d):

The Quality Audit indicated that the service did not demonstrate effective identification and monitoring of high impact high prevalence risk to support the health care of consumers. With regard to effective risk management system and practices to identify and responding to abuse and neglect of consumers, management indicated this relied heavily on verbal communication and the application of policy and procedures by staff to capture and respond to abuse and neglect. The Quality Audit indicated there were no incidents recorded and noted that the information may have been relevant to the broader organisation rather than the community support area.

The response and supporting PCI refer to responses relevant to Requirements 3(3)(b) and Standard 2. A high impact high prevalence register has been implemented and the response included further explanation around errors with the falls management evaluation reports and audits provided to the Assessment Team during the Quality Audit. The response indicates there is a strategy in place to ensure the Board receives information on identifying and reporting harm to consumers and staff. The response also included additional evidence relevant to named consumers to support effective management of identified risks. The PCI reflects actions to support review of consumer high impact high prevalence risk, provision of training, review and upgrade to the incident identification and management system, review and updates to policies and procedures and implementation of an audit schedule.

I note the proposed actions with implementation to be concluded in the short term, and I acknowledge the additional evidence where discrepancies in observations were identified. Given the actions are in progress and will need further time to sustain in practice, I consider this requirement is non-compliant.

Requirement 8(3)(e):

The Quality Audit identified adequate systems in place related to antimicrobial stewardship and open disclosure although noting that the absence of incident reporting did not allow for confirmation that open disclosure is implemented in practice. The service did not demonstrate adequate consideration to minimising restraint, staff were unaware of what constituted restrictive practice and restraint and indicated they had not received training around this.

The response and supporting PCI indicating further training will be provided for staff around restraint as well as a review of consumer files and medication as well as implementation of auditing of care file information.

I acknowledge the response and planned improvements; the PCI sets out clear actions and time frames to address the identified deficits. I am reassured that given the actions commenced and ongoing commitment to regular training and updates the service is aware of its obligations related to restraint. As a result, I consider this requirement is compliant.

Compliance with remaining requirements:

Consumers confirmed they have received two surveys from the service and felt safe and comfortable with the service. The service has a consumer reference group made up of community and residential services consumers, it is attended by two members of the board and management. There was evidence of reporting from management through to Board level oversight as well as consideration to staff skill mix, linguistically divers capacity, translation services and standardised reporting to ensure culturally safe and appropriate care.

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)