**Performance**

**Report**

**1800 951 822**

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| Name: | Senior Helpers Northern Tasmania |
| Commission ID: | 301022 |
| Address: | 63-65 Cameron Street, LAUNCESTON, Tasmania, 7250 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 7 May 2024 |
| Performance report date: | 8 June 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: 9149 Mosel Williams Care Pty Ltd  
Service: 26932 Seniors Helpers Northern Tasmania

**This performance report**

This performance report for Senior Helpers Northern Tasmania (**the service**) has been prepared by P.Frangiosa, 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.
* the provider did not provide a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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

Findings

Requirement 2(3)(b) was found non-compliant following a Quality Audit undertaken from 16 June 2023 to 21 June 2023. The service did not demonstrate:

* 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.

The Assessment Team’s report for the Assessment contact undertaken on 7 May 2024 includes evidence of actions taken by the service in response. These actions include, but are not limited to, the introduction of end-of-life planning included in consumers initial assessment. The Assessment Team was satisfied these improvements were effective and recommended Requirement 2(3)(b) met.

Consumers and representatives confirmed the service had discussed, and where applicable, included information regarding advanced care directives. Staff interviewed advised they are aware of each consumer’s needs, goals and personal preferences, including relating to advanced care directives. Management interviewed and information viewed described how end-of-life planning is recorded to guide staff, in conjunction with specific aspects of identified current needs, goals and preferences. Policies viewed confirmed guidance material included information to assist staff when developing advanced care planning.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 2(3)(b) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(d) was found non-compliant following a Quality Audit undertaken from 16 June 2023 to 21 June 2023. The service did not demonstrate:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team’s report for the Assessment contact undertaken on 7 May 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to, ensuring that staff members have completed the organisations designated mandatory training. The Assessment Team was satisfied these improvements were effective and recommended Requirement 7(3)(d) met.

Consumers and representatives interviewed said staff were well trained to deliver the care and services they required. Staff described how they have completed the updated mandatory training including elder abuse training, consumer directed care, code of conduct, infection control training, SIRS, aged care quality standards, cultural diversity and first aid training. Management described the recruitment processes, including interview processes, checking qualifications, and matching support workers with consumers. Documentation demonstrated the service has policies, procedures, and training available to staff, and are regularly revised and reviewed to ensure that training covers all requirements and reflects current best practice.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(d) in Standard 7, Human resources.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirements 8(3)(b), 8(3)(c), and 8(3)(d) were found non-compliant following a Quality Audit undertaken from 16 June 2023 to 21 June 2023. The service did not demonstrate:

* Reporting processes from franchise operators were sufficient to ensure the governing body is aware of, and accountable for the delivery of care and services.
* Maintenance of a comprehensive plan for continuous improvement providing an opportunity for the identification of improvements across all areas of the organisation, including ensuring the workforce has the skill and knowledge to deliver safe and quality care, and consistently logging, actioning and trending complaints.
* effective risk management systems and practices.

The Assessment Team’s report for the Assessment contact undertaken on 7 May 2024 includes evidence of actions taken by the service in response to the non-compliance. These actions include, but are not limited to.

* Documentation evidencing the Organisation promotes, and is accountable for a culture of safe, inclusive, and quality care and services.
* The introduction of a governing framework which continuously promotes transparency and ensures all operations are completed in accordance with all rules, regulation, legislation, and organisational standards.
* Revised policies and procedures outlining the services commitment to the responsible identification and management of risks which may arise during the delivery of services and the general management of the organisation, including risks relating to compliance, finance, safety and health, environmental risk, and operational risk.

The Assessment Team was satisfied these improvements were effective and recommended Requirements 8(3)(b), 8(3)(c), and 8(3)(d) met.

* Management described, and systems viewed, that ensure that the governing body is accountable for promoting a culture of safe and inclusive care and matters arising from meetings, audits, high risk incidents or complaints are reported and escalated to the Board.
* Policies and procedures viewed demonstrated guidance to staff to plan and deliver care that promotes the safety and individuality of each consumer.

Information management

* The service has policies and procedures in place to guide information management.
* There are various communication methods and record management processes to manage and communicate information appropriately, with information stored securely.

Continuous improvement

* Continuous improvement is embedded in daily service operations and practices across the organisation, with the evidenced updated continuous improvement plan recording planned projects, includes actions, responsibilities, and time frames for completion.

Financial governance

* The service has financial governance systems and processes in place to manage the finances and resources that the organisation needs to deliver care and services, and support consumers with accurate and transparent consumer information.

Workforce governance

* Management plans the workforce to ensure there are sufficient staff to provide services and to support operation and administrative functions.

Regulatory compliance

* Management said that the organisation accesses guidance through membership of the Aged and Community Care Providers Association (ACCPA).
* Management maintains up to date information on legislative, funding and program guidelines.

Feedback and complaints

* The feedback and complaints are held in a central place to support trending and analysis by management.
* The Board considers feedback and complaints trends.

Effective risk management systems and practices

* The service has processes for monitoring and reviewing its risk management systems and processes, with revised policies and procedures outlining their commitment to the responsible identification and management of risks which may arise during the delivery of services
* Documentation showed incidents are reported, responded to and strategies developed to prevent recurrence.
* The service has policies and procedures in place regarding harm prevention and identifying elder abuse.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 8(3)(b), 8(3)(c), and 8(3)(d) in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)