**Performance**

**Report**

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| Name of service: | South Eastern Community Connect Inc |
| Service address: | 31 Vernon Avenue EASTLAKES NSW 2018 |
| Commission ID: | 200354 |
| Home Service Provider: | South Eastern Community Connect Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 4 July 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 South Eastern Community Connect Inc (**the service**) has been prepared by A. Grant, 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:**

* South Eastern Community Connect Home Care Services, 27314, 31 Vernon Avenue, EASTLAKES NSW 2018

**CHSP:**

* Community and Home Support, 24716, 31 Vernon Avenue, EASTLAKES NSW 2018
* Care Relationships and Carer Support, 24717, 31 Vernon Avenue, EASTLAKES NSW 2018

# 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 5 June 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP | 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 noted all consumers/representatives said both office and care staff treat them with dignity and respect when delivering care and communicating with them. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. Sampled consumer files reviewed included assessments and care plans containing information on consumer culture, diversity, life history, relationship information and care preferences. All notes were documented in a respectful manner. Policies and procedures and other organisational documentation are inclusive and include dignity and respect, and cultural awareness.

The Assessment Team noted overall consumers/representatives said staff understand their preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. Those consumers from CALD communities felt staff knew about their cultural backgrounds and respected them. Policies and procedures and other organisational documentation include cultural awareness policy and training. Consumer file documentation also includes fields for capturing any cultural needs.

The Assessment Team noted consumers/representatives described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Care staff were able to describe the methods they use to encourage consumers to make decisions in relation to their care, such as choosing activities they like to participate in and where to go shopping. Coordination staff said they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. This information is recorded in their documentation. They also said that they keep in touch with consumers regularly to seek feedback on aspects of care like the care worker allocated and days/times of services and any other general concerns to inform future services.

The Assessment Team noted consumers/representatives said the care and services they receive supports them to remain living at home and staff encourage them to be independent. None felt there were any particular risks they needed support for but felt the service would assist them if there were. Feedback was received on how any individual risks they may have been managed. Care staff were able to demonstrate how they support consumers to live life fully and take risks if they wish, for example, go out into the community even though they may have mobility risks. They felt they were provided with information on individual consumer risks and how to manage these.

The Assessment Team noted consumers/representatives said that on commencement of services, they recalled being provided with lots of information and a client agreement for their home care package. They also received a budget and get sent monthly statements regarding their package funds. They felt the statements were clear and easy to understand. The Assessment team sighted information provided to consumers/representatives and noted it covered complaints, privacy and confidentiality, fees/charges and other aspects of service delivery such as delivery days/times and programs regarding outing and centre-based activities.

The Assessment Team noted all consumers/representatives sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy. Staff members were able to describe the methods they employ to ensure consumer information is kept secure. All staff interviewed confirmed that consumer information is mostly kept digitally, through a password protected system. Any hard copy consumer information is also kept secure, in locked cupboards in the office.

# Standard 2

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

Findings

The Assessment Team noted the service demonstrated assessment and planning takes into consideration the risks to the consumer’s health. The initial assessment process is completed by the relevant service manager, the information gathered at the initial assessment is consumer focused, identifies consumer’s abilities, strategies to be used and support required, risk assessments regarding consumers health and wellbeing are completed to ensure the planning stage informs the delivery of safe and effective care and services.

The Assessment Team noted consumers/representatives interviewed stated they knew of their care plan and were in regular contact with their service manager, most consumers had attended the service for a vast number of years and were highly satisfied with the quality of service and communication.

The Assessment Team noted service managers said that the information gathered at the initial assessment process is utilised to inform the delivery of safe and effective care. As a continuous improvement action, the service will be incorporating the Barthel Index assessment into the initial assessment documentation to measure the extent to which consumers can function independently and the level of mobility in their activities of daily living. Management had extensive knowledge of the preferences, needs and health status of the consumers utilising their services that was aligned with consumers documentation and progress notes.

The Assessment Team noted the CEO advised service managers are experienced in conducting intake and risk assessments with their specific client groups. Care plans are completed upon commencement and consumers are reassessed annually, quarterly reviews for HCP consumers due to the high level of care required or when client needs/preferences change, if risks increase manager will liaise with representatives to ensure participation does not pose any further risk to the individual.

The Assessment Team noted the assessment team reviewed ten care plans and consumer files that included progress notes that the service collected and utilised to inform ongoing planning and assessment and effective service delivery and policies regarding ongoing assessment and planning with consumers.

The Assessment Team noted in relation to assessment and planning identifying and addressing consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes, all consumers and/or representatives interviewed knew their schedule for services and said that the services provided meets their current needs, goals and preferences. For example, a CHSP consumer representative said that it was identified by cottage staff that the consumer would benefit from attending the days where the group is more talkative, and that this change has been very beneficial to the consumer. In addition, an HCP consumer, who was commencing physiotherapist appointments to help build strength, stated that the staff go above and beyond and that the consumer appreciates appreciate everything they do for them.

The Assessment Team noted staff interviewed said they have been providing care to some consumers for more than two plus years, always accessing the care plan and service notes to be made aware of any updates or changes to the service. The assessment team observed staff at the dementia day cottage had tailored programs to meet the specific consumer group, for example, plenty of positive social interaction, discussions, games, quizzes, art, crafts, music, and daily walks. The cottage also offers door-to-door pick up and drop off, and a hot lunch is provided.

The Assessment Team noted management advised all staff are qualified and trained to assist in the care development of consumers, the development of the care plan includes consumers personal goal and ensures the consumer/representatives can communicate what they want to achieve and identify the assistance they require. Management provided an example of meeting consumer needs and preferences, advising of one consumer who utilises individual social support, who is vision impaired and requires transport to ring upon arrival and stand near the car so they can see.

The Assessment Team noted the assessment team reviewed documentation that included advanced care planning, at the time of assessment, the service did not have consumers with an advanced care plan in place or requiring end of life care. The service’s Continuous Improvement Plan identified that by June 2023 policies and procedures were to be developed regarding advanced care planning and/or end of life planning, with fact sheets on advanced care directives to be included in the service’s information packs.

Consumers/representatives interviewed confirmed they are involved in assessment, planning and review of the services they receive. For example, an HCP consumer representative said transport for consumers medical appointments has been booked months in advance with the community transport manager. A CHSP consumer representative said the service communicates with the consumer, and that the direct communication with consumer helps consumer to feel independent.

Service managers described how they work with the consumer and others in the assessment and planning of consumer’s care and services. Where other service providers are providing services times and days are negotiated to ensure consistency in service delivery. Where the consumer is unable to participate, they can use an interpreter, involve their representative, carer or nominated advocate in the process. If consumer needs are outside of the group or social support services staff can refer consumers to other community services.

The CEO advised consumers are informed of their right to choose who may be present at the assessment and who their information may be shared with. The service works with carers and other family members where required to ensure consumers’ needs are considered. The service operates as a community hub and incorporates collaborative practices across all programs.

The assessment team observed documentation that confirmed consumer and/or representative involvement in the planning of services and in ongoing and annual reviews. Consumers/representatives interviewed said they have been offered a copy of their care plan. Staff interviewed said that accessing care plans is easy, care plans have all the information needed to provide a service and helps them to become familiar with the consumer. Information regarding allergies, falls, environment or cognitive impairment risks is readily available and following the care plan and service instructions is important to make sure the consumer is happy, and the service is provided appropriately.

Service managers interviewed said care plans are created with the consumer and consumers are given a copy at their first service. Consumers are also advised about the reviews and the emergency plan is a consumer fails to respond to a scheduled visit. HCP care plans included goals for the individual services being utilised, and CHSP consumers attending the cottage have care plans that include a needs statement and symptoms and the interventions required.

Social support group and individual care plans are generated in the client information management system and list the services, goals of the consumer and background information.

Management advised the organisation’s process for undertaking reassessment is annually or when needs, preferences or goals change, care plans are always available to consumers. Information packs are provided to consumers at the first service to ensure consumers are informed.

The assessment team reviewed consumer documentation and progress notes that demonstrated the consumers understand what they are signing and are kept informed of any changes/updates on a regular basis.

Consumers and/or representatives interviewed said the service managers/case managers are easily accessible. All consumers sampled said that if they had to notify of any changes, they know who they can speak to.

Staff were able to provide examples of communication and observation that identified needs, goals and preferences have changed, are communicated, or observed. Service Mangers advise the use of the client information management system to send reminders that care plans are due for review and other ad hoc tasks need to be completed. The service has had plenty of consumers start with CHSP funding, and when their needs or preferences change, the service assist in referring client for a ACAT for consumers to be reassessed for a HCP.

The assessment team reviewed the incident register, client management register that identifies high risk consumers via a traffic light system, care plans for ten consumers, case notes detailing updates and changes to consumer’s needs, goals or preferences that were actioned by service managers/case managers in a timely manner.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** | **Compliant** |

Findings

Consumers and/or representatives interviewed expressed their satisfaction and confidence that the staff provided safe, effective and best-practice personal and clinical care. Consumers interviewed stated that the service’s registered nurse (RN) was good at providing clinical care. Personal support workers sampled had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care and could describe what they do if they had concerns in relation to a consumer’s personal care which included notifying the consumers case manager HCP or service manager CHSP. Initial Assessment and ongoing support plan reviews identify and address all risks to consumers health and well-being, care plans reviewed and feedback from aged care workers and management demonstrated consumers receive safe and effective personal care.

Service and case managers explained that high impact and high prevalent risks were identified during the initial and ongoing care planning process. They use of a central register of consumers, using a traffic light system to communicate the level of risk. At risk clients are recorded on electronic information management system and reviewed monthly at board meetings. Aged Care workers said the consumers care plan and profile identified risks, consumer strategies to be used when completing a service. Aged care workers ensure a safe environment for service delivery is maintained and are required to document and report any identified concerns immediately to the Service manager. The Assessment Team reviewed the consumer risk register, the incident register which showed incidents have occurred for CHSP and HCP consumers, care plans and strategy’s implemented are in line with the action taken/SIRS report for consumers who have been involved in an incident in the past six months

The assessment team sighted electronic assessment that recorded if the consumer has ACP in place. Staff said there are no consumers requiring end of life care on the caseload at the time of assessment. Management advised documents and care plans are updated to include advanced care directives where plans are formalised. Fact sheets on advanced care directives are included in services Information packs. CEO advised staff to be provided with training on how to support clients near the end of their lives. Management training on Advanced Care Directives completed with Advanced Care planning Australia and the service will maintain regular contact with service providers engaged in palliative care services who take the lead and advise how the service can best support consumers requiring end of life care.

Interviews with consumers and/or representatives expressed their confidence that the clinicians and personal support workers could identify changes to their condition or deterioration. Aged care workers said they know the client’s physical, sensory and cognitive abilities, any medical alerts such as dementia, diabetes, falls risks prior to commencing service. They know the consumers well through the care interventions and strategies are implemented in consultation with the clients and/or their representative to ensure good clinical care is received and communicated in the client’s profile guides staff to be able to identify if consumers health has changed suddenly and report this instantly through a phone call and/or the app as it has an option to send service note to the team leader which instantly alerts team leader by email.

Consumers and/or representatives stated that they felt that staff knew what they were doing, and they had not needed to repeat instructions or direct the staff that provided clinical or personal care. Aged care workers used a mobile application to document notes at the point of care. These were then reflected in the client management system for other users to see. This ensured that important consumer information was captured, documented, and shared. Clinical Nurse said that after she has assessed the consumer, she will make a recommendation, take photos and send email to clinical brokerage organisation along with referral form. Progress is updated by email and phone call and all communication is documented in the consumer’s file.

The service demonstrated timely and appropriate referrals to other organisations and providers of other care and services consumers and/or representatives say the service has referred them to the appropriate providers, organisations to meet their changing personal or clinical needs. CEO advised as a continuous improvement action to have an organisational standard referral form to be used when referring services to external organisations. Referral tracking system to be maintained within Folio system. The assessment team reviewed subcontractor excel spreadsheet, brokerage procedure, consumer files that evidence collaboration with other organisations that support and meet the diverse needs of the consumer.

Consumers and/or representatives reported that they had observed staff wash hands/use sanitisers, gloves, and masks where appropriate consumers and/or representatives expressed satisfaction with the precaution measures used by staff to prevent and control infection when providing a service and entering and exiting their homes. The staff and management demonstrated their knowledge of transmission and standard-based precautions procedures to prevent and control infections during the interview. The Assessment Team sighted consumer files with pictures of individual webster packs, lists of medications, assisting aged care clients with medication procedure, medication management in aged care policy, domestic assistance in the home policy, direct service infection control procedures. **Standard 4**

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

Findings

Consumers/representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through MAC, such as Occupational Therapists, when needed, who may recommend equipment or home modifications to help them stay safely at home. Care workers gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing and quality of life. Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers/representatives advised they enjoy services and feel comfortable, happy and safe with their care worker while receiving care. They said care workers check how they are on each visit and if they have any concerns will report this to the coordination staff. Care workers said if they have any concerns, they discuss this with coordination staff, who can make appropriate referrals if needed. Care workers discussed how they monitored consumer moods and overall wellbeing. Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual, or psychological wellbeing, with care plans updated as required.

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 workers 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. They felt their rostered time gave them enough time to meet the needs of their consumers and build a good relationship to meet their emotional needs. Sampled consumers’ assessment and care planning documentation sighted on all files contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities, including days and times.

Consumers and 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 workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support, such as provide mobility help while out in the community. Coordination 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. For example, notes evidenced liaising regarding home modifications, meals and with equipment providers.

Consumers and representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment. Coordination staff outlined referral processes and noted the importance of timely referrals for consumers. They may also refer carers to the Carer Gateway as required for information and respite services and to welfare services if they are experiencing financial difficulties. Progress notes on consumer files included information, referrals and assistance to access other services such as allied health and home modification services. This was evidenced in progress notes sighted on electronic consumer files.

Meals are provided to consumers attending centre-based services only (CHSP). Centre-based services have processes in place to ensure food safety. Staff serving food in the centres have completed food safety training and use PPEs. Management advised menus take into account individual needs and preferences and are suitable for diabetics and any special food requirements are taken into account on the day the individual attends, for example if they are vegetarian or do not like a particular food. Consumers interviewed at the dementia day centre were satisfied with the food provided. Meals at the dementia day centre are provided by TLC which is an approved meal supplier. Clients are able to choose from 15 meal options when making a meal selection. Tea, coffee and water (including low sugar cordials) are also accessible at all times. Light meals such as soup and toast, salads can be made on site for clients with light appetites.

Some consumers and representatives advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Care staff advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use. They said they check equipment for safety as needed and would report back any issues to the coordination staff. Assessment and care planning documentation sighted for sampled consumers identified where equipment was provided in the home or where consumers were using particular aids. Progress notes sighted also included referrals to occupational therapists for assessments where required.

# Standard 5

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

Findings

Consumers/representatives interviewed said the service environment is welcoming, plenty of space to interact with others and those who use mobile support aids were able to move around freely and leave their walking aids where it did not stop others from moving around freely. The assessment team observed one of two sites used by the service to facilitate social support groups. The site was found to be extremely welcoming, spacious, secure, and easy to understand. The support groups run by the service utilised the spaces well and ensured that the consumers sense of belonging, independence interaction and function were all enhanced.

Consumers/representatives interviewed said they feel safe in the service environment it is always clean, well maintained, comfortable and they can access parts of the service that is required. The assessment team observed the cottage dementia day centre to be designed as fit for purpose for the consumers attending the day centre. The cottage was clean, well laid out and the area wide and easy to walk around. Natural lighting from outside throughout the cottage and access to fenced courtyard.

Consumers/representatives said the furniture and fittings were clean and suitable for them to attend the groups.

Staff said they are responsible to ensure the furniture, kitchen and activity room is safe, clean, and well maintained, for example:

* at the end of the day all equipment used is wiped down; and
* managers said if there is a furniture or building issue, they can email the relevant councils to look into the issue.

The assessment team observed cleaning wipes and disinfectants available to staff, hand sanitizer stations in main entrance, evacuation plans, fire extinguishers and hand washing instructions.

# 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

All consumers and/or representatives interviewed stated that they felt supported and safe to provide feedback and make complaints. All were clear on the available channels to do so and have positive experiences when feedback has been provided. Staff interviewed said they provide advice and encourage consumers and/or representatives to provide feedback to the organisation about their care and services. Staff advised if a consumer provides feedback during their shift, they will escalate the feedback their manager or provide advice to consumer. The Assessment Team reviewed the service’s complaint and feedback policy and other information provided to consumers. The complaint and feedback policy details all actions and processes to be taken by staff and management in handling complaints. It details open disclosure and requires all complaint data and outcomes to be shared with the service’s board.

Consumers and representatives said they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. They knew how to access interpreter services if needed but those interviewed had not required this service. Management interviewed said consumers and their representatives are made aware of the service’s feedback and complaints mechanisms through a variety of methods which included:

* Client Welcome Pack;
* Clients are also given pamphlets on the Aged Care Quality and Safety Commission and Seniors Rights Service;
* Complaints and feedback forms are available in all service vehicles; and
* Have Your Say brochures and posters.

Management advised the service is currently updating the client welcome pack to include further information regarding external services and provided a draft welcome pack to the Assessment Team. All Consumers and representatives said they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with staff if need be. All consumers sampled by the Assessment team said they had no concerns with the service. Staff interviewed demonstrated awareness of open disclosure and advised they would always apologise to consumers that were not happy with anything regarding their services. They ensure any issues are addressed promptly and make sure to keep consumers informed regarding any actions or outcomes of their feedback. Management said the service ensures complaints are promptly addressed and responded to. Management advised Informal complaints or feedback are referred to the coordinator who will attempt to resolve them.

Consumers and representative advised they have not needed to raise complaints about the service however consumers have been encouraged and supported by the service to provide feedback or suggestions through other avenues. For example:

* Client exit surveys;
* Reassessment of services;
* housing outreach at the local housing estates;
* senior’s group’s talk; and
* ageing expos/forums.

Management advised they rarely receive complaints and encourage staff and volunteers to obtain feedback from consumers when delivering services. The Assessment Team was unable to sight evidence which showed improvements have been made in response to feedback or complaints. The Assessment noted all staff in at the service could describe appropriate action is taken when they receive feedback and complaints. Management were able to describe their feedback and complaint trends however acknowledged the service will be documenting information moving forward.

# 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

Consumers and or representatives interviewed provided positive feedback regarding staff, volunteers and management at the service. They advised they are satisfied with the knowledge and skills of all staff. Staff interviewed confirmed they feel like there is enough time to complete work effectively to deliver safe quality care and services. The service was able to demonstrate workforce planning activities occur regularly to ensure the number and mix staff are deployed and enabled to deliver and manage of safe and quality care and services. For example, the service maintains a ‘Client Cancellation Register’, which noted detailed information regarding the reason, action and outcome of the shift cancelation. Managing their staff to client ratios and said restriking their client intake if services could not be provided, however management advised the service also has a number of volunteers and brokered service provider staff to ensure services are safely delivered to their consumers. The Assessment team sighted weekly ‘intake meeting minutes’ which showed the service is continuously providing information to enable staff to deliver safe and quality care to their consumers.

Consumers/representatives interviewed said staff and volunteers treat them with kindness and respected them as individuals. Several consumers said staff were always friendly and cheerful when providing services and knew them well. All Staff interviewed said their interactions with the consumers are conducted in a kind and respectful way. They listen to their consumers and respect their privacy, cultural values and decisions. Management advised the service is tailored around client and staff matching program which encourages staff, volunteers and brokered staff to build kind and caring relationships which respects professional boundaries. Management advised where possible and when requested clients are matched with staff of similar cultures and backgrounds. The Assessment Team sighted the services ‘Aged Care Compliments Register 2022 2033’which showed a high number of compliments and positive feedback recorded by consumers and their representatives regarding their positive interactions with staff when delivering services.

Consumers and/or representatives interviewed said all staff, volunteers and brokered service staff and management are competent and know what they are doing. Management said they ensure staff are suitably qualified during the onboarding process with referee checks undertaken, proof of qualifications, police checks and assessment of staff abilities during buddy shifts. Management said they also seek regular feedback from consumers. Personnel records were sighted by the Assessment Team and they included role descriptions, evidence of qualifications, police checks, on the job training evidence, induction documentation, etc. The service ensures subcontracted staff have the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers. Each brokered provider has a subcontracting service agreement with the organisation which outlines their expectation and obligations.

All Staff interviewed confirmed that they had received an induction and orientation on commencement and during their probation period at the service and all staff said they feel well supported by management in their roles. Management advised they have recruitment and onboarding processes to ensure staff have the appropriate skills to deliver services as per the aged care standards. New staff are required to have an orientation and induction and are subject to a 3-month probation period. The Assessment Team sighted evidence of the service’s last 4 ‘Aged Care Team Meeting Minutes’ which showed the service keeping the workforce informed of changes to legislation and providing information on the aged care standards.

Management advised the service monitors and reviews the performance of each member of the workforce regularly and when needed in various ways. For example:

* All staff subject to a 6-month probation period, which includes 2 reviews to discuss progress to date;
* During one-on-one meetings and team meetings;
* Staff 360 performance appraisals undertaken annually with the Board and any staff development needs identified and addressed;
* Monitoring consumer feedback and complaints, and incidents involving staff;
* HR Manual is regularly updated to reflect changes to legislation and guidelines; and
* Staff are encouraged to provide input/feedback into quality improvement practices.

Management advised the sub-contractors/brokered service providers are required to complete a declaration to verify they meet the services requirements in relation to legislative and quality standard of care. Feedback and complaints from consumers and representatives and staff are used to review the performance of the subcontracted and brokered services.

# Standard 8

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

Findings

Consumers/representatives said they can provide feedback at any time. They are asked for input on delivery of their care and services regularly by their coordinators, care workers and subcontracted staff. They said they are kept up to date with any service improvements. Management advised staff, consumers and representatives provide suggestions for improvements at any time. They said they get a lot of consumer feedback through their care plan review meetings with the consumers and representatives and annual consumer surveys. The service was able to demonstrate consumers/representative are able to provide input into service improvement and this was evidenced in the identified areas of improvements on continues improvement plan for example:

* Folio risk and compliance portal is in the process of being implemented which incorporates feedback mechanisms for complaints and compliments;
* Consumer input into Stakeholder Engagement Strategy; and
* Clinical Advisory Board being established.

The organisation could demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. For example, board members:

* Undertake a compliance and probity check
* Complete governance training
* Must adhere to the Board’s Code of Conduct
* Participated in governance training initiated at the commencement of Board Meetings as of Feb 2023.

The organisation’s Board of Directors each possess skills, abilities and expertise that support the long-term viability of the organisation, specialist capabilities include legal, management, HR, governance, marketing, finance, business, advocacy.

The Assessment Team sighted evidence which showed information provided to the governing body provides oversight of service delivery that promote a culture of safety.

*Information Management:*

Staff and management advised they can readily access information when they need it. Meeting minutes across the service evidenced staff are kept informed. Consumers receiving services receive ongoing verbal and written information on services and any relevant fees.

Staff interviewed were aware of the individual consumers’ needs they are providing services to and have access to their care plans. Staff, volunteers and subcontracting services advised they are involved in regular meetings and confirmed they are provided with regular information on any changes to services, regulations or policies. Relevant documentation was also sighted on processes discussed.

*Continuous improvement:*

The service has strategic planning and business plans and continuous improvement processes in place, and these are adopted and implemented through each operational area. Opportunities for continuous improvement at an operational level are identified through a range of mechanism such as consumer complaints, feedback, surveys and also informal feedback received. Staff are also able to provide verbal feedback at any time.

The service identified gaps with systems and tracking trend analysis. Improvements and planned actions are currently being implemented. The Assessment team sighted the new risk management system, ‘Folio risk and compliance portal’ which will facilitate real time risks being identified and incident management workflow tasks being allocated to key personnel. Management said they are always open and welcome feedback of any nature from consumers, representatives and subcontracting providers.

*Financial governance:*

The service demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. For example, financial accountability processes are in place with accounts and payroll and overseen and monitored then tabled at Board Meetings. Finance, Audit, Risk Management Committee meets quarterly. An external auditor is used to ensure financial probity is maintained the service has a suite of financial policies and procedures.

*Workforce governance:*

Processes are in place for workforce governance. No issues were identified regarding workforce governance. Refer to Quality Standard 7 for additional further details.

*Regulatory compliance:*

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies on regulatory information which is monitored by the executive team and information is fed down to relevant management staff who disseminate the information to staff through emails and/or regular meeting mechanisms including the recent implementation of SIRS by the service.

*Feedback and complaints:*

Processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms. For further details refer to Quality Standard 6 for additional details. – *End “Feedback and Complaints” heading.*

Staff were able to explain how they report any concerns regarding consumers, for example, deterioration that may include some high impact and high prevalent risks. Examples provided were where a consumer’s mobility may have changed or there may be concerns about their general health and wellbeing or changes in their cognitive function. Staff said they would report this to management and act, such as a referral back to My Aged Care for approval for a higher level of care. Management described the processes in place and training provided to staff and said procedures are regularly reviewed and updated to meet current legislation include the new IMS, SIRS and Code of Conduct.

Staff confirmed they have received training in identifying abuse and neglect and serious incident reporting of consumers They also confirmed there is a process in place for managing when a consumer does not respond to a scheduled visit. Staff demonstrated they were also familiar with these processes and their responsibility to report any concerns regarding these. The service was able to demonstrate processes are in place ensure that subcontractor conduct in the delivery of care is consistent with the Code of Conduct and provided evidence of a signed code of conduct form documented from each brokered service. Consumers are encouraged to live the best life they can by being fully engaged in the delivery of services. This includes identifying goals they may wish to work on.

*Antimicrobial Stewardship:*

The Organisations standard precautions are a set of guidelines and procedures that ensure a basic level of infection control. To ensure a safe work environment and minimise the transmission of infection, all staff must adopt these standard precautions whilst practicing care provision/services for clients.

Standard precautions include:

* Personal hygiene practices, such as hand hygiene before and after all client contact;
* Use of appropriate PPE, which includes gloves, plastic aprons, gowns, appropriate face mask and eye protection;
* Appropriate handling and disposal of sharp instruments and clinical waste:
* Appropriate use of cleaning agents; and
* Environmental controls, such as workplace environmental assessment, maintenance, cleaning, spills management.

*Minimising the use of restraint:*

Management advised there is no restraints used in service delivery. Staff could describe different types of restrictive practices and the processes involved in having restrictive practices approved, including the requirement for a behaviour support plan and appropriate consent and approvals. At the time of the assessment, no restrictive practices were in place for any consumers.

*Open Disclosure:*

The workforce where able to confirm their understanding of open disclosure in regard to complaints and staff were able explain the correct procedure in relation to incidents and how it is used in best practice practiced. Management interviewed confirmed the service is currently strengthening their Clinical Governance organisational structure and framework with associated policies, procedures and supporting documents to ensure and support staff who provide specialised clinical and care practice support. The Assessment Team noted the continuous improvement plan included:

* Clinical governance framework being established with support of LPA in addition to establishing a clinical governance committee.
* Targeted training to be provided to management and board regarding high prevalent risks in clinical and home care.

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