**Performance**

**Report**

**1800 951 822**

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| Name of service: | Southern Cross Care - GOOLWA |
| Service address: | Fleurieu Home Support Services, 1 Wildman Street GOOLWA SA 5214 |
| Commission ID: | 600090 |
| Home Service Provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 19 May 2023 to 23 May 2023 |
| Performance report date: | 16 June 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 Southern Cross Care - GOOLWA (**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:**

* SCC Homecare (Fleurieu Level 4), 18458, Fleurieu Home Support Services, 1 Wildman Street, GOOLWA SA 5214
* SCC Homecare (Fleurieu Level 2), 18582, Fleurieu Home Support Services, 1 Wildman Street, GOOLWA SA 5214

**CHSP:**

* Community and Home Support, 24346, Fleurieu Home Support Services, 1 Wildman Street, GOOLWA SA 5214
* Care Relationships and Carer Support, 24347, Fleurieu Home Support Services, 1 Wildman Street, GOOLWA SA 5214

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives described staff as kind, caring and respectful. Staff described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect. Management described, and documentation confirmed that staff received online training in dignity and respect and have access to relevant policies on consumer engagement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed said that staff understand their needs and preferences and deliver services with this in mind. Staff demonstrated understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team confirmed this through care support documentation reviewed. The Assessment Team viewed staff training records which verified staff must undertake Respectful Behaviour, Code of Ethics and Aboriginal Cultural learning modules, management advised these modules ensured a holistic approach to client centric care, including individual, social and cultural considerations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including when others should be involved, communicate their decisions; and make connections with others and maintain relationships of choice. Consumers and representatives said the service involves them in making decisions about their services, and management spoke of their intake process which aims to tailor services to each consumer. All consumers and their representatives’ advised consumers were supported to make choices and the service involved others in the decision-making process. Staff members interviewed advised they discussed risks and offered alternatives, which allow the consumer to make informed decisions about their care. Staff explained they review all information provided to them by Allied Health and medical specialists and have many options to support each consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers and/or their representatives described undertaking activities they enjoyed safely with appropriate supports. Staff and management were able to describe the concept of dignity of risk and demonstrated how consumers are supported to safely take risks. This was confirmed through documents provided to the Assessment Team. Consumers and/or their representatives advised they have an active part in the discussions regarding decisions that involve risk and are supported to understand the benefits and possible consequences of their decisions.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Staff and management described how they provided information to consumers in various ways. This was confirmed through documents provided to the Assessment Team. Management described the methods used to communicate information to each consumer in an understandable format, including use of an interpreter if required, face to face discussions, and asking for family or a support person to be present.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers interviewed described their confidence in the service protecting their personal information. Staff and management described their privacy and confidentiality procedures. Management advised staff were respectful of personal information and demonstrated they have effective systems in place to protect consumers privacy and personal information. This was confirmed through observations of the Assessment Team. Staff interviewed explained the service has a Privacy policy and they are trained in processes to keep consumer information confidential, and staff described the requirement to obtain a consumers consent before sharing sensitive information.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives sampled confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. Coordinators described how they assess consumers’ needs and risks at commencement of services, reviews and/or as required for example following incidents, and how assessments inform consumers’ care and support plans. Care planning documents evidenced recent comprehensive assessment and planning was undertaken with consumers and/or representatives, including completion of risk assessments.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences, however, some consumers advised they have not discussed advanced care or end of life planning with the service. Coordinators described conversations with consumers and/or their representatives about what is important to them informs assessment and planning of care and services. For HCP consumers, their budget is also taken into consideration. Care planning documents viewed showed that consumers’ needs, goals and preferences had been discussed with them and documented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives confirmed they are involved in deciding the care and services provided to consumers such as care and services at home, respite care, social support, exercise and wellbeing classes, and transport services. Management and coordinators described how consumers and/or representatives are involved in assessment and planning of care and services, for example, consumers can elect to have a representative present during assessments and reviews. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to the consumer and staff at point of care. Consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s support plan was provided, which staff have access to at the consumer’s home. Management and staff confirmed that support plans are discussed with consumers and/or their representatives and available to staff at point of care within the consumer’s home. Care planning documents viewed confirmed that outcomes of consumers’ assessment and planning were documented in the service’s electronic system and support plans, which are provided to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives confirmed consumers’ care and services are reviewed regularly and as required. Management advised that consumers’ review dates are recorded in the electronic system and monitored monthly. Reviews are conducted 6-monthly for all consumers, and as required, for example, following incidents or when risks are identified. Care planning documents showed that consumers’ reviews had been undertaken as per the service’s process.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives sampled confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as wound care, personal care, medications, Allied Health services and wellbeing calls when required. Management and coordinators provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, in relation to wound care, and medications or behaviour of concern management. Care planning documents viewed that personal and clinical care was documented on care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care, for example, in relation to wound care, mobility and falls. Management and staff described strategies to manage the consumers’ risks for example, in relation to wound care, mobility and falls, and behaviour of concern. Care planning documents confirmed that individualised risk management strategies are implemented to ensure that consumers’ risks are managed such as monitoring, reviews, incident reporting and risk mitigation strategies.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Management described how they would liaise with the consumers’ doctor and engage external palliative services to provide the required palliative needs. Care planning documentation showed that where advance care directives are discussed with consumers, outcomes are documented within their support plans.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives felt confident that staff would notice if their health changed and would respond appropriately. Coordinators and staff described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumers’ mobility, mental health, and level of independence. Care planning documents showed evidence of identification and actions taken when consumers’ health changed or deteriorated such as referrals to health professionals and adjusted care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know them and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ care and services are documented and communicated through support plans available at the consumers’ home. Coordinators, nurses and staff document information about the delivery of consumers’ care and services in progress notes. Care planning documentation viewed confirmed comprehensive support plans, including individualised care and service instructions, and progress notes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed consumers had been referred to health professionals when required. Coordinators described processes to refer consumers internally, for example, for allied health and clinical care, and externally to other health professionals or My Aged Care (MAC). This was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 testing. Staff and management described, and observations and documentation viewed confirmed that, the service has processes for minimising risks of infection including policies, procedures, education and an outbreak management plan.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided optimises the consumer’s independence, well-being and quality of life through the provision of in-home services such as domestic assistance and/or in-community services such as social support gardening services, transport and assistance with shopping and meal preparation. Coordinators and staff described what is important to consumers and how they adapt services according to consumers’ needs and preferences such as additional in-home services when required. Care planning documents confirmed that the service had identified and documented what is important to the consumers, their goals and preferences for daily living.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives felt that staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management and coordinators demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing. This was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives confirmed that in community services enable consumers to do things of interest and maintain social relationships, such as going shopping, bus trips and group exercise classes. Coordinators and HCAs described, and care planning documents and observations confirmed, how the service actively support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives confirmed provision of daily living support and services is consistent, with staff who know them well. Management and coordinators described how relevant information about consumers are documented and communicated through care plans available at consumers’ homes. Care planning documents viewed for sampled consumers showed that information is shared and communicated to the appropriate staff through care plans and progress notes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed that consumers were timely and appropriately referred as required, for example, to allied health professionals and/or for purchase of mobility equipment. Coordinators allied health staff described processes to refer consumers internally and externally, for example, to external allied health professionals, social workers or MAC. This was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed confirmed they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. Staff demonstrated they know consumer’s dietary needs, preferences and identified risks relating to consumer’s nutritional and hydration status. Care planning documents showed that consumers’ dietary needs and preferences are documented and communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Coordinators and staff described, and care planning documents viewed for sampled consumers confirmed, how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers confirmed they feel welcome when the attend the centre-based groups sessions. Management and staff described how they ensure consumers feel welcome and observations confirmed the gym environment was easy to navigate, welcoming and functional. All consumers and representatives sampled advised they found the service environment to be safe, welcoming and easy to understand. The Assessment Team viewed a Physiotherapist working with two consumers in the gym. The Physiotherapist was interacting in a caring, supportive and respectful manner. The gym was bright, well-lit, comfortable and easy to navigate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. Management and staff described the processes of site-specific cleaning schedules and reactive maintenance. The Assessment Team observed the service environment to be clean, well maintained and comfortable. Consumers and/or representatives confirmed they feel safe when attending the venue for social activities, allied health treatment or exercises, and the service environments are clean, with staff applying infection prevention and control practices. Staff and management described the processes to ensure the service environments remain safe and well maintained, including preventative and reactive maintenance.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. This was confirmed through observations. Management described the purchase of gym equipment which has hydraulic resistance to avoid pinch-points for consumers. Staff and management described processes to ensure service and gym equipment is safe, clean and well maintained, with the identification of any hazards and reactive maintenance requests to be identified and relevant management notified.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint and staff described their processes for when a consumer or representative raises issues or concerns. Staff and management described the services processes for the capture and resolution of feedback and complaints. Management actively promotes consumer engagement and feedback, including providing Morning Tea on Monday Group at the services Goolwa office, where consumers can attend to engage management and staff regarding any concerns, feedback or complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed the welcome pack which provided information regarding internal and external mechanisms for raising and resolving complaints, including the Aged Care Quality and Safety Commission (the Commission), Aged Rights Advocacy Service (ARAS), as well as interpreter and translator services. The Assessment Team also viewed a feedback box and feedback forms were available at the reception area of the service’s Goolwa premises, in conjunction with advocacy brochures.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback. The service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. Management provided documentation to substantiate the response and open disclosure process of one complaint documented in the Feedback register. Management advised, and documentation showed, that complaints and feedback were responded to and reviewed by management in many instances expediently. Management described the complaints resolution process, with most of the feedback and complaints being responded to before the services feedback and complaints policy recommended 14-day period.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers and/or representatives were not interviewed in relation to this requirement. Staff and management described how feedback and complaints are analysed, trended and the information was used to make improvements to the quality of the services, the Assessment Team viewed documentation that corroborated these improvements. The Assessment Team viewed the Customer Feedback policy and procedure outlining the requirement to report customer feedback metrics monthly for Chief Executive Officer (CEO) dissemination to board.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 services. Consumers advised they get quality care and services. Staff and management described how they plan and manage the workforce. This was confirmed through documents provided to the Assessment Team. Of the HCAs interviewed, all advised they have time to complete all required tasks during a shift and they do not rush consumers. One HCA advised they will spend additional time with the consumer, adding the consumers are always happy when they take the time to listen to them. Management discussed and supporting documentation evidenced a 3 to 1 ratio of available support for a service area. Management advised they ensure through their enabled recruitment methodology, they have three available HCAs within a service location or region, as it provides the option of providing alternative support should other HCAs be unavailable, they can reschedule the remaining HCA to cover shifts.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or their representatives said staff were kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the services provided. Consumers and/or their representatives interviewed, advised staff were kind, caring, supportive and respectful. When issues with staff were identified, consumers were confident they were addressed in a timely fashion. The Assessment Team viewed the policies, procedures and job descriptions which promote a person-centred approach, and commitment to the services values and ‘better for life’ philosophy, which encompass respect for each consumer’s identity, culture and diversity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and has the knowledge to effectively perform their roles. Consumers advised they feel the workforce is competent and skilled. Staff described regular professional development and training that was delivered. Management described robust processes to ensure staff have adequate skills and qualifications, and how management monitor staff competency through supervision, regular meetings, 3- and 6-monthly performance reviews, with identified training gaps actioned. Management advised they assessed competence at interview stage and monitored this ongoingly through a variety of ways including mandatory and other job-related training, observations, feedback from staff, supervision, and performance reviews. Management advised skills and qualifications are monitored and verified by Human Resources throughout the recruitment process and staff receive electronic notification when their registrations/certifications/accreditations are about to expire.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped and supported in various ways to deliver the outcomes required. HCA, Staff and management described processes and ongoing oversight to ensure maintenance of trained staff. HCA described the relevant training requirements required to deliver their duties, including:

* Induction with one-on-one training, via a buddying system;
* supervision when commencing in the role, and ongoing training held in conjunction with RNs monthly; and
* The Assessment Team viewed training and certification documents for staff highlighting mandatory competencies required for their role, in addition to electronic systems which maintained a register of current certifications and expiry dates, which is monitored effectively.

Management described an active recruitment and retention strategy to employ the right staff for the job, underpinned by comprehensive performance reviews, and guidelines regarding workforce capabilities, sufficiency and attributes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff advised they receive regular formal performance discussions with their managers. Staff and management confirmed they were supported in their performance review process, with any identified needs addressed. Management described their process for regular assessment and monitoring of workforce performance. Management spoke of the ongoing engagement with staff after recruitment, in conjunction with 3- and 6-month reviews and feedback sessions, and on-shift and supervised visits, for continuous monitoring and oversight. The Assessment Team viewed documentation relating to a formal performance review process in place for one volunteer after previous complaints from consumers. The notes, in conjunction with the issue and escalation process as documented in the review policy and procedure, were clear and provided ongoing guidance to resolution of the identified issue.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled said they have input about services provided through responsive feedback mechanisms. Management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion. Management and staff described how consumers have input about their experience and services through the formal and informal feedback processes, and broader inclusion. Minutes of meetings at management and governance level confirmed the service involves consumers in the development, delivery, and evaluation of services.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. Management described, and the Assessment Team viewed documentation regarding the processes and procedures they have, and the meetings held at local and organisational level to monitor they are delivering safe, inclusive, and quality care and services. The Assessment Team viewed Board meeting minutes held in February, March, and April of 2023, with standing agenda items with actions including:

* Current Risk Alerts & Wounds;
* Feedback Trends;
* Incident Trends;
* Quality of Life; and
* CI Activities.

Consumer stories are showcased in the meeting, with the Governing Board advised of any learnings from the consumer story as well as positive outcomes. Management discussed their oversight of risk, and the Assessment Team viewed the Risk Appetite Statement that defined risk tolerance levels to inform decision making and prioritisation of resources.

Evidence analysed by the Assessment Team showed the service was able to demonstrate established, documented, and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed all consumer information is stored securely across multiple platforms, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures, and other documentation are freely available to staff as required, and the Assessment Team observed some policies and procedures have been reviewed and updated recently.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the service provides both Quality and Continuous Improvement Guidelines and Procedures which include improvements informed by staff feedback, actions identified by system improvements, policy and procedure review, and opportunities to upskill staff. The Assessment Team observed the most recent Clinical and Quality Evaluation (Home Care) report to Board, which contained four specific Fleurieu based recommendations built on consumer and staff feedback including the introduction of social bus outings and a Drama group.

*Financial governance:*

Evidence analysed by the Assessment Team showed the service has an established financial management document which outlines Board and management responsibilities. Management advised the CEO and Board receive monthly reports from the Financial Manager, enabling oversight and governance, as well as KPIs for executive, which include overspend and underspend reports and mitigation strategies for risk oversight reporting.

*Workforce governance, including the assignment of clear responsibilities and accountabilities:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the organisation has effective systems and processes in place to support the service to meet regulatory requirements in respect of the Aged Care Quality Standards and Aged Care Reforms. Management advised that training for Serious Incident Response Scheme (SIRS) has been implemented to staff and HCA, in conjunction with procedures. The service has effective systems to track COVID-19 vaccinations, drivers' licences, first-aid and cardiopulmonary resuscitation certification and training completions for all staff, with the Assessment Team observing current training logs to confirm the above.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the organisation has effective governance systems to proactively capture and respond to feedback and complaints. Management could speak to, and evidence processes to support consumers to provide feedback and make complaints. Staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure. The Assessment Team viewed monthly and quarterly reporting to Board, to assess feedback and complaints resolution, and drive continuous improvement. – *End feedback and complaints heading.*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and processes related to organisational risk management, and consumer’s risks. The organisation demonstrated effective processes to ensure all consumer incidents are reported and followed up appropriately to prevent further risks or incidents and demonstrated how they manage and monitor high-impact or high-prevalence risks to consumers. The service has systems in place to demonstrate they monitor high-impact or high-prevalence risks to consumers as part of organisational governance, and report consumer risks to their board. This was confirmed through the reports to the board, and meeting minutes viewed by the Assessment Team across all facets of quality and clinical care provision reporting. Consumer stories are reported to the board, including feedback from incidents each month to improve service delivery to consumers, and the board also considers feedback from their residential aged care facilities to improve service delivery throughout the organisation. The service demonstrated how they record, review and report individual incidents in their reporting system and demonstrated how consumer incidents are investigated and analysed, with appropriate open disclosure actions undertaken in consultation with the affected consumers and/or their representatives.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an effective clinical governance framework including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described, and provided documentation confirming, how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practice, and the service maintains oversight of consumers’ clinical care.

*Antimicrobial stewardship:*

Evidence analysed by the Assessment Team showed the service has an organisation wide system for preventing, managing and controlling infections and antimicrobial resistance, which is overseen by the Group Manager and weekly clinical & quality evaluation meetings by management to address any concerns, including in relating to infection control. Antimicrobial Stewardship Procedures and Consumer Personal and Clinical Risk Management procedures provide a comprehensive overview and understanding of how the organisation monitors and delivers appropriate use of antimicrobials, in conjunction with the Infection Prevention and Control Policies.

*Minimising the use of restraints:*

HCAs interviewed demonstrated an understanding that restraint use was only to be used as a last resort, where it was necessary to prevent harm. Documentation viewed evidenced that staff and care workers received training relating to restrictive practices. The Assessment Team viewed the services policies and framework relating to minimising use of restraints.

*Open disclosure:*

Evidence analysed by the Assessment Team showed the Assessment Team viewed the services Open Disclosure Policy and Procedure, with its application evidenced in the Incident and Hazard Register, which included examples of open disclosure in the outcomes and findings. Oversight by management was evidenced as standing agenda items in monthly Quality & Care Governance Committee meetings to ensure visibility, with meeting minutes viewed supporting that oversight.

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)