**Performance**

**Report**

**1800 951 822**

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| Name: | Southern Cross Care (NSW & ACT) Limited |
| Commission ID: | 200051 |
| Address: | 16-18 Bridge Street, EPPING, New South Wales, 2121 |
| Activity type: | Quality Audit |
| Activity date: | 28 August 2024 to 30 August 2024 |
| Performance report date: | 30 September 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 305 Southern Cross Care (NSW & ACT) Limited  
Service: 17729 Southern Cross Community Care - Blacktown  
Service: 17730 Southern Cross Community Care - Botany Randwick  
Service: 17731 Southern Cross Community Care - Casino  
Service: 17735 Southern Cross Community Care - Gosford  
Service: 17732 Southern Cross Community Care - Holroyd  
Service: 22838 Southern Cross Community Care - Hunter  
Service: 23635 Southern Cross Community Care - Inner West  
Service: 17733 Southern Cross Community Care - Murray River  
Service: 22837 Southern Cross Community Care - Nepean  
Service: 22836 Southern Cross Community Care - Northern Sydney  
Service: 17734 Southern Cross Community Care - Parkes  
Service: 22835 Southern Cross Community Care - South West Sydney  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7900 Southern Cross Care (NSW & ACT)  
Service: 24342 Southern Cross Care (NSW & ACT) - Care Relationships and Carer Support  
Service: 24343 Southern Cross Care (NSW & ACT) - Community and Home Support

**This performance report**

This performance report for Southern Cross Care (NSW & ACT) Limited **(the provider**) has been prepared by T Bartlett, 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 services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report, which was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers, representatives and others.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and representatives in all services said staff are respectful and consumers feel valued by the provision of individualised care. Staff demonstrated the importance of understanding and providing respectful individualised consumer care. Information and evidence in Requirement (3)(a) of Standard 3 show this includes strategies, such as the use of skin-coloured dressings to maintain consumer dignity when out in the community. Care planning documentation reviewed confirm language used is inclusive and respectful of consumers. A diversity and inclusion policy in place guides staff practice.

Consumers and representatives in all services confirmed staff were knowledgeable about consumers’ cultural identity and expressed satisfaction with practices used to ensure services were culturally safe. This included staff acknowledging and respecting consumer heritages and endeavouring to learn common words in their preferred language. Management described the use of Catholic nuns to provide spiritual and pastoral care needs. In addition, information and evidence in Requirement (3)(b) of Standard 6 show management advising a skill spreadsheet is used to match consumers with staff of preferred language and gender. Training records reviewed evidence annual completion of Aboriginal and Torres Strait Islander cultural awareness training by staff. Care planning documentation reviewed confirm consumer culture, religion, identity and background are documented in gender appropriate language.

Consumers in all services said they felt in control of their services and their decisions, including who they would like involved in their care are respected and supported. Staff described encouraging consumers to exercise choice by making sure they are aware of all support options available and emphasising the ability to change these decisions at any time. Documentation reviewed confirm consumers and those they wish involved are consulted and supported to make decisions on care and services delivered.

Consumers and representatives in all services confirmed identified risks are discussed with them and consumers are supported to take risks of their choosing. Staff described processes of managing consumer risk involve discussions with consumers, completion of dignity of risk assessments and documentation of risks appearing as electronic alerts. Management demonstrated strategies employed to support consumer risk. This includes collaboration with local state emergency services to supply consumers who choose to continue to live in high fire and flood regions with citizen band radios. In addition, information and evidence in Requirement (3)(g) of Standard 3 show technology is used to support attendance at religious ceremonies of import during COVID-19 outbreaks. Documentation reviewed confirm risks are recorded. Reviewed and maintained in a dignity of risk register.

Consumers and representatives in all services expressed satisfaction with the information they receive stating it is clear, easy to understand and enables them to exercise choice. Consumers and representatives reported receiving information from each service through newsletters, statements in the mail or verbal discussions with staff. Staff and management described various ways they adapt information for consumers who face challenges communicating. These included the use of interpreter services and magnifying readers. Documentation reviewed confirm consumers receive a welcome pack which includes, but is not limited to, information on fees and charges, advocacy information, aged care rights and responsibilities and advanced care directives.

Consumers and representatives in all services reported they trust their information and conversations are kept private and have confidence in staff with their sensitive information. Consumer representatives expressed satisfaction with staff practices, such as the closing of curtains to maintain consumer privacy during personal care services. Staff described how they maintain consumer privacy by being mindful of where and with whom consumer information is shared. In addition, staff described appropriate storage of consumer information, such as the use of locked stations. Management advised, and documentation reviewed confirm, consumers sign consent forms. Staff receive privacy and confidentiality training and only have access to password protected consumer information relevant to their role.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and representatives in all services expressed satisfaction with assessment and care planning processes conducted that ensured consumers received safe and effective care and services. Staff explained how consumer risks, such as isolation, falls, pressure injuries or cognitive impairment were identified using clinical and home care assessments. Management described the use of a client management system that facilitated the use and effective documentation of clinical and home care assessments by staff. Documentation reviewed confirm the use of validated assessment planning tools, such as the psychogeriatric assessment scale, falls risk assessment tool, medication management instruction for deficiencies and waterlow pressure ulcer scale. The organisation’s home care policy on assessment and care planning provides step-by-step role specific procedures for undertaking assessment and care planning.

Consumers and representatives in all services confirmed consumers receive care and services based on assessed needs, goals and preferences and participated in conversations around end-of-life and advanced care planning. Staff described a consumer-centred approach to assessment and planning that ensured individualised consumer needs, goals and preferences, such as for activities of daily living and mobility are discussed and documented. Management advised that further information and application forms for initiating an advanced care directive are provided in client home folders. Documentation reviewed demonstrate advanced care directives and individualised needs, goals and preferences are integrated into consumer care plans.

Consumers and representatives in all services confirmed consumers are actively involved in the assessment, planning and review of their care and services and could involve others in the decision-making process if desired. In addition, representatives expressed satisfaction with regular updates provided by staff that promoted a collaborative approach to assessment and care planning. Management advised, and documentation reviewed confirm, staff engage with primary healthcare practitioners and external providers of allied health to employ a multi-disciplinary approach to assessment and planning. Care planning documentation reviewed show consumer representatives are made aware of their roles and responsibilities in the planning of consumer care and services.

Consumers and representatives in all services stated a copy of the care plan is readily available and was received following initial assessment and after each subsequent reassessment. In addition, consumers and representatives interviewed described consumer needs, goals and preferences that aligned with care plans reviewed. Staff confirmed access to sufficiently detailed care plans, including information on consumer risks and tasks lists via their mobile phone application. Furthermore, staff confirmed receipt of consumer updates in the form of daily staff handover notes. Management advised, and documentation reviewed confirm, brokered subcontracted staff are also provided a copy of consumer care plans that contain task lists and other vital consumer information.

Consumers and representatives in all services confirmed care and services are reviewed on a periodic basis or when consumer’s conditions, needs, goals or preferences change. Staff advised CHSP consumers are reviewed annually at a minimum and HCP consumers are reviewed every 3 to 6 months depending on their level of care needs. Management described how reviews are conducted after changes in circumstances or medical conditions, such as post hospital admission or following a fall. Sampled consumer documentation reviewed confirm reassessment and reviews are being conducted in accordance with established timelines.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers and representatives in all services expressed satisfaction with the individualised personal or clinical care consumers receive. Staff described providing competent and personalised personal or clinical care to consumers. This included the use of registered nurses to conduct all clinical assessments and management of clinical needs such as, wound care, ileostomy care, change of catheters and oxygen monitoring. Documentation reviewed show consumer abilities and areas of required support are identified using validated clinical assessments. Sampled care plans reviewed include detailed directives for providing individualised personal and best practice clinical care.

Consumers and representatives in all services expressed confidence in the management of high-impact or high-prevalence risks. This included the supervision and monitoring completed for complex clinical care consumers who preferred to self-manage their packages. Care staff provide daily handovers that capture exceptional reporting issues, such as falls, incidents and deterioration. Issues identified are followed up with the completion of a clinical review. In addition, processes in place such as regular fortnightly meetings with nursing teams and the lead quality manager and community of practice meetings provide an opportunity to discuss clinical challenges being experienced by consumers.

Consumers and representatives in all services were appreciative of the palliative care supports provided to consumers. Staff advised they work closely with palliative care teams, allied health and the consumer’s family. Management advised when consumers are identified as needing palliative care a consultation process involving a registered nurse occurs to further identify additional services required, such as allied health care. The organisation has palliative care policies and procedures.

Consumers and representatives in all services confirmed staff monitor consumer conditions and review the consumer if their needs change. Staff described documenting reported consumer deterioration in daily progress notes. Documentation reviewed confirm consumer deterioration is recognised and responded to in a timely manner.

Management demonstrated communication systems available that assist staff to provide and coordinate safe and effective consumer care. Staff confirmed electronic access to consumer information relevant to their role. In addition, rostering staff described processes to inform care staff of changed consumer needs prior to service delivery. Care planning documentation reviewed confirm ongoing communication is occurring between consumers, representatives and others involved in the care of consumers. Consumer risks appear as alerts on electronic consumer records.

Consumers and representatives in all services confirmed referrals to individuals and other organisations and providers of care and services have been provided. Staff explained whilst undertaking assessment and care plan reviews referrals to allied health professionals to recommend suitable equipment or home modifications are discussed and made. Staff confirmed referrals are made to My Aged Care for consumers requiring additional CHSP services or access to a higher level of care. Documentation reviewed confirm timely specialist referrals are made, and outcomes of recommendations appropriately actioned and documented.

Consumers and representatives in all services described practices staff use to prevent the possibility of infection when attending to consumer care and services, such as the use of personal protective equipment. Staff confirmed completion of infection control training (including hand hygiene protocols) and access to adequate personal protective equipment supplies. Management described encouraging consumers to receive COVID-19 and influenza vaccinations. Management advised nurses liaise with consumer general practitioners regarding monitoring the use of antibiotics. The organisation has infection control and outbreak management policies and procedures in place.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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 | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 applicable requirements are compliant for each service.

Consumers and representatives in all services expressed satisfaction with daily living services provided that optimise consumers’ independence and well-being. Staff described providing services and supports based on individualised consumer daily living needs and preferences. Management advised targeted consumer emotional, social and domestic support goals are documented in care plans. In addition, documentation reviewed confirm a reablement approach is used to coordinate services and supports.

Consumers and representatives in all services stated that services and supports for daily living provided by empathetic staff have supported the emotional, spiritual and psychological well-being of consumers. Staff confirmed delivery of services with consideration to consumer emotional and psychological well-being. Staff also confirmed escalation of consumer emotional and psychological well-being concerns to management. Management described, and documentation reviewed confirm, connection of consumers with religious services and mental health supports. The organisation’s assessment and care planning policy outline the need to promote an environment where consumers feel spiritually, socially and emotionally safe. In addition, consumer home folders contain information on external supports for emotional and psychological well-being such as, access to the listening ear helpline.

Consumers and representatives in all services described how daily living service and supports provided opportunities for consumers to participate in their community, build and maintain social relationships, and explore things of interest to them. Staff described facilitating consumers to partake in meaningful activities through transportation to local social or community groups. Management described strategies for connecting regional and remote consumers with their communities, such as partnerships with external bus and senior support organisations.

Consumers and representatives in all services advised staff completing consumer services were aware of each consumer’s condition, needs and preferences and proficiently completed services without direction. Staff advised that care plans detailing consumer care needs are available on their mobile phone application, and they are informed of changes. Management advised changes to each consumer’s condition, needs or preferences are updated in care plans, with the specific change highlighted and communicated to staff via handover notes and an email. Staff confirmed handover notes are distributed to all relevant staff involved in the care of consumers at the end of each day. Documentation reviewed confirm care plans outlining consumer information and care needs are up-to-date and readily accessible. In addition, subcontracted staff are provided consumer care plans prior to service delivery and are documenting key aspects of services delivered. This includes information on consumer condition, such as mood and appetite.

Consumers and representatives in all services confirmed they have been made aware of external lifestyle services and supports and expressed satisfaction with referral processes in place. Staff described the identification of consumers experiencing social isolation and referral to local council social outings or advocacy organisations. Management provided examples of referring consumers to senior rights services, men’s shed and integrated living exercise group sessions. The organisation’s supporting resident and client advocacy policy outlines the need to identify consumers with special needs requiring external supports or access to advocacy organisations.

Requirement 4(3)(f) is not applicable, as the service is not funded to provide meals for consumers.

Consumers and representatives in all services expressed satisfaction with the safety, suitability and maintenance of purchased equipment. This included initial and follow up occupational therapy assessments of purchased equipment. Staff explained how they would monitor equipment and escalate safety or maintenance issues for an occupational therapy assessment or equipment replacement. Management advised and documentation reviewed confirm, equipment is checked during 3 or 6 monthly reviews via a home and equipment safety checklist. This checklist is used to determine staff training requirements, consumer difficulties with equipment use and cleaning and maintenance needs. Care planning documentation reviewed outline how equipment is to be used safely in line with consumer goals.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# 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 | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

This Standard is not applicable as the organisation does not provide a physical service environment.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and representatives in all services expressed confidence in providing complaints or feedback as and when required. Staff and management interviewed confirmed consumers and representatives are continually reminded of ways in which complaints or feedback can be provided, such as directly with staff or via the organisation’s website. Management advised the organisation’s website is monitored by reception staff and complaints are allocated to the responsible manager for action.

Consumers and representatives in all services confirmed receipt of advocacy and translation support as required. This included assistance to access senior rights advocacy and translating information service interpreter services. Documentation reviewed confirm advocacy and language service brochures are contained in information packs provided to consumers.

Consumers and representatives in all services expressed satisfaction with the way in which their complaints had been addressed. Staff demonstrated with examples how open disclosure is used in practice to resolve complaints. Management advised that open disclosure concepts are included in staff meeting discussions and there are prompts in the feedback and complaints form with links to the open disclosure form. The organisation has a feedback and complaints policy which includes an open disclosure and management flowchart. The open disclosure procedure clearly identifies how staff should handle complaints and feedback by apologising, identifying, investigating and resolving issues. In addition, the procedure includes instruction to provide written advice to the complainant of resulting outcomes.

Consumers and representatives in all services were satisfied that changes are made to improve the quality of consumer care when things go wrong. Management described how complaints and feedback documented in the complaints register are reviewed, trended and discussed in fortnightly meetings. Continuous improvements identified include a change to regional scheduling procedures and task guides developed to provide clarity to both consumers and staff on approved domestic assistance tasks. Management advised the current complaint lodgement process of only inputting finalised complaints into a centralised complaints register is to be reviewed. This will ensure oversight of the status of all open and finalised complaints for trending purposes.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and representatives in all services reported overall satisfaction with the number and mix of staff available. Consumers and representatives advised although services are not always delivered at preferred times, they are generally able to access care and services that meet their preferences. Staff interviewed confirmed sufficient time is allocated to complete services competently and safely. Management described systems in place to manage unplanned unfilled shifts, such as the use of casual or subcontracted staff. In addition, management advised workforce planning is based on fortnightly regional manager reports detailing specific regional workforce gaps, analysis of specific consumer vulnerabilities and reliance on subcontractor staff to fill shifts.

Consumers and representatives in all services described staff as kind, caring and respectful. Staff interviewed described how they respect consumer choices and preferences and practice open communication. Management advised each service monitors internal and subcontractor staff behaviour and engagement with consumers by seeking feedback from consumers and staff. Care planning documentation reviewed show consumer culture, interests and preferences are identified and used to guide delivery of services. In addition, review of the complaints and feedback register show mechanisms are in place to address disrespectful staff interactions with consumers.

Consumers and representatives in all services confirmed staff effectively and competently perform their roles. Staff advised their competency is assessed through initial qualification and experience checks, buddy shifts with senior care staff, and annual performance reviews. Management explained staff competency is based on a combination of performance appraisals, minimum qualification requirements and provision of position descriptions which outline required competencies, responsibilities and key performance indicators. A probity and compliance register containing details on staff licenses, police checks, nursing registration records, worker screening checks and qualifications is monitored and maintained. Subcontracting agreements reviewed include clauses which identify minimum qualifications, skills and regulatory requirements required by subcontracted staff.

Staff advised they were satisfied with induction and ongoing training and support provided. Staff confirmed completion of buddy shifts for new starters prior to transition to independent service delivery. Staff also confirmed access to online training modules and face to face training sessions. Management explained training needs are identified through review of the Quality Standards, complaints and clinical indicator data, regulatory and legislative requirements and consumer need and complex care requirements. Management advised training is developed internally using subject matter experts and external providers with specialist knowledge. The mandatory training matrix and training schedule reviewed show staff complete required training and there is oversight of completion rates. In addition, the capability uplift training schedule in place provides further training modules for identified learning opportunities, such as trauma informed care.

Consumers and representatives in all services provided varied responses regarding whether their feedback on staff performance is requested. However, consumers in all services advised they felt confident to report any concerns regarding staff performance through appropriate channels. Staff interviewed confirmed completion of annual performance reviews and described outcomes of reviews including support for continued learning and development opportunities. Management described processes for monitoring and reviewing staff performance, including annual performance reviews, six monthly reviews for new staff and one on one informal meetings. Sampled staff files reviewed confirm completion of regular performance reviews and actions taken to address identified performance concerns.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and representatives in all services described how they are engaged to provide input and evaluate care and services received via feedback surveys and discussions with staff. Management confirmed the establishment of a consumer advisory body and quality consumer advisory body. Consumer advisory body meeting minutes confirm issues directly related to consumer care, such as inconsistencies in rostering of regular staff are discussed and continuous improvement actions developed in consultation with consumers. Review of documentation show low response rates to consumer surveys and attendance to consumer advisory body meetings. Management acknowledged identified areas of improvement and outlined proposed continuous improvement actions, including reviewing the length of surveys provided.

The organisation has a board whose composition includes clinical, health, legal, financial, veteran, marketing and disability professionals. The board has several reporting subcommittees, including audit and risk, clinical governance, quality care and engagement, and consumer advisory bodies. The board receives information prior to each quarterly meeting, including the chief executive officer report, financial reports, clinical indicator data, complaints, feedback and incident trends and analyses, active clients by service and workforce efficiency and growth strategies. The board’s strategic direction decision making included improvements to restrictive practice training and inclusion as an agenda item for community of practice meetings. In addition, information and evidence in Requirement (3)(d) of this Standard include board members advising current strategic planning to prioritise consumer lifestyle collaboration, restorative care, wellbeing and enablement.

Effective organisation wide governance systems are in place including:

Information management

* The organisation maintains an information management and security policy.
* Staff confirmed access to relevant, contemporaneous consumer information via a mobile phone application.
* Consumers and representatives in all services confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and confidential.

Continuous improvement

* The organisation maintains a continuous improvement register with actions identified from consumer reviews, regulatory and legislative changes and consumer and staff feedback. These improvements include updates to policies and procedures and training opportunities.

Financial governance

* The organisation tracks unspent funds through home care reviews and monthly finance meetings. Unspent fund reports are provided to regional managers to support service advisors in discussing expenditure options with consumers.

Workforce governance

* The organisation has effective systems and processes in place that oversee workforce recruitment, staff performance and education.
* Staff were evidenced to have current job descriptions that included clear responsibilities and accountabilities.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications. Key updates are disseminated to staff and consumers via mechanisms such as a risk bulletin and chief executive officer report.

Feedback and complaints

* The organisation maintains a complaints and feedback policy which includes a flowchart on complaint management and prompts the use of open disclosure practice.
* The organisation analyses feedback and complaints trends to guide strategic decision making and identify continuous improvement actions. Documentation reviewed confirm a complaints and feedback and continuous improvement register are maintained and monitored.

Effective risk management practices and systems were demonstrated, for example:

* The organisation’s risk management systems and practices, including documentation of incidents in registers applies to both internal and subcontracted staff.
* The organisation manages high-impact or high-prevalence consumer risk by initial identification processes and ongoing monitoring of implemented mitigating strategies.
* The clinical team has established lead indicators to better inform consumer care planning and review of incident data and risk registers. This includes information and evidence in Requirement (3)(e) of this Standard that shows trended and analysed clinical indicator data is reviewed against clinical care benchmarks. These benchmarks include antibiotic overuse, immunisations, unplanned weight loss, unplanned admission to acute care, new wounds, unhealed wounds, skin tears, falls with or without injury and pressure injuries.
* Risks identified are discussed in executive and regional management meetings. This includes fortnightly regional meetings that discuss identified risks including vulnerable consumers and consumers with complex clinical issues. Management explained a registered nurse and quality manager chair these meetings to ensure effective oversight of consumer risks.
* The organisation maintains a vulnerable clients register, which contains information related to cognitive impairment, mobility requirements, complex care requirements and informal carer supports.
* Staff interviewed, and training records reviewed confirm, completion of elder abuse and neglect training, incident management and the serious incident reporting scheme.
* Incidents are triaged through a risk rating system and actioned accordingly. Incidents are recorded in an incident, wound and risk register.
* The organisation is currently reviewing its risk appetite statement to include consideration of dignity of risk within risk ratings.

The service has a clinical governance framework in place, including:

* Clear references to supporting policies and procedures that identify roles, responsibilities and accountabilities, including a dedicated head of clinical governance.
* A clinical governance team reviews clinical data to identify and report trends to the chief executive officer and quality care and engagement committee.
* The organisation has introduced direct reporting lines to enable members of the executive management team to report clinical concerns for discussion.
* The organisation’s infection control policy is contained within the community manual which is currently under collaborative review with an external provider.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 8, Organisational governance.

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)