**Performance**

**Report**

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| Name: | Southern Cross Care (WA) Community Services |
| Commission ID: | 500071 |
| Address: | 15 Rowe Avenue, RIVERVALE, Western Australia, 6103 |
| Activity type: | Quality Audit |
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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: 896 Southern Cross Care (WA) Inc  
Service: 19238 Southern Cross Community Care Services CACP (CASA Program)  
Service: 19239 Southern Cross Community Care Services CACP (Broome)  
Service: 19240 Southern Cross Community Care Services CACP (North Metro)  
Service: 19242 Southern Cross Community Care Services CACP (South East Metro)  
Service: 19243 Southern Cross Community Care Services CACP (South West Metro)  
Service: 19244 Southern Cross Community Care Services EACH (Broome)  
Service: 19245 Southern Cross Community Care Services EACH (Bunbury)  
Service: 19246 Southern Cross Community Care Services EACH (CASA Program)  
Service: 19247 Southern Cross Community Care Services EACH (Metro)  
Service: 19250 Southern Cross Community Care Services EACH Dementia (Bunbury)  
Service: 19252 Southern Cross Community Care Services EACH Dementia Program  
Service: 22982 Southern Cross South West HCP

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8427 SOUTHERN CROSS CARE (WA) INC  
Service: 25196 SOUTHERN CROSS CARE (WA) INC - Care Relationships and Carer Support  
Service: 27139 SOUTHERN CROSS CARE (WA) INC - Community and Home Support

**This performance report**

This performance report has been prepared by Kyle Jarvie, 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 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.

# 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

Feedback received from consumers and their representatives, consistently across all services, indicated that staff treat consumers with respect and place importance on their cultural identity and individuality. Consumers identified that in particular, support workers that attend their homes were of a high standard and delivered individualised service that was tailored to their needs. Management identified a varied cultural demographic consumer base, of which they supported staff to appropriately manage. Documentation reviewed across all locations detailed information about cultural connections to community, beliefs and values. The information was noted to be appropriate to provide guidance to staff for service delivery, such as particular consumers with cultural authority, respect and kinship.

The provider is currently developing a Reconciliation Action Plan (RAP), as well as ongoing delivery of cultural awareness training for all staff. Service delivery staff were aware of cultural obligations and norms of their consumers, such as regular attendance at community gatherings for those of Italian heritage and enabling, facilitating and maintaining connection to country for Aboriginal Elders. Management advised that staff are provided training and guidance on appropriate engagement and language to use with consumers and documentation recorded detailed history and identity information to provider context to staff delivering services.

Consumers and their representatives said that they feel strongly supported to maintain their independence and exercise choice about their care and services delivery. Staff said that they enable this by ensuring that consumers have access to necessary information and management confirmed that this is supported by organisational policy and guidelines. Evidence of this in practice included consumer account of regular staff check ins, resulting in a feeling of control over their care and services. Consumers also reported collaboration and involvement from people who they nominated, and that staff advocate for this on the consumers behalf.

Consumers said that they felt they were enabled to live the best life they can, and that risk is explained to them and managed through collaboration with allied health professionals and family but leaving them with the ultimate power of choice. Management described the process around assessment and documentation of risk, and escalation of risk to the board when required. Examples were provided to the Assessment Team of staff ensuring consumers were able to exercise choice, even if that meant undertaking additional risk, by assisting to mitigate that risk in line with consumer preference.

A consistent level of satisfaction was identified across the organisation with the level, frequency and quality of information distributed by the provider to its consumers and their representatives. Mediums such as newsletters, statements and verbal dissemination of information as well as adjustment to how information was delivered to ensure that it was available to all abilities and cultural and linguistically diverse groups was observed. The provider detailed ongoing efforts to improve the accessibility and appropriateness of information available.

The provider demonstrated how it keeps consumer information confidential and respects the privacy of the consumers. Systems have appropriate security features such as being password protected and information available to staff is role specific. Contractors are subject to a Memorandum of Understanding (MOU) around information security, and the organisation has appropriate internal policy guiding staff conduct and approach in this context. Care and service delivery staff described how they maintain the dignity of and respect consumers through being considerate and aware of their surroundings and conducting themselves accordingly, such as not discussing private matters publicly or covering consumers whilst undertaking personal care.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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

Each service within the providers organisation demonstrated comprehensive assessment and panning processes, which occurs in collaboration with consumers and their representatives. Information that is recorded is appropriate to guide staff in the delivery of care and services to achieve and maintain the wellbeing and safety of the consumer. Consumers reported satisfaction with processes and outcomes related to this Requirement, including staff ability to manage risk. Consumer documentation showed comprehensive validated assessment processes and practical and informed measures implemented for risk management. Staff were evidenced to take a best practice, collaborative team-based approach and seek external input as necessary. Staff were able to readily provide examples of how care planning is individualised and tailored to the consumer needs, including having consideration to how the consumer wishes to live their life. Management identified overarching policy and procedure documentation that is available to all staff across each service, and staff knowledge and practice confirmed alignment with this.

Each service evidenced a consumer-centred approach to the assessment and planning process. Consumers spoke of their satisfaction that their current needs and goals were appropriately identified and documented. Staff described the ability to readily access this information and that it provided detail relevant to the delivery of care and services such as medical conditions, mobility requirements and risk mitigation. Management advised that consumer goals, both short and long term were recorded and if they do not align with service provision, actions are taken to remedy this via re-assessment where appropriate. Information reviewed by the Assessment Team showed detailed individualised guidance specific to consumer circumstances, including discussion and planning around consumer end of life preferences which was both observed and confirmed by consumers.

The organisation demonstrated it consistently involves consumers and their representatives in the planning of care and services for consumers. Consumers said that the provider is supportive of their involvement and include external services where appropriate. Documentation reviewed evidenced formal and informal arrangements, such as enduring power of guardianship orders, representative and others’ a consumer wishes to be involved with consent documentation kept on file.

Support plans were available to consumers and the outcomes of assessments were recorded within them and discussed with consumers. Staff confirmed that support plans were accessible prior to the delivery of service via an electronic care management system, however consumers stated that they received a copy of their care plans including after they had been updated. Management advised that assessment outcomes can be talked through with consumers either in person or over the phone, staff also indicating that information is also shared by email with relevant operational workers.

Each service within the organisation demonstrated that processes are in place to ensure the regular review and update of support plans to ensure they are meeting consumer needs, goals and preferences. Staff confirmed that any change in the preferences of needs of a consumer would warrant a review of the support plan, but particularly if there was an adverse incident, deterioration or discharge from hospital. Staff also noted that all support plans are reviewed a at 12-months. Documentation reviewed by the Assessment Team evidenced that re-assessments are occurring, and the provider also responded well to feedback around the potential for review for consumers who were receiving lower-level services who had circumstances which were potentially under identified.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within Standard 2, Ongoing assessment and planning with consumers.

# 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

All consumers and their representatives interviewed across services consistently stated that consumers feel safe with the quality and standard of care and services delivered. Documentation detailing that care and providing instructions to staff was detailed and accurate throughout the organisation across different locations. Staff were able to describe in detail information on the consumers personal and clinical needs including risks and the strategies to mitigate those risks. Management confirmed that best practice clinical resources were available to staff delivering care and samples were witnessed by the Assessment Team. Support plans reviewed were individualised, such as being tailored to the personal hygiene needs of the consumer, included strategies of equipment use specific to the consumer, or based off assessments and outcomes of allied health services who are engaged with that consumer. Monitoring of complex clinical issues was evident to be occurring frequently and documented within support plans, such as wound evaluation.

Staff described high impact, high prevalence risks relevant to their consumers, and detailed management strategies associated with those risks and that they were confident in addressing these with the delivery of care and services. Management detailed the reporting structure and requirements staff follow to identify, record and manage the risks associated with consumers. Consumers said that they were satisfied with staff ability to manage a broad range of risks during their service delivery. Processes were described to the Assessment Team by staff which supported comprehensive, best practice staff knowledge and competence in managing these risks during the delivery of tailored care. Outcomes of this evident within consumer documentation and their verbal account, corroborated improvements to health and well-being.

End of life goals and preferences were considered by all services where arrangements existed, evidenced by consumer documentation and described by consumers during interview. Staff described how care delivered is adjusted to maximise consumer comfort when nearing end of life, including increased engagement with palliative care services. A review of consumer files demonstrated re-assessment had occurred where appropriate to ensure an increase of available services, welfare checks, and support for carers was also evidenced on consumer files in the context of flexible respite for a consumer receiving palliative care. Management confirmed policy and procedure is in place to guide staff towards delivery of care being centred on the consumers needs, goals and preferences for advanced care directives.

Consumers were confident staff know them well enough to detect sudden change in their mental, cognitive or physical wellbeing or capacity. Staff described instances of where this had occurred, including assisting consumers to access increased service provision in response. A review of consumer files showed service adjustment occurring when a decline in a consumer presentation had been identified. Referrals occurred in response to these changes and actions taken to address the cause of the decline, including preventative measures or taking time to listen and engage with consumers with an increased need of emotional support. Management confirmed that this process was supported by a Client Deterioration Policy.

Staff were described by consumers and their representatives to be aware of their care needs, which did not have to be repeated or confirmed when delivery care and services if staff changed. Information sharing occurred with consent when engaging external service providers and documentation consistently recorded this, and delivery of care and services occurred in line with consumer condition needs and preferences. Staff said that they have access to information electronically at the point of care, and that internal communication was comprehensive, and progress documented to ensure continuity to meet consumer needs. Communication was evidenced with external service providers and included development of tailored risk mitigation strategies including exercise modification to manage discomfort.

The provider demonstrated engagement with a variety of external health care providers, specialists, nursing and allied health to respond to the changing needs of consumers. Consumer documentation generally showed prompt and appropriate referrals are occurring both internally to the clinical team and externally when managing circumstances beyond the service provision available within the provider, including vascular specialists. Management described continuous improvement measures in place such as timely assessment to inform appropriate continence aid purchase.

Consumers and representatives interviewed described satisfaction with infection prevention and control processes, and staff described procedures such as hand hygiene and personal protective equipment use which supported this. Other measures such as staff training, vaccination requirements and not attending work when unwell supported this. The provider demonstrated preparedness for pandemic situations through protocols and standardise precautions including information being available to staff and overarching policy in place. Clinical staff were also guided by antimicrobial policy, accounts of consumers and staff corroborated effective practice in this area.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives across all services described services and supports which promoted their independent and optimised their health and wellbeing. Staff were able to describe strategies designed to promote the needs, goals and preferences of consumers during service delivery, and management evidenced procedures and guidance documents in place to support staff in the delivery of individualised services. Consumers reported that staff were flexible and would modify service delivery if needed. Documentation reviewed by the Assessment Team recorded strategies to keep consumers independent and keep them living in their own homes.

Staff were described as knowledgeable about consumers emotional, psychological and spiritual wellbeing and consumers and their representatives were satisfied that services promoted these areas. Documentation reviewed by the Assessment Team showed the needs of consumers in the areas of spiritual, psychological and emotional well being and actions taken to improve consumer outcomes in these areas. Consumers described instances where their mental health had deteriorated and been noticed and addressed by staff. Staff were noted to take time to engage meaningfully with consumers, record information on any identified changes and seek further intervention for consumers who needed it. Management described onboarding procedures that trained staff on the importance of recognising and recording changes in these areas.

Services available to consumers were described by consumers as enabling them to participate in community activities and maintain relationships of interest to consumers. Management identified that the provider has strategies in place to maximise social connections and community activities for consumers. The Assessment Team identified links in the improvement of consumer health through personal and clinical care and services, which increased consumer ability to participate in community activities and further develop a sense of belonging. Staff also demonstrated commitment to ensure the best possible outcomes for consumers through taking extra steps to ensure continuity of services particular to special projects being undertaken for consumers. Management described how they prioritise increasing opportunities available to consumers, also aiming to ensure that these are delivered in a culturally appropriate manner.

Consumers and their representatives said that staff coordinated communication within the organisation well, and that they were aware of their needs, goals and preferences. Information exchanged and recorded was relevant to detect variation in consumer condition, and where appropriate shared with others outside the organisation. Consumer care plans were reviewed by the Assessment Team and were noted to be updated regularly when needs changed, and progress notes recorded consumer condition. Management said that information was communicated either via email or through phone calls when needing to be shared externally.

The provider was confirmed by consumers to be completing referrals to external organisations, and staff described where appropriate collaboration occurs to ensure the service is meeting the needs of consumers. The Assessment Team witnessed appropriate identification by staff of additional needs for consumers as well as documented progress towards referring and addressing required services for consumers, including noting the urgency for acute matters.

Consumers who received meals confirmed meal quantity, quality and variation were appropriate. Staff described how they maintain consumer satisfaction through consultation, documenting consumer dietary needs and preferences, providing alternate options . Management demonstrated that regular feedback is sought, and that the meal service delivery is modified and tailored to consumer preference, even when consumers state the current available options are not to their liking. Documentation mirrored the processes and preferences identified by consumers and that the service accommodates consumer preference as well as meeting dietary requirements.

Staff describes processes to ensure the appropriate assessment, maintenance, and suitability of equipment was identified and adhered to. Documentation reviewed by the Assessment Team supported these processes are occurring. Consumers said that equipment was recommended by appropriately qualified professionals before being purchased and was meeting their needs, and when required the service was maintaining this equipment. Faulty equipment was being recorded in incident registers and follow ups were occurring with consumers to ensure that they were satisfied.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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. | 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

Environments where service delivery occurs were observed by the Assessment Team to be welcoming, easily navigated and suitable for the needs of consumers. Staff were able to describe strategies of creating an inclusive and welcoming space, and consumers described feeling a sense of belonging. Consumers identified that the service locations allowed them to easily interact with staff and other consumers and was a safe place that they could come to relax. Services delivered by staff at these locations also optimised consumer wellbeing beyond their attendance, such as laundering clothes and linen, but also provided opportunity to do activities of interest to them. Service locations complete health and temperature checks with staff assistance. Staff demonstrated in depth knowledge of consumer family, cultural and mobility needs.

Centres were observed by the Assessment Team to be well equipped with safety equipment and records to enable safe operation and precautions. Easy and safe access was available at all service environments, including being able to access inside and outside areas. A location where dementia specific services are included, where pin code entry and exit are required, is discussed with consumers prior to admission and an environmental restrictive practice noted and recorded on support plans. Consumers are issued name tags with the pin code recorded on them, and staff accompany them if venturing outside during service delivery. The service locations were noted to be clean and comfortable and appropriate personal protective equipment was available as necessary.

Consumers across services which engaged with a service delivery location were interviewed and consistently identified that the service environment was safe, clean and well maintained. Processes were described by staff which ensures that furniture and equipment is regularly cleaned and kept in a serviceable condition using qualified contractors. Unsafe equipment is removed from the service environment. Consumers spoke of having access to a variety of areas within service locations that met their needs and preferences. The service located in the Kimberley region was noted to also provide meals to consumers, which the Assessment Team visited and observed appropriate hygiene being observed, cleaning occurring and temperature logs.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within Standard 5, Organisation’s 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

Consumers across all services said they felt supported by staff to make complaints and provide feedback, which documentation reviewed by the Assessment Team also confirmed. Consumers stated that they felt comfortable providing feedback and had done so via surveys a central telephone number, or through regular or contracted staff where needed. Management described efforts to protect the identity of anyone who wants to give anonymous feedback or complaints, and that these can be submitted through their website or by way of a code on the feedback posters displayed within service locations. The Assessment Team reviewed the feedback and complaints register and considered it to be best practice in the context of handling consumer complaints. Reports and meeting minutes supplied as evidence showed that the provider was trending, tracking, and analysing the data captured and escalating this to its Board as required. Policy and procedure were widely available to staff to assist with guidance where required.

Advocacy and language service information is distributed in welcome packs, through brochures available in centres and staff also demonstrated knowledge around external complaints groups and how they assist consumers to access them. Consumers and their representatives across the organisation confirmed their knowledge around this and that they felt safe raising any issues with the provider. Staff described that they would do their best to resolve consumer complaints, but if unable to would assist them to escalate the complaint wherever necessary. Staff provided examples of providing the Commissions contact details to a consumer’s representative for this purpose.

Consumers were confident that the provider would act appropriately and make efforts to resolve any issues immediately where possible. Staff demonstrated an understanding of the open disclosure process and the importance of providing an apology. The provider gave examples of where apologies had been given, investigations occurred, and controls and improvements put in place whilst keeping the consumer or representative informed. One example provided by management was confirmed with the consumer involved, and that he was both satisfied with the outcome and the handling of the complaint.

Consumers provided examples of where their feedback and complaints had informed the improvement of service delivery, such as that in Broome where a number of complaints were received regarding the quantity and quality of the meals. Consumers said that over the last 6 months there has been a noticeable improvement. Management confirmed that feedback and complaints are reported on monthly and inform a quarterly Board report which feed into continuous improvement opportunities. Recent changes include process amendment and instructional sheet on how consumers can contact their care manager and insulated boxes for transporting meals. The providers continuous improvement plan evidenced items discussed by both consumers and staff at the service.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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

The provider utilises a central human resource system to manage all services across the organisation. Scheduling will be trialled by an automated system in 2024 before possible rollout in early 2025. The current system evidenced that most staff are permanently allocated to services, consumers, service delivery time and preferences. Consumers said that staff are rarely late or rushed, though staff identified that they are busy and sometimes run late due to administrative duties but mostly reported being able to manage their workload. Unfilled shifts are offered replacement services where possible and consumers have the option to accept or decline this. Further follow up occurs to see if the consumer would like to schedule an additional service later. The scheduling and human resource system provided full reporting on staff trends, skills and statistics for reporting and further consideration where necessary.

Consumers said that the staff working for the provider were kind, caring and respectful of their culture, identity and diversity. Management described staff processes that meet twice monthly to review and respond to consumer cultural considerations. Consumers reported staff taking into consideration their cultural preferences. The Assessment Team observed consumers being communicated with in appropriate and respectful manner.

Staff across each service demonstrated their competency and were evidenced to have the appropriate qualification for the completion of their roles. Management described mandatory training modules and competency assessments for staff and electronic systems which were checking and tracking the expiry and compliance across the entire workforce. Consumers described staff as professional and confident. Support workers explained the different classification levels of their role, and the responsibilities associated with the higher classification. Management demonstrated oversight of subcontracted staff and contractual obligations including appropriate registrations and qualifications. Subcontracted staff were interviewed and described the process of recording all the required documentation of which the progress tracking information was reviewed by the Assessment Team. Job descriptions within the organisation outline required competencies, accountabilities and onboarding processes provide support and outline expectations, including for subcontractors.

Recruitment and learning within the organisation are centralised, and each service is supporting its staff to deliver outcomes in line with the Quality Standards. Staff described comprehensive recruitment screening and onboarding including induction periods and appropriate support processes through probation and regular feedback and education. The provider uses a variety of means to ensure staff are updated as to new legislation or regulatory updates. Mandatory training matrices monitor completion of learning such as the Serious Incident Response Scheme. The service uses external specialists to further educate staff on areas such as dementia, Alzheimer’s or cultural advisors. The provider is seeking to further develop its cultural capability across all service regions with partnerships culturally specific to individual service locations.

Staff were evidenced across all services as being monitored for performance. Consumers recalled being contacted by the service to determine their satisfaction with the allocated worker, and periodically thereafter for the same purpose including at care plan reviews. Staff said they undertake annual performance reviews, where their learning and development progression is supported. Management described additional times whereby this occurs less formally, including buddy shifts and feedback from peers. Training is informed by informal and formal processes, and that disciplinary and grievance processes are managed comprehensively and guided by policy and procedure.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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

Consumers described being able to provide feedback by way of surveys and feedback opportunities or the consumer advisory committee. Current improvements occurring with the service meals were described by one consumer as an example of this, and that consumer preferences were informing the composition of a new menu due to be implemented soon. Another consumer said that they wanted their care and services delivered at a specific location, and that staff were more than happy to accommodate this request and ensure that their privacy is maintained regardless of the locations. The consumer advisory body is noted to be made up of participants from all areas of the organisation including retirement living, home care services, residential aged care, mental health, disability and Southern Cross Housing. Outcomes of this committee inform the executive team and the operation of the organisation. The Assessment Team identified evidence of consumer input in the organisations continuous improvement plans, resulting in positive change to care and services.

The Board was appropriately qualified and determined by the Assessment Team to have appropriate oversight of the organisation, supporting the delivery of safe and effective care and services and accountability to meet the Quality Standards. The Board and the executive team have developed a Strategic Plan of 2023-2027 where consumer focus plays a significant role. The Board was noted to receive regular reporting through sub committees to ensure overall visibility of the organisation’s operations. Regulatory changes are identified, communicated and disseminated through the organisation, including code of conduct changes, Serious Incident Response Scheme, and incident management. Current policy and procedures were evidenced by the Assessment Team, and available to guide staff throughout the organisation.

The provider demonstrated effective governance across the organisation. Systems are in place to manage information, including appropriate security and privacy measures protecting the confidentiality of consumers. Staff have access to appropriate information in the relevant medium to enable effective care and services specific to their location. Staff are well trained, and the service reviews its effectiveness to ensure it meets expectations.

There is evidence of continuous improvement informing service delivery. The provider uses various means to gather information which assists the identification of opportunities to improve outcomes for consumers, including focus groups to determine the most appropriate means of resolving consumer confusion around service inclusions, or dissatisfaction with being able to make timely contact with staff.

The provider is supplying financial documentation that is easy to understand for consumers. Unspent funds are monitored, and actions are taken to assist consumers to access additional services to resolve this. Fraud and financial risk is monitored, and financial viability is monitored. The provider is compliant with its financial obligations to consumers including to prohibition of exit fees.

The workforce has appropriate oversight and subcontractors are managed through contractual arrangements and performance monitoring. Staff are suitably qualified and accountable to their role through clearly documented outcomes and staff appraisal. Scheduling is managed electronically which accounts for skills, and consumer preference. The provider is looking to further improvements in future through fully automated systems.

The provider’s Board is compliant with its structure and composition. Regulator reform and change is monitored and communicated through appropriate channels throughout the organisation, with levels of accountability through management.

The organisation utilises a centre electronic system to record and track feedback and complaints and uses this information to inform continuous improvement. Management and staff described appropriate processes and response to consumers and their representatives if they make a complaint or provide feedback, with the governing body having oversight via established reporting mechanisms.

Policies and procedures guide staff on the appropriate response and approach to incident reporting and risk management. Staff present as well educated of their responsibilities and are motivated to ensure consumers are supported to live their best life. The organisation demonstrated robust risk, incident, complaints and feedback management systems. Consumer groups or locations were appropriately managed to best identify and mitigate the risk associated with their vulnerability or location. Staff were knowledgeable about the risks associated with the care and service delivery to consumers. Falls, nutrition, skin integrity, natural disasters, pandemic, elder abuse and neglect as well as other risks were managed via procedures and policy available to staff. Consumer documentation evidenced appropriate implementation of these practices and staff were aware of the importance of reporting. Consumers were encouraged to participate in their community and to be independent and be in charge of their life and how their care and services are delivered, even if this meant accepting additional risk. Incidents are recorded, analysed and strategized to prevent further occurrences if preventable and meetings and reports evidenced by the Assessment Team confirmed this.

The organisation has sound policy and processes in place such as the Clinical and Care Governance Framework which ensures accountability or the delivery of safe and effective care and services promoting the best possible outcomes for consumers. Antimicrobial stewardship is practices and guided by organisational policy. The provider has restrictive practice procedures in place which prioritises a restraint free environment for consumers. Staff are trained and demonstrated practical understanding of what constitutes restrictive practice. The provider demonstrated an open disclosure policy being practiced by staff and that the organisation is motived to resolve complaints of consumers as soon as possible and make changes where it can prevent recurrence. Governance committees review clinical indicators to provide strategic guidance to the Board to reduce incidents.

Based on the summarised information above, I find the provider, in relation to HCP and CHSP services, compliant with all Requirements within 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)