**Performance**

**Report**

**1800 951 822**

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| Name: | Southern Cross Community Care - Parkes |
| Commission ID: | 200192 |
| Address: | Welcome House, 2-10 Middleton Street, PARKES, New South Wales, 2870 |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2023 to 15 November 2023 |
| Performance report date: | 14 January 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 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 Community Care - Parkes (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 18 December 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Requirement 2(3)(a) ensure centralised access to information related to risk and where incidents occur

**Standard 3**

* Requirement 3(3)(b) ensure risk is effectively identified with risk mitigation strategies easily accessible for staff access
* Requirement 3(3)(e) ensure software modifications and access to enhanced handover communication support staff access to comprehensive consumer care information

**Standard 4**

* Requirement 4(3)(d) ensure consumer information is accessible and detailed to support identification of risk and current condition

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives provided consistent feedback of support workers treating them with dignity and respect through their interactions. Consumers indicated that support workers made them feel valued as an individual by way of getting to know them and knowing what is important to them. Support workers provided practical examples of how they showed respect such as establishing rapport, explaining what is happening every step of the way when assisting with personal care and listening to what they say.

Support workers described how they provided culturally safe care and services to culturally and linguistically diverse consumers. The Assessment Team reviewed training records and sighted evidence of most staff completing cultural awareness training including spiritual care orientation.

The services assessment and care planning policy guide staff to empower consumers to be a partner in making decisions about care and services including listening to what the consumer wants and supporting ability and choice. A review of care plans demonstrated information around specific needs and goals and details of consumer wishes to maintain independence and preferences with significant other involvement in care.

Where risk is identified the service will discuss the identified risk, including potential safety issues, risk mitigation strategies and agree on outcomes through a Risk Elect form. This was supported by a practical example of risk mitigation strategies to enable a consumer to progress with a chosen at home treatment method to assist with pain reliving strategies.

Most consumers and representatives confirmed the information from the service was timely and easy to understand. Care plans, monthly statements, newsletters and surveys are provided in the information pack. The Assessment Team noted that some consumers indicated monthly statements can be confusing with the inclusion of government charges however acknowledged that the service assists with a review providing explanation of the charges.

Management explained all staff sign privacy and confidentiality agreements when they commence at the service and are reminded about the importance of keeping consumer information safe during staff meetings. The services privacy policy provides direction on sharing information with consumer consent only, how information is stored and protected.

# 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. | Not Compliant | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

The Assessment Team recommended that Requirements 2(3)(a) and 2(3)(b) were non-compliant, I have come to a different view following consideration to the available information and Approved Provider response. I am satisfied that the service complies with the Requirement 2(3)(b), however does not comply with Requirement 2(3)(a) as outlined in the table above and as a result does not comply with this Standard.

Requirement 2(3)(a):

The Assessment Team noted inconsistencies between assessments and care plans where risk was identified. The mobile telephone application did not enable consumer risks to be easily identified. Care staff indicated they were unable to access progress notes and information related to incidents at all times. An example was noted where staff were unaware a consumer had suffered injuries as a result of a fall until attending the consumers home. The Assessment Team reviewed records reflecting the fall had been recorded in the incident management system, however this information had not been made available to staff.

The Approved Provider submitted a response to the Assessment Team report as well as a copy of the Plan for Continuous Improvement (PCI). Additional clarifying information regarding the nature of arrangements for consumers receiving care under a Home Care Package (HCP) and those with Commonwealth Home Supported Program (CHSP) arrangements was also provided. I accept the Approved Providers assertions that the recorded consumer information may be more specific to the type of package and services being received, however where risk is identified this should be visible to all staff through the available information systems.

I acknowledge the actions implemented to address the Assessment Teams concerns including the addition of information to the front page of the care plan, development of a daily handover report to ensure contemporaneous communication of events and changes, updates to procedures and dignity of risk tool. Notwithstanding these improvements, I consider additional time is required to evaluate and ensure these measures are adequate to support access to support the delivery of safe and effective care.

Requirement 2(3)(b):

When undertaking assessment and planning, consumers goals and preferences had not been discussed using the domains presented on the central management system. The Assessment Team noted HCP and CHSP care planning documentation were identical, however HCP care plans were more comprehensively completed.

The Approved Provider response and PCI provided further context regarding the inclusion of information specific to the type of consumer package being delivered related to the information recorded against the domains in the client management system. As a result of the Assessment Teams observations, a working group was established to review information required to support a modified CHSP care plan with the aim to remove superfluous information from the client management system and better reflect services received at this entry level care provision. An audit was also carried out to ensure completion of goals within HCP consumer records as well as additional staff education and updates to process to ensure statements within all client goals are included in HCP Client Assessments.

The Assessment Team noted evidence to support Advance Care Planning was discussed with consumers.

I acknowledge the Approved Provider response and actions to address the discrepancies identified in consumer records and encourage the service to continue to monitor the completion of all aspects of care requirements in care planning documentation. As a result, I consider this Requirement is compliant.

Compliance with remaining Requirements:

There was evidence of ongoing partnership with consumers and others. Consumers nominate an advocate of their choice as well as providing consent to share information with external organisations and others providing care. Reassessment occurs regularly, or as consumer needs change.

Consumers and representative confirmed that outcomes of assessment and planning had been communicated and they were able to request additional supports and services as required. Management explained that assessment and planning for HCP consumers is undertaken through a home visit, with any updates to the care plan provided to the consumer. CHSP consumers are usually contacted by phone at which time goals are identified or reviewed, updates made and a care plan developed. A hard copy of the care plan is available in each consumer’s home.

There was evidence of regular review of care plans the frequency of which differed depending on the type and level of package received. The Assessment Team noted that all sampled care plans had recently been reviewed.

# 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. | Not Compliant | Not 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. | Not Compliant | Not 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

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirements 3(3)(b) and 3(3)(e) and as a result does not comply with Standard 3.

Requirement 3(3)(b):

The Assessment Team noted that high impact or high prevalence risks associated with the care of every consumer was not always documented, and that strategies to mitigate risks were not readily available to staff and others providing care and support. A review of most consumer care plans did not identify consumer risks and care plans where a risk appeared did not provide comprehensive strategies to mitigate the risk.

Management acknowledged that mitigation strategies for risks were not available, however the service recognised these are required and can be documented into one of the care management system domains.

The Approved Provider response and PCI provide additional information regarding the available consumer documentation which includes information related to key risk areas. The response also indicates where previously the care management system displayed a blank field related where no allergy was identified this has been updated to display a nil allergy statement. Additionally, the response reflects the level of information within the care plan relates directly to the package level and care to be provided, leading to the identified blank sections of documentation. The response also points to multiple locations in consumer files which include identified consumer risks and asserts that any changes to care are communicated to staff and updated in the service plan. The service has implemented a handover report to enhance communication of incidents as reflected in Requirement 2(3)(a).

I acknowledge the Approved Provider response and information related to the multiple points of care documentation reflecting consumer risk and mitigation strategies. I am reassured that modifications to the care management system will reduce the quantity of blank sections within care documentation thus eliminating any question as to requirements under those care domains. I also acknowledge the introduction of the daily handover sheet to enhance communication of incidents and change. Notwithstanding these improvements, I consider additional time is required to ensure documented information is provided in a manner which reflects direct attention to risk and supported mitigation strategies. As a result, this Requirement is non-compliant.

Requirement 3(3)(e):

Staff indicated that there was not always enough information available to them as they were unable to view progress notes or were not always notified when consumer needs or condition had changed. The Assessment Team noted that care planning documentation found information to be contained amongst several pages, however vital information was distributed throughout the twelve-page summary document and not contained in a central spot for quick access by staff.

A review of the mobile app available to staff contained information on incidents and progress notes. Staff are unable to access these fields, with consumers who had recently experienced falls and had been identified on the incident register, presenting with no incidents on their record. Management acknowledged that information available to staff on commencement of a service could be streamlined to incorporate alerts and risks, with a review of the care management system functionality to be carried out. The Assessment Team noted the recent implementation of the new care management system, ongoing discussion regarding software improvements, and that some information had not yet been transitioned.

The Approved Provider response and PCI provide additional clarifying information regarding the information available to staff through the mobile telephone application and newly implement care management system. I acknowledge that the additional information reflects that there are two main sources of care documentation to inform the provision of care and services to consumers. There is a summary care plan and a service plan, which is a condensed version of the summary care plan signed by the consumer and available through the mobile telephone application. I am reassured that there is access to the information as reflected by the response however, I am persuaded by the Assessment Team report which reflected that staff did not feel they had comprehensive access to information at the point of care. I note the addition of a daily handover sheet to also complement the communication of information as well as updates to software to support access to information availability. I consider further time is required to evaluate improvements and ensure staff are confident in the information available to them to inform consumer care. As a result, this requirement is non-compliant.

Compliance with remaining Requirements:

Consumer care is determined with consideration to information from a variety of sources including clinical assessments and health professional recommendations. Where services or supports could not be delivered by the service, external service providers or individuals were utilised to ensure safe and effective care. Management indicated a review of care requirements can be triggered through feedback from staff, following discharge from hospital or by request. Where concerns or incidents have been reported, these are discussed at fortnightly clinical risk and incident meetings which are presented to the Board.

The service does not provide end of life care services, if palliative care is required, the service will work closely with the palliative care team. The service is notified of deterioration of HCP and CHSP consumers through support worker feedback or from consumers and or representatives. Management demonstrated that incidents are logged into the risk management system and entries triaged and reviewed for trends.

Management demonstrated how the service makes referrals and liaises with external providers. Where additional information is provided by these services, further services or supports are sought.

The Assessment Team noted process in place and the completion of staff training related to minimising infection related risks as well and hand hygiene and use of Personal Protective Equipment (PPE) competencies.

# 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. | Not Compliant | Not 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

The Assessment Team recommended that Requirements 4(3)(b) and 4(3)(d) were non-compliant, I have come to a different view following consideration to the available information and Approved Provider response. I am satisfied that the service complies with the Requirement 4(3)(b), however does not comply with Requirement 4(3)(d) as outlined in the table above and as a result does not comply with this Standard.

Requirement 4(3)(b):

The Assessment Team noted that while the service mostly identified consumers spiritual, emotional, and psychological wellbeing; this information was dispersed throughout care planning documentation and was not centralised to assist staff.

The Approved Provider response and supporting PCI demonstrated relocation of religious, spiritual and cultural domain to the front page of Summary Care Plan and Care Service Plan with additional staff training to take place.

With consideration to this improvement, I am reassured that this requirement is compliant.

Requirement 4(3)(d):

The Assessment Team noted that information related to consumer needs, preferences or condition was not shared with staff. Specifically, staff did not have access to comprehensive care planning documentation with relevant information related to risks, mitigation strategies or progress notes. The service acknowledged issues disseminating information to staff, and commenced identifying how the current central management system could be modified and functionality utilised. Care planning documentation was being condensed to a service care plan to minimise the length of the care planning document, and to provide staff with pertinent information of the consumer and the services or supports needed.

The Approved Provider response and PCI provides extensive information related to the 2 available sources of care planning documentation as demonstrated in Requirements 2(3)(a) and 3(3)(b). There is evidence of progression toward the sharing of information through the addition of a daily handover sheet and condition, goals and preferences in a condensed and centralised format. I am reassured that the service is actively addressing this area of improvement by making information more accessible to staff on the front page of the Care or Service Plan. I do consider further time is required to ensure this is sustained in practice and the updates are evaluated and audited to ensure the information is relevant and accessible at the point of care. As a result, I consider this requirement is non-compliant.

Compliance with remaining Requirements:

Consumers and representatives confirmed the service made them feel safe, and that they were able to receive supports and services that enabled them to maintain independence. Staff described the importance of assisting consumers rather than ‘taking over’ when providing care and supports and enabling the consumer to direct their care.

Management explained the service assists consumers to be involved with other supports such as connecting consumers with religious institutions including the Catholic Church and working closely with carers and family to enable them to have respite if needed. Consumers confirmed the service supports participation with communities and enables them to engage in activities of interest to them.

The service demonstrated timely referral to individuals and other organisation and providers of care. The Assessment Team noted referrals to occupational therapists and subsequent contact with external providers of home modification services and supports as a result of the recommendations.

Where equipment has been identified as required a result of an assessment by an occupational therapist, the service assists with the purchase for consumers. Management indicated that if an issue was identified with equipment, the service would determine if the item was under warranty, then work closely with the consumer and the supplier to ensure the item is fixed or replaced.

The service does not provide a meal service to consumers.

# 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 Assessed | Not Assessed |
| 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 Assessed | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed | Not Assessed |

Findings

This Quality Standard for the Home Care Package service was not assessed as all the specific requirements have been assessed as not applicable.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they feel comfortable making a complaint or providing feedback about the service. Feedback and complaints can be submitted in person, on the phone, by email or feedback form. The Assessment Team observed feedback contact information in consumer newsletters, the service agreement, brochures and the consumer information pack.

Contact information for advocacy services and external complaint organisations was available in the client handbook and service agreement. Details related to the Translating and Interpreter Service and the National Accreditation Authority for Translators and Interpreters was also available in the client handbook.

Support workers demonstrated an awareness of open disclosure explaining they would always apologise to consumers if things had gone wrong. Most consumers and representatives confirmed when they have submitted feedback or complaints to management, the issue had been resolved professionally with appropriate action taken. The service maintains a feedback register which records complaints and compliments, additional details regarding outcomes, persons responsible for actions and investigation details.

There was evidence of improvement activities as a result of trending and analysis of complaints which have resulted in actions added to the service PCI, recruitment of additional resources and improvements to communication with consumers regarding changes to services and carers.

# 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 Assessment Team recommended that Requirement 7(3)(c) was non-compliant, I have come to a different view following consideration to the available information and Approved Provider response. I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(c):

The Assessment Team considered there was insufficient evidence to support that the service maintained monitoring and currency of information related to police checks, drivers licence, car registration and insurance. The evidence provided by the service demonstrated multiple police checks and compliance documents were out of date. Management indicated that they were transferring information to a new people and culture system, however at the time of the assessment, could not provide evidence that compliance documents were current.

Some subcontracted service agreements and compliance documents were monitored and kept up to date, however the evidence provided was inconsistent and demonstrated multiple police checks and compliance documents were out of date.

Position descriptions for support workers and care coordinators included key duties, expected professional behaviours, training, key stakeholders, qualifications and essential experience and skills.

The Approved Provider response and supporting PCI provided additional clarifying information and improvements to the presentation of information related to the Assessment Teams observations. I note the response which indicates the move to National Disability Insurance Scheme (NDIS) worker screening rather than single point Police Checks. There appears to be some discrepancy with whether that information was communicated to the Assessment Team resulting in them not having the benefit of this new approach. I also note the service have modified the layout of reporting to clearly include all required information reflecting subcontractor compliance with police checks and insurance requirements. I am reassured that this approach and the information provided supports monitoring and compliance with relevant screening is maintained. I encourage the service to ensure the information reflecting ongoing screening and monitoring as well as context related to NDIS screening requirements is reflected in the available reports on request. As a result, I am satisfied this requirement is compliant.

Compliance with remaining Requirements:

Support workers confirmed there was enough time allocated to effectively undertake tasks, if additional time is required, this feedback is communicated to the office. Rostering demonstrated how unfilled shifts are managed to reduce risks to consumers by using a priority system to ensure all consumers receive their care and services each day. Rostering meetings are held weekly with the coordinators and rostering staff to focus on any gaps in services and availability and future recruitment of additional staff.

All support workers have undertaken training in dignity and respect; professional boundaries; code of conduct and aged care quality standards. The Assessment Team noted predominantly positive feedback regarding interactions with support workers specifically one example indicating services exceeded expectations. There was evidence where negative feedback had been of escalation and thorough investigation.

The Assessment Team reviewed the mandatory training matrix for all staff which consists of aged care quality standards; manual handling theory and practical; abuse, missing consumers and SIRS; food services to vulnerable persons; fire safety theory and practical; elder abuse; infection prevention and control, hand hygiene, donning and doffing and dementia training. Additional gap training is provided where identified and by staff request.

Consumers and representatives were satisfied with the quality of care and services they receive confirming they would feel comfortable calling the service if there were any staffing issues. There was evidence of ongoing performance reviews and feedback mechanisms related to staff performance.

# 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

The Assessment Team recommended that Requirement 8(3)(c) was non-compliant, I have come to a different view following consideration to the available information and Approved Provider response. I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 8(3)(c):

A regular training regime is in place and staff are required to carry out annual mandatory training. However, the Assessment Team noted that not all information related to compliance documents were current at the time of the assessment as identified in Requirement 7(3)(c). As indicated in Requirement 7(3)(c), the Approved Provider response clarified the discrepancy with information provided to the Assessment Team and supported a move to reliance on NDIS worker screening. The response provided additional information supporting compliance with monitoring and recording of compliance information for staff and subcontractors.

The workforce described how various information was readily accessible from consumer-related information to learning and development training information to forms, policies, and procedures which enabled them to perform their roles effectively and efficiently.

Continuous improvement opportunities were identified through moving on audits, staff feedback, staff satisfaction survey, complaints, and service-identified initiatives. The PCI included regular updates and appeared to be a working document. The PCI was discussed through the quality and care committee and reports are provided to the board each month for discussion and input. The governing board is provided with comprehensive financial reports prior to the monthly meetings, including information related to consumer unspent funds.

Management confirmed they maintain subscriptions with peak bodies to keep abreast of any regulatory and legislative changes and the organisation’s feedback and complaints system supports consumers to provide feedback.

As a result, with consideration to the available information including the Approved Provider response I am satisfied this Requirement is compliant.

Compliance with remaining Requirements:

There was evidence of recent formation of a consumer advisory committee specific to home services and consumers confirmed they asked for input related to the delivery of care and services.

Board Meeting minutes demonstrated that the board has clear oversight of care and services and is accountable for their delivery. The service has four subcommittees which includes at least 2 representatives from the board: Quality and Care; Finance, Audit and Risk; Property; and People and Culture. All committees provide monthly comprehensive reports to the Board. The board keeps abreast of changes in legislation and confirmed they communicate regularly with the home services team being advised immediately of any urgent issues.

The service has a centralised incident management system which captures incidents and risks including Serious Incident Response Scheme (SIRS) reporting. Incidents are investigated and actioned quickly and are overseen by the quality and care committee and reported to the board each month. Vulnerable and at-risk consumers are identified through assessments and reviews which are included on the vulnerable consumer register.

The services clinical governance framework consists of 6 overarching components including the consumer, organisational system; monitoring and reporting; leadership and culture; communication and relationships; and effective workforce. The framework clearly outlines the roles and responsibilities with the board being ultimately accountable for the delivery of quality care and services. There was evidence of commitment to awareness of overuse of antibiotics through the infection control policy and fact sheets provided to consumers and the importance of open disclosure when things go wrong.

At the time of the assessment, no restrictive practices were in place for consumers and support workers described how to identify a restrictive practice in the home environment.

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