St Basil's Aged Care Services

Performance Report

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| **Address:** | 22 Dianella Drive DIANELLA WA 6059 |
| **Phone:** | 08 6146 2585 |
| **Commission ID:** | 500050 |
| **Provider name:** | St Basil's Aged Care Services in Western Australia (Vasileias) Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 17 June 2022 to 21 June 2022 |
| **Performance report date:** | 24 August 2022 |

# Performance report prepared by

G Roberts delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* St Basil's Aged Care Services, 19253, 22 Dianella Drive, DIANELLA WA 6059
* St Basil's Aged Care Services EACH, 19254, 22 Dianella Drive, DIANELLA WA 6059

**CHSP:**

* Centre Based Respite - Care Relationships and Carer Support, 4-89F6C1M, 22 Dianella Drive, DIANELLA WA 6059
* Flexible Respite - Care Relationships and Carer Support, 4-89F6C3W, 22 Dianella Drive, DIANELLA WA 6059

# Overall assessment of Services

|  |  |  |  |
| --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant | |
| CHSP | Compliant | |
| Requirement 1(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 1(3)(b) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 1(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 1(3)(d) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 1(3)(e) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 1(3)(f) | HCP | Compliant | |
|  | CHSP | Compliant | |
|  |  |  | |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant | |
| CHSP | Not Compliant | |
| Requirement 2(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 2(3)(b) | HCP | Not Compliant | |
|  | CHSP | Not Compliant | |
| Requirement 2(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 2(3)(d) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 2(3)(e) | HCP | Compliant | |
|  | CHSP | Compliant | |
|  |  |  | |
| Standard 3 Personal care and clinical care | HCP | Not Compliant | |
| CHSP | Not Compliant | |
| Requirement 3(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 3(3)(b) | HCP | Not Compliant | |
|  | CHSP | Not Compliant | |
| Requirement 3(3)(c) | HCP | Not Compliant | |
|  | CHSP | Not Compliant | |
| Requirement 3(3)(d) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 3(3)(e) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 3(3)(f) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 3(3)(g) | HCP | Compliant | |
|  | CHSP | Compliant | |
|  |  |  | |
| Standard 4 Services and supports for daily living | HCP | Compliant | |
| CHSP | Compliant | |
| Requirement 4(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 4(3)(b) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 4(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 4(3)(d) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 4(3)(e) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 4(3)(f) | HCP | Not Assessed | |
|  | CHSP | Not Assessed | |
| Requirement 4(3)(g) | HCP | Compliant | |
|  | CHSP | Compliant | |
|  |  |  | |
| Standard 5 Organisation’s service environment | HCP | Compliant |
| CHSP | Compliant |
| Requirement 5(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 5(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 5(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |
|  |  |  | |
| Standard 6 Feedback and complaints | HCP | Compliant | |
| CHSP | Compliant | |
| Requirement 6(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 6(3)(b) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 6(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 6(3)(d) | HCP | Compliant | |
|  |  |  | |
| Standard 7 Human resources | HCP | Compliant | |
| CHSP | Compliant | |
| Requirement 7(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 7(3)(b) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 7(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 7(3)(d) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 7(3)(e) | HCP | Compliant | |
|  | CHSP | Compliant | |
|  |  |  | |
| Standard 8 Organisational governance | HCP | Not Compliant | |
| CHSP | Not Compliant | |
| Requirement 8(3)(a) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 8(3)(b) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 8(3)(c) | HCP | Compliant | |
|  | CHSP | Compliant | |
| Requirement 8(3)(d) | HCP | Not Compliant | |
|  | CHSP | Not Compliant | |
| Requirement 8(3)(e) | HCP | Not Compliant | |
|  | CHSP | Not Compliant | |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 13 July 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and their representatives interviewed stated they are treated with respect and their identity, culture and diversity is valued.

Consumers and their representatives described how they are involved in decision making and supported by the service to maintain relationships and continue doing activities important to them. Where a risk is identified service staff have discussions with the consumer to support and advise how to manage the risk.

Consumers and their representatives described how the service supports them to do things which are important to them and, where risk is identified, there is discussion and support on how to manage the risk. Service staff interviewed by the assessment team demonstrated and evidenced through feedback from consumers demonstarted consumers are consulted in making decisions about their care and services whilst the service promotes choice of independent living.

The service evidenced through its policies and processes, and demonstarted through interviews with service staff, that consumer information is kept confidential. Consumers and their representatives said they felt their information was kept confidential.

The Quality Standard for the Home care packages services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service did not demonstrate that assessment and planning identify and address the consumer’s current needs, goals and preferences, including advance care planning and end-of-life planning if the consumer wishes

Consumers and their representatives described during interviews with the assessment team that ongoing planning of their care and services are completed in partnership with the service. Consumers and their representatives explained how they are involved in developing their support plans. Consumers are provided opportunities to meet with relevant service staff to ensure that their assessed needs and preferences are captured, optimising their health and wellbeing.

Consumers and their representatives described how they are provided with an opportunity to share their goals and preferences; this information is included in the support plan.

Service staff demonstrated an understanding of the care planning and assessment process, including re-assessment, and confirmed care planning documents are readily accessible. Service staff interviewed demonstrated knowledge about consumers’ needs and risks.

The service evidenced through its policies and processes demonstrated how it assists service staff with assessment and planning, including referrals and involvement from other organisations.

The Quality Standard for the Home care packages services is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The service did not demonstrate consumers are provided with an opportunity to identify goals and preferences related to advance care planning and end-of-life planning. Consumers and representatives explained they had not had discussions as part of the assessment process.

Service documents evidenced by the assessment team describe what the services management should do to encourage the consumer to think about their beliefs, values and preferences for current and future health and personal care needs. However, service management explained this information is not asked for, nor do they provide consumers with an opportunity to identify their end-of-life wishes. For example

* A consumer and their representative advised the assessment team the service does not discuss their end-of-life wishes, and they are not aware of the opportunity to complete an advanced care directive.

The assessment team discussed the need to identify the consumer’s needs, goals and preferences, including end-of-life planning with the service management. The service management advised the assessment team that they are currently reviewing all policies and procedures.

The service management discussed should a consumer enter the palliative care phase of their illness; the service would ensure a consumer referral is completed to a service that is able to meet their specific care needs. The business operations manager advised the new policy will reflect the need for the service staff coordinating care to provide an opportunity for consumers to consider completing an advanced care directive form.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

# STANDARD 3 Personal care and clinical care

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

At the time of assessment the service demonstrated that consumers receive safe and effective personal and clinical care, in accordance with the consumer’s needs to optimise their health and well-being. Consumers and their representitives explained in various ways that they receive personal and or clinical care that is safe and right for them and they have continuity of care.

The service demonstarted that effective systems and processes in relation to personal and clinical care, for monitoring deterioration or change of consumers’ mental health, cognitive and physical function and; timely referrals to other health professionals.

The service demonstrated that information about the consumers condition, needs and preferences is documented and communicated with all services staff. Care documents evidenced by the assessment team showed referrals being made to relevant services. Service staff interviewed demonstrated an understanding of when and how referrals are initiated for consumers. The service evidenced policies and procedures are in place, including training to minimise infection related risks.

At the time of assessment evidence obtained showed the service could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer along with the needs, goals and preferences of consumers nearing the end of life are recognised and addressed with their comfort maximised and their dignity preserved.

The Quality Standard for the Home care packages services is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Findings

The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Service management advised that identifying risk and strategies to mitigate or reduce the risk to each consumer is not consistently discussed with the consumer and their representative.

Documents evidenced by the assessment team demonstrate the service does not have processes to guide staff in ensuring consumers understand, acknowledge and accept risks identified.

The service has an incident reporting system to ensure incidents are reported and reviewed. However, documents evidenced by the assessment team demonstrate information is not consistently recorded. For example:

* A consumer was observed by service staff to have bruises on their arms and face.  Service staff enquired about the bruises, and the consumer informed them they had a fall in the garden the previous day while a garden was onsite. The service staff interviewed described they did not report the incident as the consumer informed them the gardener, who was in attendance, reported the incident. The representative interviewed by the assessment team discussed they had been notified of the incident by the gardener and had taken the consumer to their General Practitioner.

Documentation evidenced by the assessment team demonstrates that risks such as falls, weight loss, behaviours, and wounds are inconsistently recorded in the consumer wellness support plan. For example:

* one consumer receiving level 4 HCP services with an extensive medical, behavioural and psychological history. The consumer’s wellness support plan provided details and instructions to service staff regarding personal care and using personal aid equipment. However, documents evidence by the assessment team did not inform service staff of the clinical issues identified.

In the service's response to the assessment teams report, it was explained that changes would be implemented to address the identified non-compliance under a continuous improvement plan. I acknowledge the service’s plan for continuous improvement; however, at the time of the quality audit, the service remained non-compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Findings

The service did not demonstrate that the needs, goals and preferences of consumers nearing the end of life are known.

Documents evidenced by the assessment team and described by the service indicate discussions at the time of assessment regarding end-of-life wishes are not discussed.

Service management advised should a consumer enter the palliative care phase of their illness, the service would ensure the consumer is referred to an organisation that can meet their specific care needs. However, the needs, goals and preferences of consumers nearing the end of life are not known by the service, as communication with palliative care supports was not evidenced by the assessment team.

The service proactively responded to the assessment team's report. It was explained that changes would be implemented to address the identified non-compliance under a continuous improvement plan. I acknowledge the service’s plan for continuous improvement; however, at the time of the quality audit, the service remained non-compliant with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives explained that they feel satisfied they receive safe and effective services that support them with daily living optimising their independence, well-being and quality of life.

Consumers and their representatives described how they are supported to continue pursuing activities of interest to them, maintaining relationships and staying involved in their local community.

Service staff demonstrated how they provided meaningful activity, ensured consumers were safe and how the connection to their culture is essential for consumers receiving services. The service staff explained they understand the emotional, spiritual and psychological well-being of the consumers and demonstrated knowledge of the needs, goals and preferences of each consumer.

The service demonstrated it supports consumers to participate in community activities and supports them in maintaining meaningful relationships. Service management provided examples of how they work with other providers and organisations and share information to support the consumer’s participation in the community.

The Quality Standard for the Home care packages services is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
|  | CHSP | Not Applicable |

*Where meals are provided, they are varied and of suitable quality and quantity.*

As the service do not provide meals this requirement is Not Applicable

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | CHSP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and their representatives interviewed by the assessment team explained they feel like they belong in the service and feel safe and comfortable in the service environment.

Consumers and their representatives confirmed they move around the service freely, with service staff offering to assist them if requested. The environment at the respite centre was easy to access, they were made to feel welcome, and they enjoy the activities and social interactions with other consumers.

The Assessment Team observed the environment to be clean, spacious, comfortable, clean and welcoming. Furniture, fittings and equipment at the centre are safe, clean, well-maintained and suitable for consumers.

Processes are in place to maintain all equipment, furnishings and environmental comfort and safety systems.

The Quality Standard for the Home care packages services is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service demonstrated there are mechanisms for consumers, their family, friends, carers and others to provide feedback and make complaints. Service staff described how they support consumers and their representatives to provide feedback and how consumers are supported to understand the role of advocates and how to access advocacy and language services if required.

The service evidenced through its policies and procedures and demonstrated through interviews with service staff described that there are processes for supporting staff with feedback and complaints

The service demonstrated consumer and their representatives feedback and complaints are used to improve the quality of care and services. Consumers and their representatives are satisfied the service listens to their concerns and takes action as necessary

The Quality Standard for the Home care packages services is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# HCP Compliant CHSP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service demonstrated, and consumers interviewed by the assessment team acknowledged that the workforce interactions are kind, caring and respectful of the consumer's identity, culture and diversity

The service demonstrated a diverse workforce with sufficient qualified staff to enable the delivery and management of safe and quality care and services

The service demonstrated that the workforce receives ongoing support, training, professional development and feedback to meet the consumer's needs and deliver the required outcomes.

The service demonstrated they regularly assess, monitor and review the performance of each service staff member through an effective human resources system. The service demonstrated they regularly evaluate how staff perform their role, including staff subcontracted through brokerage arrangements.

The service demonstrated the workforce is recruited, trained and equipped to deliver the outcomes required. Recruitment of service staff is completed through a comprehensive process and before delivering care and services undertake a on boarding process. Service staff are provided initial and ongoing training and education based on consumer assessed needs.

The Quality Standard for the Home care packages services is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | CHSP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | CHSP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Not Compliant CHSP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and their representatives interview stated they are involved in the development, review and evaluation of their services. The service encourages feedback through all their processes. Consumer and representatives are able to identify and ask for preferred external providers to deliver their care and services.

The service demonstrated it has a governing body which is informed and promotes a culture of safe and quality services. Documents evidenced by the assessment tean showed reporting occurs to ensure all levels of leadership is informed and there is recorded discussion on actions raised by the Board.

The service demonstrated it has systems in place to ensure there is policy, processes and reporting structures for information management, continuous improvement, financial reporting, workforce governance, regulatory compliance and feedback and complaints.

The service through documents evidenced by the assessment team was unable to demonstrate there are risk management systems and practices to managing high impact or high prevalence risks associated with the care of consumers.

The service has a clinical governance framework in place, however, it was unable to demonstrate there is a policy and procedure relating antimicrobial stewardship. An open disclosure policy was evidenced at the service, however service staff have not received training on what this means in practice to their roles and for the consumer.

The Quality Standard for the Home care packages services is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | CHSP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | CHSP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The service does not have processes in place to discuss risk with the consumer and has not procedures in place to record the outcomes of the risk to be taken, including where consumers may decline the strategies recommended.

The service did not evidence effective systems or practices to manage high impact or high prevalence risks. The service has an incident management system in place; however, a review of the system evidenced it is not effectively utilised.

Service staff demonstrated an understanding of elder abuse and their responsibility to report any concerns. The service demonstrated they are supporting consumers to live their best life.

With supporting consumers to live the best life they can, the assessment team found the service engages with consumers. Evidence was provided from interviewed parties, including consumers and service staff describing the various ways how the service supports consumers to live their best life. Examples include but are not limited to modifications made to a bathroom for a consumer that has resulted in the consumer now living independent and supporting consumers' referral and recommendations from allied health services to increase the consumers' independence.

The service did not demonstrate effective risk management systems and practices embedded in the service to manage consumer risks. Some risks were identified through consumer assessments and discussions; however, this was found to be inconsistently documented. Staff demonstrated a lack of understanding of managing and reporting risk.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*

Findings

The service has a clinical framework in place however at the time of assessment they were unable to demonstrate there are policies and procedures relating to antimicrobial stewardship.

The assessment team found during interviews, the service has an open disclosure procedure and use of restraint policy and procedure in place however, service staff have not received training on what this means in their roles and for the consumer.

In the services response to the assessment teams report, it was acknowledged that at the time of quality audit, its clinical governance framework omitted antimicrobial stewardship. Additionally, acknowledgement of this was shared with the assessment teamn at the time of assessment regarding the absence of staff training around relevant policy and procedures.

In the services response to the assessment team report, the service has undertaken prompt action to implement new policies and staff training programs related to the findings of the assessment team, however, at the time of quality review these were not in place. Changes to the services governance framework require further quality assessment, including corroborative interviews with consumers and staff to measure practical effectiveness.

# 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.

|  |  |  |
| --- | --- | --- |
| **Requirement 2(3)(b)** | **HCP** | **Not Compliant** |
|  | **CHSP** | **Not Compliant** |

*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.*

|  |  |  |
| --- | --- | --- |
| **Requirement 3(3)(b)** | **HCP** | **Not Compliant** |
|  | **CHSP** | **Not Compliant** |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| **Requirement 3(3)(c)** | **HCP** | **Not Compliant** |
|  | **CHSP** | **Not Compliant** |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| **Requirement 8(3)(d)** | **HCP** | **Not Compliant** |
|  | **CHSP** | **Not Compliant** |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Compliant |

*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.*