St Vincent's Care Services

Performance Report

15 The Avenue
HEATHCOTE NSW 2233
Phone number: 02 8508 3300

**Commission ID:** 200118

**Provider name:** St Vincent's Care Services Ltd.

**Quality Audit date:** 11 February 2022 to 16 February 2022

**Date of Performance Report:** 6 May 2022

# Performance report prepared by

G McNamara 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 Vincent's Care Services Sydney and Districts Home Care, 17755, 15 The Avenue, HEATHCOTE NSW 2233
* St Vincent's Care Services Sydney and Districts Home Care, 17755, 21 Alice Street, AUBURN NSW 2144

**CHSP:**

* Allied Health and Therapy Services, 4-B5NVTJE, 15 The Avenue, HEATHCOTE NSW 2233
* Social Support Individual, 4-B5OZAXH, 15 The Avenue, HEATHCOTE NSW 2233
* Allied Health and Therapy Services, 4-B5NVTJE, 21 Alice Street, AUBURN NSW 2144
* Social Support Individual, 4-B5OZAXH, 21 Alice Street, AUBURN NSW 2144

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| 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 | Compliant |
| Requirement 2(3)(a) | HCP | Compliant |
|  | CHSP | Compliant |
| Requirement 2(3)(b) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 2(3)(c) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 2(3)(d) | HCP | Not Compliant |
|  | CHSP | Compliant  |
| Requirement 2(3)(e) | HCP | Compliant  |
|  | CHSP | Compliant  |

|  |  |  |
| --- | --- | --- |
| Standard 3 Personal care and clinical care | HCP  | Not Compliant |
|   | CHSP | Not Applicable |
| Requirement 3(3)(a) | HCP  | Compliant  |
|   | CHSP | Not Applicable |
| Requirement 3(3)(b) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(c)  | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 3(3)(d)  | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 3(3)(e)  | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 3(3)(f)  | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 3(3)(g)  | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Standard 4 Services and supports for daily living |
|  | HCP  | Not Compliant |
|  | CHSP | Compliant  |
| Requirement 4(3)(a) | HCP | Compliant |
|  | CHSP | Not Applicable |
| Requirement 4(3)(b) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(c) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 4(3)(d) | HCP | Compliant  |
|  | CHSP | Compliant  |
| Requirement 4(3)(e) | HCP | Not Compliant |
|  | CHSP | Not Applicable |
| Requirement 4(3)(f) | HCP | Compliant  |
|  | CHSP | Not Applicable |
| Requirement 4(3)(g) | HCP | Compliant  |
|  | CHSP | Not Applicable |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Standard 5 Organisation’s service environment |
|  | HCP  | Not applicable  |
|  | CHSP | Not Applicable |
| Requirement 5(3)(a) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(b) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| Requirement 5(3)(c) | HCP | Not Applicable |
|  | CHSP | Not Applicable |
| 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  |
|  | CHSP | Compliant  |
| Standard 7 Human resources | HCP  | Not Compliant |
|   | CHSP | Not Compliant |
| Requirement 7(3)(a) | HCP  | Not Compliant |
|   | CHSP | Not 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 | Compliant  |
|  | CHSP | 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 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 30 March 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

While care plans and documentation sighted did not always include information on consumer cultural needs, consumers and/or representatives confirmed they are treated with dignity and respect from all staff. Care planning issues are considered under Standard 2.

Generally the service could demonstrate that services are culturally safe.

Consumer and/or representative feedback advised that the service is supporting consumers to take risks to enable them to live the best life they can.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential.

The Quality Standard for the Home care packages services is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as 6 of the 6 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.*

The Assessment Team found that all consumers and/or representatives interviewed confirmed staff treat them with dignity and respect and supportive of their choices, and that staff, however noted that care plans did not always include details on consumer culture and were generic.

I have given weight to consumer and representative sentiment and find this requirement Compliant.

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

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

The Assessment Team found that the service was not able to demonstrate they always considered and supported cultural needs when planning and providing care in consultation with the consumer and representative. Care plans and documentation observed did not include information on consumer cultural needs.

However, a care plan was submitted by the approved provider in its response which considered a consumer’s cultural identity. Another consumer spoken to indicated staff understood her needs and preferences.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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.*

The Assessment Team found that while the service is unable to demonstrate systems in place to identify and document risks, consumer and/or representatives stated that the service is supporting consumers to take risks to enable them to live the best life they can.

The Assessment Team also found that staff members interviewed were able to identify how they support consumers to take risks, however advised that risks and further information is not provided in the care plan available to them.

I have given weight to consumer and representative sentiment and find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| 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 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

Generally assessment and planning considered risks to consumer’s health and wellbeing and addressed current needs, goals and preferences. Advanced care planning formed part of the initial assessment process.

Assessment and planning is based on ongoing partnerships with the consumer, others they wish involved in their care and other organisations, individuals and providers of other care and services

Documentation informing assessment and care planning information such as goals were generally customised and contained sufficient detail to guide care and services. All care staff were able to describe in detail the care they provide to consumers, and how they supported and engaged with consumers enabling them to participate in the community and maintain their current needs.

Care and services are reviewed for effectiveness regularly and as required.

However, not all consumers understand their care plans or had it explained to them.

The Quality Standard for the Home care packages services is assessed as Non-compliant as 1 of the 5 specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services are assessed as Compliant as 5 of the 5 specific requirements have been assessed as 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.*

The Assessment Team found that management could describe the assessment process using information from My Aged Care, consumers and/or representatives. Comprehensive assessments are carried out regularly or as needed by the care manager in the consumers home and care such as wound management undertaken by the service. External assessments such as occupational therapy and Dementia Australia, are conducted in consumers’ homes on entry to the service or as circumstances.

However, the Assessment Team found that while the service could identify risks, alerts to staff unfamiliar with the consumer, did not always specify risks or how these could be mitigated in the provision and delivery of care.

In its response the approved provider gave some clarity on the consumers sampled and generally demonstrated consideration of risks in care planning.

I find this requirement Compliant.

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

No concerns were identified in relation to CHSP consumers

In relation to HCP consumers, the Assessment team found that consumers and/or representatives interviewed confirmed that staff explain their care and services, and generally had been offered a copy of their care plan.

However, one consumer stated they contacted the service around September or October 2021 but had not had a reply, but was recently contacted by the service and said that they felt pressured to sign a care plan. Another consumer stated the service communicates regularly with them, but that it “sort of” explained her care plan. That consumer said some things go over her head and that there were a lot of things that the service wants to do, but they don’t want it.

In its response the approved provider noted that since the Quality Audit follow up actions had been taken in relation to the consumer who had earlier contacted the service, and stated that the care plan had been given to the consumer, and that all consumers or their representatives are involved in development of their care plans.

While I am satisfied that careand services plans are readily available where care and services are provided, I am not satisfied all consumers are given or understand their care plans. I acknowledge the actions taken post the Quality Audit and its statement about its processes, however I am not persuaded that at the time of the Quality Audit, in relation to HCP consumers, the approved provider’s processes were effective in ensuring consumers understand their care plans.

In relation to HCP I find this requirement Not Compliant.

|  |  |  |
| --- | --- | --- |
| 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 Applicable

### 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

Generally clinical and personal care is safe and effective, however some files reviewed hazard alerts were not activated on their files to alert staff, including in relation to falls and recent hospitalisations.

Deterioration in a consumer is documented and monitored by care staff, clinical staff and the case coordinator. Reviews are conducted when there is deterioration in a consumer care needs, and relevant referrals are sent to a variety of services including allied health services such as occupational therapists.

Information about consumers is documented in the consumers electronic file and shared with care staff via email and an ‘app’ on their mobile phones.

The service has processes in place to minimise infection related risks. Staff are provided with personal protective equipment and completed infection control and COVID-19 training.

The Quality Standard for the Home care packages services are assessed as Non-compliant as one (1) of the 7 specific requirements has been assessed as Non-compliant.

**Assessment of Standard 3 Requirements**

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

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

The Assessment team found that high impact or high prevalence risks associated with the care of each consumer are not consistently documented with strategies to mitigate them in the consumers care plan or care directives for staff to follow. However, staff were able to demonstrate the risks verbally and described the actions they took to mitigate them.

The service assigns a three level vulnerability category to consumers, however on some files reviewed hazard alerts were not activated on their files to alert staff, including in relation to falls and recent hospitalisations.

In its response the approved provider acknowledged areas for improvement in this requirement.

I am satisfied that the evidence indicates that details about identified risks or the measures in place were not always apparent to staff providing care. In its Plan for Continuous Improvement (PCI) the approved provider set out the measures it would implement to address the issues identified, including engagement of a senior clinician and training for staff.

I find this requirement Not Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP  | 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 3(3)(d) | HCP  | 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 |

*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.*

The Assessment Team found that the organisation usually documented and communicated consumers condition, needs and preferences within the organisation and with others, however it identified an instance where information entered by care staff pertaining to a consumer fall had not been followed up by management.

In its response the approved provider acknowledged the event but noted it occurred some time ago. It detailed the improvements it had implemented and how it engaged with the consumer and their family member. The approved provider is encouraged to continue with these improvements.

I find this requirement Compliant.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP  | 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 Not 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

Overall consumers were satisfied they get the services and supports for daily living that are important for their health and well-being to enable them to do the things they want to do, however some consumers said that supports that had been discussed during the development of care plans had not yet been received. Care plans generally reflected the services and supports provided and highlighted consumer needs and preferences.

Most consumers felt the service enabled them to do the things they wanted to do. Staff interviewed described how they deliver services and supports that promotes consumers well-being, and spoke about consumer’s interests which corresponded to those provided by the consumer or their representative.

While consumer assessment and care planning documentation sighted showed, generally, appropriate referrals are made to individuals, other organisations and providers of care and services, and consumers and/or representatives were generally happy with the service, some of the services discussed during the care planning process had not been implemented.

The Quality Standard for the Home care packages services is assessed as Non- compliant as one 1 (one) of the 7 specific requirements has been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as 2 of the 2 applicable requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP  | Compliant |
|  | CHSP  | Not applicable |

*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.*

The Assessment Team found that consumers and/or representatives sampled felt they received supports and services for daily living that meet their needs, however care plans sighted provided only generic goals that matched the services and supports being delivered, and did not provide individualised goals that optimised the consumer’s well-being and quality of life.

In its response the approved provider identified how particular goals were identified in relation to the services provided.

I find this requirement Compliant.

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

*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  | Not Compliant |
|  | CHSP  | Not Applicable |

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

The Assessment Team found that consumer assessment and care planning documentation sighted showed, generally, appropriate referrals are made to individuals, other organisations and providers of care and services. Consumers and/or representatives said that while they were happy with the service, however some of the services discussed during the care planning process had not been implemented, such as for lawnmowing, meals and home modifications.

In its response the approved provider acknowledged areas for improvement in this requirement. In its PCI it identified the steps it would take to review its referral processes.

I find this requirement Not Compliant.

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP  | Compliant  |
|  | CHSP  | Not Applicable |

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

# 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

Consumers and/or representatives interviewed said they would feel comfortable providing feedback or raising a concern with management or staff.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

The service was generally able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong, although areas for ongoing review were identified.

Consumers discussed improvements made by the service as a result of their complaints. Management described how the service records, acts and analyses complaints to inform systemic improvements.

The Quality Standard for the Home care packages services is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Compliant as 4 of the 4 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 Not Compliant CHSP Not 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 was unable to demonstrate the number and mix of members of the workforce effectively enables the delivery and management of safe quality care and services for consumers receiving care and services.

However, most sampled consumers and/or representatives considered that consumers receive quality care and services when they need them and from people who are kind, capable and caring.

The service has an orientation and training program in place and a system in place to regularly assess, monitor and review the performance of each member of the workforce.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.

The Quality Standard for the Home care packages services is assessed as Non-compliant as 1 of the 5 specific requirements have been assessed as Non-compliant.

The Quality Standard for the Commonwealth home support programme services is assessed as Non-compliant as 1 of the 5 specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP  | Not Compliant |
|  | CHSP  | Not 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.*

The Assessment Team found the service was unable to demonstrate the number and mix of members of the workforce effectively enables the delivery and management of safe quality care and services for consumers receiving care and services.

Consumers and/or representative advised the service demonstrates effective rostering; however, noted that staff are often rushed. Five community support workers were interviewed and advised they were often rushed whilst providing care and services to consumers, and they often need more time whilst providing care and services to consumers. Staff members also noted their schedule changes regularly, and they aren’t informed of changes.

Management advised there are systems in place for scheduling and rostering staff members, and noted that any feedback from staff or consumers is taken on board, as well as for planning the number and mix of workforce required, managing staff vacancies and unfilled shifts and utilises some monitoring systems for gathering intelligence and feedback, however these systems do not appear to be effective.

In its response the approved provider acknowledged areas for improvement in this requirement. In its PCI it identified the steps it would take, including a review and analysis of current staffing skills and mix.

I find this requirement Not Compliant.

|  |  |  |
| --- | --- | --- |
| 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 have input into the service through several feedback mechanisms that includes the consumer and representative surveys, informal and formal feedback, the care plan process and consumer reference group.

The service’s governing body are accountable for the delivery of safe and quality care and services. The governance system is based on systems that regularly report key information from the service to the governing body and systems to review this information and provide directives to the service’s management and staff.

The service has effective governance systems, effective risk management systems and a clinical governance framework.

However, the service was unable to demonstrate an effective risk management framework that always responds to high impact and high prevalence risks.

The Quality Standard for the Home care packages services is assessed as Non-compliant as one (1) of the 5 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 (1) of the 5 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.*

The Assessment Team found that while the service documents incidents into an electronic system that can assist in analysing incidents and identify risks, this information was not transferred to consumer information accessible by staff.

In its response to this concern the approved provider acknowledged areas for improvement in this requirement. In its PCI it identified the steps it would take to review its processes for managing risks, including education and training for staff.

The service’s systems and practices in relation to identifying and responding to abuse and neglect of consumers identified and responded to and supporting consumers to live the best life they can were seen to be effective

The service was able to demonstrate a procedure for managing and reporting incidents, and feedback from consumers and/or representatives advised that incidents were followed up or referred elsewhere if needed.

I find this requirement Not Compliant in respect of the management of high impact or high prevalence risks associated with the care of consumers.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP  | Compliant  |
|  | CHSP  | 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.*

# 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)(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.*

* Ensure that the outcomes of assessment and planning, that are documented in a care and services plan, are understood by consumers, and explained to them as required.

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) |   |  |

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

* Demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer by ensuring, including but not limited to ensuring that information about identified risks for consumers or the measures in place to mitigate risks are available and prominent to staff providing care

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) |  |  |
|  |   |  |

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

* Ensure that timely and appropriate referrals are made to individuals, other organisations and providers of other care and services, in particular, that recommended referrals are acted upon promptly

|  |  |  |
| --- | --- | --- |
| 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.*

* Ensure that your 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, in particular, that staff have adequate time to plan for and provide appropriate care and services.

|  |  |  |
| --- | --- | --- |
| 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.*
* Implement effective risk management systems and practices to ensure appropriate management of high impact or high prevalence risks associated with the care of consumers, in particular, that appropriate information about analysis of incidents and identification of risks is accessible to staff providing care