**Performance**

**Report**

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| Name: | Suncare Community Home Services |
| Commission ID: | 700036 |
| Address: | Level 1, Maroochydore Home Maker Centre, MAROOCHYDORE, Queensland, 4558 |
| Activity type: | Quality Audit |
| Activity date: | 11 June 2024 to 14 June 2024 |
| Performance report date: | 23 July 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: 3357 Suncare Community Services Ltd  
Service: 23549 Suncare Community Service Ltd  
Service: 26206 Suncare Community Services South Coast  
  
Short Term Restorative Care (**STRC**) included.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7909 Suncare Community Services Ltd  
Service: 25005 Suncare Community Services Ltd - Care Relationships and Carer Support  
Service: 25004 Suncare Community Services Ltd - Community and Home Support

**This performance report**

This performance report for Suncare Community Home Services (**the provider**) has been prepared by K. Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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 for the Quality Audit dated 18 July 2024.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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.

Requirement 1(3)(e)

* Effectively implement and embed appropriate processes to ensure each consumer receives current, accurate and timely information communicated in a way that is a clear, easy to understand and enables them to exercise choice.

Requirement 2(3)(a) - Service 25005

* Effectively implement and embed appropriate risk assessment tools when conducting assessment and planning for CHSP funded cottage respite services.

Requirement 8(3)(c)

* Effectively implement and embed processes to ensure effective organisation wide information management systems are in place.

# 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. | Not Compliant | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as 1 of the 6 specific requirements are non-compliant for each service.

Requirement 1(3)(e)

The Assessment Team was not satisfied information provided to each consumer is current, accurate and timely, and communicated in a way that is a clear, easy to understand and enables them to exercise choice in each service. The Assessment Team provided the following evidence relevant to my finding:

* Consumers and representatives in each service said they do not receive the right information at the right time, and information is often inaccurate and not explained in a way which they understand.
* Staff interviewed demonstrated how they tailor communication strategies to meet individual consumer’s needs. However, confirmed information provided to consumers is often inaccurate and outlined instances where the communication of information has not been accessible for diverse need consumers.
* Staff stated the software which each service uses to generate invoices and statements is not always accurate and have advised consumers and representatives to review their statements and to notify them of discrepancies.
* Each service’s complaints register was reviewed by the Assessment Team which evidenced 47 occurrences logged in the last 6 months regarding lack of timely, accurate and clearly understood information.
* Management acknowledged the organisation wide communication issues pertaining to invoicing and statements, information provided to consumers, explanation of information to make informed choices and lack of communication regarding service cancellations and rescheduling.
* Management spoke of steps currently being taken and into the future to improve information presentation and the communication of information. This included:
  + recent discussions of how to improve communicating consumer information with the consumer advisory body and quality care advisory body
  + an updated internal communication protocol used to guide and improve communication of information surrounding shift changes and cancellations
  + a consumer focus group held 16 May 2024 (minutes not taken) to discuss improving statement clarity. Management advised the improved statement protype has been provided to the software company but were unable to confirm implementation date. Management advised how changes to statements will be verbally communicated to consumers by their coordinator during face-to-face review meetings over time, beginning July 2024
  + management explained they are currently developing a pricing frequently asked questions document to aid coordinators in explaining to consumers what is included in each charge.
* Documentation reviewed show whilst improvement implementations commenced in March 2024, complaints about lack of communication, information and the communication of information have continued. For example:
  + Analysis of the complaint register show 25 occurrences of communication complaints between 26 March 2024 and 16 May 2024.

In response to the Assessment Teams recommendation, the provider submitted a response on 18 July 2024, with the following information provided relevant to my finding:

* the volume of complaints in comparison to the volume of services supplied does not represent a systemic risk.
* a new pricing schedule is being implemented on 1 August 2024, which will then be reviewed by the Consumer Advisory Body
* that insufficient information was supplied by the Assessment Team to allow the provider to review and respond to an instance of a consumer being able to read a relevant information before signing it
* consumer statements from March through May 2024
* explanation as to the information supplied by the Assessment Team in relation to consumer accounts of information being unclear or what they perceived to be incorrect
* explanation that the provider does not consider the proportion of consumer identified to constitute a systemic failure
* the provider had taken steps to engage with their Consumer Advisory Body to resolve communication issues
* complaint information which the provider believes demonstrates their commitment to achieving the desired outcomes for consumers
* the provider continues to work with the consumer advisory board as part of seeking continuous improvement.

In coming to my finding, I have considered the evidence in the Assessment Team’s report, and the intent of this Requirement which expects timely, accurate and easily understood information is provided to each consumer to enable them to exercise choice. I have placed weight upon consumer satisfaction, staff acknowledgement that information in statements needs to be reviewed for accuracy. I acknowledge that the provider has identified the need for improvement, and as part of continuous improvement is engaging the Consumer Advisory Body, I find currently each consumer is not receiving clear and helpful resources about their care and services, and I don’t accept the providers standing that the number of concerns identified in proportion to the amount of services delivered monthly does not constitute a systemic failure as I do not find these matters directly proportionately comparable.

I have considered management’s acknowledgement of identified deficits and improvement plans actioned and in progress. However, I find further time is required to embed and determine the effectiveness of the changes which are currently being made.

Based on the information summarised above, I find the provider, in relation to each service, non-compliant with Requirement (3)(e) in Standard 1, Consumer dignity and choice.

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d) and 1(3)(f)

Consumers and representatives in all services confirmed staff treat consumers with dignity and respect. Staff described strategies used to ensure consumer care and services are delivered with dignity and respect. Management described processes in place to address disrespectful staff behaviour. Relevant training courses, such as the code of conduct, respect at work, dignity and respect and consumer directed care were evidenced to have been included as part of staff training. Documentation reviewed confirm care planning documentation reflect consumers’ backgrounds and things important to them.

Consumers and representatives in all services confirmed staff knew consumer backgrounds and what was important to them. Staff demonstrated an understanding of the importance of building rapport with consumers and tailoring care and service delivery. Staff recalled training received to support the delivery of culturally safe care and services. Management demonstrated proactive promotion of cultural diversity amongst consumers and staff. Documentation reviewed evidence cultural and linguistic requirements influence delivery of care.

Consumers and representatives in all services said consumers are supported to make their own choices and are involved in how their care and services are delivered. Staff articulated ways they supported consumers to exercise choice including problem solving strategies used to reach consumer outcomes. Management described a collaborative person-centred approach to care and service assessment and delivery. Documentation reviewed evidence consumer involvement and those they want involved in the decision-making process of their care and services.

Consumers and representatives in all services said staff respect consumer choices and work collaboratively to undertake actions of their choice. Staff demonstrated an understanding of the importance of affording consumers the dignity and right to take risks. Staff and management interviewed, described dignity of risk processes in place and provided examples of supporting consumer choice and control while minimising associated risk. Documentation reviewed evidence collaborative discussion about the benefits, possible risks, consumer’s involvement, decision and outcomes for ongoing support and review.

Consumers and representatives in all services reported consumer privacy and confidentiality is upheld. Staff and management interviewed, described the processes they undertake to ensure consumer privacy is respected and confidentiality of consumer information is maintained. Documentation reviewed evidence staff receive training in privacy and confidentiality. In addition, consumers receive a welcome pack including information on information sharing and privacy and confidentiality.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | 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

This Quality Standard has been assessed as non-compliant in CHSP as 1 of the 5 specific requirements are non-compliant in Service 25005. However, this Quality Standard has been assessed as compliant in HCP as 5 of the 5 specific requirements are compliant for Services 26206, 25004, 26286, 26287, 26288, and 26289.

Requirement 2(3)(a)

The Assessment Team was not satisfied assessment and planning for consumers in Service 25005 considered risks to consumer’s health and well-being to inform the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

* coordinators interviewed for Service 25005 demonstrated a lack of shared understanding of when validated screening tools should be used
* review of care planning documentation of Service 25005 consumers show validated screening tools were not used to identify consumer risks
* review of care planning documentation of Service 25005 consumers show risk mitigating strategies were not documented to guide safe and effective consumer care and services.
* management acknowledged screening and assessment procedures of Service 25005 are not clearly outlined in the organisation's policies
* management advised of a plan to establish standardised protocols and provide training to coordinators in July 2024.

In response to the Assessment Teams recommendation, the provider submitted a response on 18 July 2024, with the following information provided relevant to my finding:

* the Assessment Team finding may be the result of staff misunderstanding
* information could be more robust in care plans
* the provider is reviewing Boronia Cottage assessment and planning processes as part of continuous improvement
* despite the issues identified the provider is confident in their team members abilities to respond to and meet consumer safety and wellbeing

In coming to my finding, I have considered the evidence in the Assessment Team’s report, and the intent of this Requirement which expects relevant risks to consumer’s health and safety are assessed, discussed, and included in planning a consumer’s care. I have placed weight upon the Assessment Teams finding and acknowledgement by staff that systems will be reviewed, and that despite staff knowledge and verbal exchange regarding the issue identified, the concern is present due to system deficit and whilst no consumer impact was demonstrated, there is potential of consumer harm with staff left to rely on their own knowledge to manage consumer risks.

I find assessment and planning in Service 25005 did not consistently occur, and thus, guide the safe effective delivery of consumer services.

I have considered management’s acknowledgement of identified deficits and improvement plans actioned and in progress. However, I find further time is required to embed and determine the effectiveness of the changes which are currently being made.

Based on the information summarised above, I find the provider, in relation to Service 25005, non-compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

In relation to Services 26206, 25004, 26286, 26287, 26288, and 26289:

Consumers and representatives confirmed initial assessments completed included discussions on specific consumer care needs and considered consumers health and well-being. Staff and documentation reviewed, confirm validated assessment tools such as, falls risk for older people in the community are used to assess consumer needs and risks to inform the delivery of safe and effective care and services.

Based on the information summarised above, I find the provider, in relation to Services 26206, 25004, 26286, 26287, 26288, and 26289, compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(b), 2(3)(c), 2(3)(d), and 2(3)(e)

Consumers and representatives in all services advised assessment and care planning discussions identified consumers’ current needs, goals, and preferences. Coordination staff interviewed, and documentation reviewed, confirm consumers’ specific needs, goals and preferences are discussed, recorded and reviewed. In addition, advanced care directives are asked for and recorded in consumer files.

Consumers and representatives in all services confirmed they participate in the planning and review of the services consumers receive. Staff interviewed, and documentation reviewed, demonstrate how information received from consumers, and others they wish to be involved (such as external parties) is considered in assessment and care planning processes.

Most consumers and representatives in all services recalled receiving a copy of the consumer care plan. However, consumers confirmed the type and frequency of services received is explained to them prior to commencement and when changes occur. Staff reported having access to consumer care plans via a mobile application containing all the information they need to provide services in line with the consumer’s preferences. Management advised hard copy or electronic care plans are provided to consumers and/or representatives, however, acknowledged improvements on the consistency of communication practices. This deficit has been considered in Requirement (3)(e) of Standard 1 and I do not deem it proportionate or applicable to consider again in Requirement (3)(d) of this Standard.

Consumers and representatives in all services said staff regularly communicate with them and reassess and implement changes to meet consumers’ current needs. Staff undertaking reviews described the process and under what circumstances a review or reassessment may be required. Documentation reviewed confirm consumer care plans are reviewed at least bi-annually and more frequently when changes or incidents occur.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

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

Consumers and representatives in all services expressed satisfaction with the individualised personal and clinical care and services consumers receive. Staff demonstrated knowledge of individual consumers’ personal and clinical care needs to ensure care provided maximised consumer health and wellbeing. Documentation reviewed confirm the delivery of safe and effective care in line with consumers’ needs.

Consumers and representatives in all services confirmed effective management of high-impact or high-prevalence consumer risks. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Documentation reviewed confirm risk assessments are undertaken to create strategies that minimise the occurrence of incidents. In addition, consumers are provided educational material on strategies to manage high-impact or high-prevalence consumer risks.

Management advised discussions with consumers and representatives are used to identify the needs, goals and preferences of consumers nearing the end-of-life. Management advised consumers nearing end of life would be referred to a specialised palliative care team for pain management with concurrent personal care being provided. Staff confirmed providing pressure area and oral care to consumers nearing end of life.

Consumers and representatives in all services expressed satisfaction with the timely reporting and response to consumer deterioration. Staff confirmed training is provided emphasising the importance of the early identification and monitoring of health changes in consumers and instructions on reporting processes. Management interviewed, and documentation reviewed, confirm strategies to address identified consumer deterioration are discussed in weekly multidisciplinary team meetings.

Consumers and representatives in all services were satisfied that consumers’ needs, preferences, and choices are communicated effectively between relevant staff. Staff confirmed receipt of updated consumer information at shift handovers or via the electronic care management system. Staff advised they record changes in consumer’s condition, needs and preferences in progress notes that are shared with others involved in the provision of consumer care. Documentation reviewed show regularly electronic communication on consumers current needs and preferences with external health professionals and allied health providers.

Consumers and representatives in all services expressed satisfaction with timely and appropriate referral processes to others involved in consumers’ care. Staff could describe the process for referrals which are completed in consultation with the consumer and/or representative. Documentation reviewed confirm referrals are made to a variety of different health specialists, such as allied health and nursing.

Consumers and representatives in all services expressed satisfaction with staff’s infection control processes, such as hand hygiene and use of appropriate personal protective equipment. Staff and management interviewed confirm the completion of role specific infection control training and reported sufficient supplies of personal protective equipment are provided. Documentation reviewed show clinical staff are provided education on antimicrobial stewardship with a focus on encouraging vigilant monitoring of infections and taking initiatives to reduce inappropriate use of antibiotics in the community.

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

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

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

Consumers in all services expressed satisfaction with the range of daily living services provided that optimised their independence and well-being. Staff described, and observations confirm, tailoring of consumer services to meet individualised needs, goals and preferences. Care planning documentation reviewed include instructions on how to provide individualised daily living supports.

Consumers in all services expressed confidence and satisfaction in staff’s ability to recognise and respond to their emotional and psychological well-being. Staff demonstrated an understanding of what is important to each consumer and gave examples of how they provide support to consumers feeling low. Care planning documentation reviewed include information on consumers’ emotional and psychological well-being needs and services delivered to support these needs.

Consumers in all services advised staff are aware of their interests and actively support them to participate in their community, maintain relationships and do things of interest to them. Staff provided examples of supporting consumers to maintain their relationships and participate in preferred activities. Care planning documentation reviewed confirm services are put in place to support individualised activities of interest.

Consumers in all services expressed satisfaction with the communication of their needs and preferences within the organisation and with other relevant external parties. Staff confirmed they receive necessary information about consumers' needs and preferences around activities of daily living through care plans. Sampled care plans evidenced where information about consumers condition, needs and preferences are documented and available for staff review. Management described how information is shared to subcontracted staff and how privacy obligations relevant to information sharing is met.

Consumers and representatives in all services expressed satisfaction with the timely support received to connect consumers with other lifestyle services as required. Staff described, and care planning documentation reviewed confirm, collaboration with other individuals, organisations, or providers to support the diverse needs of consumers. Management described, and the Assessment Team observed, a network of appropriate contractors is maintained via a vendor management dashboard.

Consumers and representatives in all services reported overall satisfaction with the suitability, quality and quantity of food provided. Staff explained how they refer to a consumer care plans to identify allergies and preferences and demonstrated flexibility based on consumers’ meal requests. Review of sampled care planning documentation evidenced consumer food preferences are documented and allergies are flagged. Management described the processes being used and implemented to ensure the nutrition and hydration needs of consumers are met. Observations evidenced the safe preparation, storage and distribution of meals.

Consumers and representatives in all services advised they were satisfied with the suitability of equipment purchased. Consumers and representatives interviewed, and documentation reviewed confirm, equipment needs are assessed by allied health professionals prior to purchase. Staff described the processes for purchasing, maintaining, and replacing equipment. Review of the staff training matrix show staff are provided training to support safe use of equipment.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for each service.

Consumers and representatives interviewed in each service environment reported consumers feel welcomed and comfortable in the service environments. Staff and management advised a sense of belonging is created by hosting morning teas, displaying consumer artwork and photographs, as well as providing both private and interactive spaces. Observations of service environments included decoration and design elements that created a sense of belonging. Clear signage and navigational aids were observed both internally and externally of service environments. Documentation reviewed confirm consideration is given to service environment adjustments based on consumer needs such as dementia, mobility and falls risks.

Consumers and representatives interviewed in each service environment confirmed service environments are clean, well-maintained, and enables free movement. Staff and management described strategies used to protect consumers from avoidable harm. Staff and management were knowledgeable on their responsibilities for managing risk and responding appropriately to a hazard, incident, or emergency in each service environment. Observations supplemented by documentation evidence processes in place to ensure each service environment is clean and maintained to minimise hazard and potential risk.

Consumers and representatives interviewed in each service environment expressed satisfaction with the range, suitability and safety of furniture, fittings and equipment. Staff and management described the cleaning and maintenance processes in place to ensure furniture, fittings and equipment remains clean and suitable for consumers. Documentation reviewed evidence regular maintenance of equipment is tracked and conducted by qualified personnel. In addition, information and evidence under Requirement (3)(b) of this Standard show registration and servicing of business vehicles are conducted and tracked.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

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

Consumers and representatives in all services stated they are aware of how to provide feedback or make a complaint and said they felt supported to raise their concerns. Staff and management outlined how they encourage consumers to provide feedback by providing them with complaint process information upon onboarding and actively seeking feedback during formal reviews. Documentation reviewed confirm feedback is actively sought and encouraged by staff.

Consumers and representatives in all services advised they are aware of, and have access, to external agencies they could contact to raise or escalate a complaint. Staff demonstrated their knowledge of various options, such as translation services available to support consumers requiring assistance to make a complaint. Management advised, and documentation reviewed confirm, consumers are provided information on how to access advocacy services, their right to contact the Commission and language translating services available.

Most consumers and representatives in all services advised staff and management are responsive if they raise concerns. Staff and management demonstrated an understanding of the importance of utilising open disclosure. Staff and management described, and documentation reviewed confirm, open disclosure processes are used when resolving consumer complaints.

Most consumers and representatives in all services said they are satisfied the service listens to their views and improvements are made from their feedback. Staff described how feedback and complaints are used to improve the quality of consumer care and services delivered. Documentation reviewed show continuous improvements to the quality of consumer services are based on reviews of consumer feedback and complaints data.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

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

Consumers and representatives in all services were satisfied with staff availability, confirmed consumers receive the agreed care and services, and staff are generally on time. Staff verified they are allocated sufficient time to support consumers with their care and service needs. Management demonstrated how rosters are adjusted based on consumers’ changing needs and outlined recruitment strategies in place to manage staff vacancies.

Consumers and representatives in all services described staff as kind, caring and respectful. Staff and management were observed to interact with consumers in a kind, caring and respectful manner. Management advised the organisation monitors staff interactions with consumers through observation of daily interactions, staff meetings, bi-monthly check ins and consumer and representative feedback.

Consumers and representatives in all services expressed confidence in the workforce and said staff are competent and very supportive. Staff described and confirmed how they work within their responsibilities, skills and scope of practice. Management outlined and documentation reviewed confirm internal and subcontracted staff compliance process checks are in place.

Consumers and representatives in all services said they felt staff are well trained and equipped to deliver quality care and services. Staff confirmed they received an orientation and staff handbook upon commencement. Staff confirmed ongoing training and support via staff meetings, bi-monthly catch ups and an online learning management system. Management outlined the implementation of a new role focused solely on care staff supervision, training and support. In addition, information, and evidence, in Requirement (3)(c) in Standard 8 show electronic dashboards provide oversight on the percentage of staff who have completed training.

Consumers and representatives in all services advised they are contacted regularly and are comfortable providing feedback on staff performance. Management outlined and staff confirmed the formal process in place for assessing, monitoring and reviewing staff performance through bi-monthly individual meetings. Staff and management described how training needs are identified through complaint and incident data.

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

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | Not Compliant | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as non-compliant as 1 of the 5 specific requirements are non-compliant for each service.

Requirement 8(3)(c)

The Assessment Team reported effective organisation wide governance systems were demonstrated for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the Assessment Team were not satisfied effective organisation wide governance systems are in place for information management for each service. The Assessment Team provided the following evidence relevant to my finding:

Information management

* Appropriate information was not recorded on care plans and therefor available to staff in Service 25005 to help them in their role.
* Consumers interviewed consistently advised they were not satisfied current, accurate and timely information was provided to enable them to exercise choice.
* All consumer files and data are securely stored in the organisation’s information management system, protected by usernames and passwords.
* A privacy policy provided to staff and consumers guides how consumer information is collected, stored and used.

Continuous improvement

* Each service’s commitment to continuous improvement was displayed through various systems and processes, incorporating consumer and staff suggestions, feedback, complaints, incidents and self-assessment against the Quality Standards.
* Review of the continuous improvement register clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and outcomes.

Financial governance

* The organisation oversees financial governance through reporting procedures, management structures and financial auditing.

Workforce governance

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

Regulatory compliance

* The organisation monitors workforce regulatory compliance through appropriate systems and reminders sent to staff and management.
* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* The organisation has an established system for logging, escalating and tracking feedback and complaints. Feedback data is compiled into a regular report and presented to executive management and to the governing body.

In response to the Assessment Teams recommendation, the provider submitted a response on 18 July 2024, with the following information provided relevant to my finding:

* the provider considers that as consumers are ‘not unhappy’ with care and services that the finding is not a systemic issue
* steps are taken to address any consumer concerns
* the statement within the Assessment Team report that ‘overall, customers and representatives provided positive feedback about the care and services consumers receive…’ equates to the provider satisfying this Requirement.

In coming to my finding, I have considered the evidence in the Assessment Team’s report, and the intent of this Requirement which expects organisations to demonstrate how it applies and controls authority below the level of the governing body. I find effective organisation wide governance systems are in place for continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

I acknowledge clear systems are in place in how the organisation controls consumer privacy and confidentiality, however, I have placed weight on information that identifies there are systemic process issues that do not ensure consumers receive accurate, timely and clear information to inform choice. In addition, assessment processes and subsequently consumer records at Service 25005 were incomplete and did not assist staff to deliver safe and effective care and services.

I have considered management’s acknowledgement of identified deficits and improvement plans actioned and in progress. However, I find further time is required to embed and determine the effectiveness of the changes which are currently being made.

Based on the information summarised above, I find the provider, in relation to each service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(d), and 8(3)(e)

Staff and management outlined the ways in which the organisation ascertains consumers’ views through formal and informal feedback pathways and provided examples of how they ensure ongoing consultation and feedback are sought from consumers and representatives. Documentation reviewed confirm the formation of a consumer advisory body and evidence of consumer input sought on updated communication protocols.

Consumers and representatives in all services interviewed expressed a sense of confidence in the service’s culture and the execution of care and services. Management described how monthly reports on organisation wide incident data, complaints and feedback, regulatory compliance and workforce information and training are provided to the governing body. Documentation reviewed show an annual self-assessment is completed by governing body members to ensure they have the necessary skills to undertake their role.

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

* The organisation has a risk management framework and policies and procedures to guide staff and management in identifying and responding to risk.
* Processes are in place to identify consumer risks via the use of validated assessment tools with vulnerable consumers regularly discussed and monitored.
* Care planning documentation reviewed confirm identified consumer risks are managed with individualised mitigating strategies that are discussed with consumers and representatives prior to implementation.
* Staff could describe what elder abuse and neglect could look like and confirmed training on the identification and response to elder abuse and neglect has been completed.
* An incident management system is in place with staff confirming completion of incident reporting requirements and responsibilities, including the Serious Incident Response Scheme.
* A review of the organisation’s incident reporting data outline insights gathered from the data and proposed management actions.

The service has a clinical governance framework in place which emphasise principles such as clear accountability, consumer partnership, transparency and continuous improvement.

* Clinical staff could describe and provide examples of antimicrobial stewardship and their role in optimal antimicrobial prescribing in a community setting.
* The organisation has an infectious disease outbreak management plan and staff described strategies used to minimise infection risks.
* Staff interviewed were able to provide examples of how they understand consumers rights and freedom of movement and the training received.
* Staff and management could describe the underlying principles of open disclosure and were able to provide practical examples of open disclosure used to resolve complaints.

Based on the information summarised above, I find the provider, in relation to each service, compliant with Requirements (3)(a), (3)(b), (3)(d), and (3)(e) in Standard 8, Organisational governance.

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