**Performance**

**Report**

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| Name of service: | Sydney Community Services - Lane Cove |
| Service address: | 1 Pottery Lane LANE COVE NSW 2066 |
| Commission ID: | 200340 |
| Home Service Provider: | Sydney Community Services |
| Activity type: | Quality Audit |
| Activity date: | 10 May 2023 to 12 May 2023 |
| Performance report date: | 23 June 2023 |

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.

**This performance report**

This performance report for Sydney Community Services - Lane Cove (**the service**) has been prepared by G. McNamara, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 23843, 1 Pottery Lane, LANE COVE NSW 2066
* Care Relationships and Carer Support, 26894, 1 Pottery Lane, LANE COVE NSW 2066

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as six of the six specific requirements have been assessed as Compliant.

The service is:

* Demonstrating consumers’ identity and culture is captured, respected, and valued, ensuring that care provided to consumers is culturally safe.
* Demonstrating consumers are supported to exercise independence when making decisions about their care, involving family members, friends, or others in those decisions, communicating regarding their decisions, and maintaining their relationships.
* Supporting consumers to take risks to enable them to live their life the best they can.
* Providing information that is current, accurate and timely, and ensuring it is communicated in a way that consumers understand.
* Respecting the privacy of consumers and ensuring personal information is kept confidential.

All consumers/representatives said both office and care staff treat them with dignity and respect when delivering care and communicating with them. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. For example, what languages they spoke, activities they like to do or involved family members. Care staff/volunteers were able to speak about consumers with knowledge and respect to their individual services. Coordination staff said that they keep in contact with each consumer frequently to ensure they build rapport and relationships with consumers where they speak about their background, culture, and identity to ensure these characteristics of consumers are respected and valued. Consumer files sighted included assessments and care plans containing information on consumer culture, diversity, life history, relationship information and care preferences. All were documented in a respectful manner. Policies and procedures and other organisational documentation incorporated LGBTIQA+, privacy, consumer information, confidentiality and dignity and cultural awareness/needs.

Consumers and representatives said staff understand their preferences for services, which makes them feel valued. No consumers or representatives from a CALD background were able to be reached, however consumers and representatives sampled confirmed these questions were asked at assessment and they felt staff were respectful and would take their culture into account when providing care. Care staff and volunteers were able to describe how they deliver culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture, for example one care worker said they were matched to a consumer based on their shared background and language. Coordination staff said that the information system includes information about a care worker’s background so that they can match consumers to care workers based on preferences and similarities and language where possible. Consumer documentation sighted included documentation of cultural backgrounds and needs.

Consumers and representatives described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. For example, several consumers said they can rely on them to turn up when needed and provide them with the services they have chosen to receive. One representative said staff are always very respectful, including regarding their parents’ choices. They thought the service looks after them well and said they notify them regarding any incidents or issues. Care staff and volunteers were able to describe the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Coordination staff said that they always ensure a holistic approach to consumer care planning specifically in relation to who consumers choose to include in their care. This information is recorded in their documentation. They also said that they keep in touch with a consumer during the first few days of a new service to seek feedback on aspects like the care worker or volunteer allocated, time of service and any other general concerns to inform future services. Consumer files sighted all contained information on consumer’s relationships, support person/representative and their contact details. There were also instructions on who to contact for next of kin or emergencies.

Policies, procedures, and other organisational documentation incorporated guidelines supporting consumer decision making and choice. Advocacy and information on this was also included in consumer handbook and agreements.

Consumers and representatives said the care and services they receive supports them to remain living at home and staff encourage them to be independent. No consumers felt there were any particular risks they needed support with but felt the service would assist them if there were. Feedback was received on how any individual risks they may have are managed, for instance if they have health conditions or mobility issues. Care staff were able to demonstrate how they support consumers to live life fully and take risks if they wish, for example, go out into the community despite a mobility risk. Care staff felt they were provided with information on individual consumer risks and how to manage these and where mobility aids are in use. Management and coordination staff said consumers are provided with information about dignity of risk and informed decision making. They are supported to take risks if they wish, and risks are assessed. They are always encouraged to live the best life they can and are supported in their choices. No particular examples were able to be provided of consumers taking risks that they needed support for, however policies, procedures and other organisational documentation covers decision making and choice, duty of care and dignity of risk and management of consumer risks.

Consumers and representatives said they recalled being provided with a handbook and Charter of Aged Care Rights. They confirmed information included details on fees and charges, service provision such as bus pick up times and how to make a complaint. They confirmed they get the ‘Village Observer’, which a community newsletter the organisation produces. Those attending group social activities said they receive an activities calendar. One consumer receiving individual social support also recalled getting information about the groups operated from a different service location. Management said a lot of information has been posted out due to COVID and conducting assessments over the phone, where requested. Nursing staff provide information to consumers at their in-home assessment regarding clinical services and timeframes. The ‘client handbook’ was sighted and included information on services, eligibility, assessment, fees, privacy/confidentiality, complaints/feedback, and advocacy.

All consumers and representatives sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy. They said if they are having private conversations at home with family, staff are mindful of this and give them privacy at this time. Staff and volunteers were able to describe the methods they employ to ensure consumer information is kept secure. All staff interviewed confirmed that consumer information is kept digitally, through a password protected system. Any hard copy information is kept in locked cupboards in the office. All consumer files included consumer consent to share information. Policies are also in place that cover privacy, dignity and consent and consent to release information.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Providing assessment and planning to consumers, including consideration of risks to their health and well-being, and ensuring it informs the delivery of safe and effective care and services.
* Providing assessment and planning that identifies and addresses the consumer’s current needs, goals, and preferences.
* Providing assessment and planning that is based on ongoing partnership with the consumer and others that they wish to involve and including other organisations in the care and services provided to the consumer.
* Providing a care and services plan to the consumer that demonstrates the outcomes of assessment and planning, and effectively communicating them to the consumer.
* Reviewing care and services regularly for effectiveness, and when circumstances may change.

All consumers and representatives provided positive feedback on assessment and service planning processes. They confirmed they had contact with the service to explain the intake process before the relevant coordinator conducted an assessment either face to face or via phone to plan and assess their needs before commencing services. The assessment includes discussion of their needs, goals, and preferences, as well as consideration of any risks to their health or well-being. An environmental safety assessment is conducted for the safety of the consumer, visitors, and service staff members. Outcomes of discussions around planning are documented in a support plan which addresses risks such as falls, clinical risks or health diagnosis, vision and hearing impairments and allergies.

Staff confirmed that where consumers receive multiple services, one coordinator will be appointed to conduct the assessment process to minimise repeats of information and to build rapport with the consumer. Where the consumer receives nursing care, this will be completed by a registered nurse. Nursing staff said they will also consult the consumer’s GP or specialist where appropriate for medical history, hospital discharge summaries and any other information to inform service planning whilst considering risks to the consumer. For example, a consumer receives nursing care due to recurring cellulitis of the leg. The nursing staff consulted with the consumers about previous actions and treatment and to discuss care planning to manage the wound. Staff were also able to describe the process regarding non-response to a scheduled visit, and these instructions were present for each consumer in the reviewed care plans and client files. Policies and procedures outline the assessment process for staff and provide guidance on which staff members should be involved in the process where the consumer is being assessed for multiple service types.

Consumers and representatives said that they feel that the service takes their preferences and needs into consideration while providing their services. Consumers said they are satisfied with how their services are delivered. For example, one consumer said that they participated in the assessment process and was able to communicate her preferences about how their services are delivered, and the service staff have adhered to that. Staff described the areas of the assessment and planning process that indicate how consumer’s current needs, goals and preferences are captured and recorded. Coordination staff said they will make regular contact with consumers to see how they are going in regard to services, and if their goals, preferences, or needs have changed.

The registered nurses interviewed said that advanced care planning can be a sensitive topic for many consumers, so it is usually approached during assessment once a rapport has been built between the staff member and the consumer. The RNs said they try to educate consumers and their families about advance care directives and encourage them to take the time to complete a plan. The RNs acknowledged that many CHSP consumers are independent, have low service needs and do not wish to discuss the topic with them when it is approached. The Assessment team sighted the consumer welcome pack which included an information booklet about advance care planning and how to complete an advance care directive. The Assessment team reviewed 11 consumer files which indicated a discussion around advance care planning had taken place where it was appropriate. A review of the training register indicated that advance care planning training was provided to service delivery staff in April 2023.

All consumers said that they felt they were involved in the intake, assessment and planning process and they had their families or representatives present where they wanted. All consumers interviewed said they were involved in the assessment process and feel comfortable speaking to their care workers or case managers about any changes to services, their needs, or preferences. All consumers recalled being provided a copy of their care plan, home care agreement and other relevant documents.

Many interviewed consumers receive services from other CHSP providers, such as allied health, domestic assistance or social support, and staff interviewed were aware of these arrangements. Coordination staff said they regularly make referrals to both internal and external services where a consumer indicates they require it, such as to community transport or allied health. The Assessment team reviewed a range of consumer files where it had been noted when consumers were involved with other organisations, and arrangements in place for services to complement each other. Policies and procedures indicate that care planning and assessment must be completed in consultation with the consumer and their family, supports or representatives, and it must include continuity of care and inclusion in the community. They also outline the procedure for staff to follow when other providers or organisations are involved in the care of the consumer.

Consumers interviewed confirmed that they participated in initial assessments and planning of their services, with those receiving services for more than 12 months being involved in a review process, and often more frequently. All consumers confirmed that they are aware of the services that they can access and how they can communicate needs, goals, and preferences to staff, and when they might change. Consumers said they were provided a hard copy of their support plan, their service agreement, and the charter of aged care rights after the initial assessment, which they said was signed by either them or their representative. Coordination staff and RNs said they regularly call consumers to check in on the outcomes of the assessment and planning process and if any changes are required, or feedback is to be provided by consumers. A review of 11 consumer files confirmed that all consumers participated in the assessment process and were provided a copy of their support plan. This was evident in the attached documents section of the information management system. Policies and procedures state that all consumers must be provided with copies of their care plans or agreements. All staff interviewed were aware of this requirement.

Many consumers interviewed stated they recalled they had recently been through a recent review process. For example, one consumer recently had a fall at home, so a re-assessment was completed to ascertain if their services are still appropriate. The consumer said that they are now receiving home maintenance which is due to commence shortly. The registered nurses, coordinators, and management were all consistent in explaining the assessment and review process and explained that although the policy states reviews should occur at least every 12 months, it is very common for a consumer to be reviewed multiple times in a 12-month period. Staff also said that many consumers stop services when they aren’t required, especially nursing, and recommence services if they are needed in future. RNs said in this situation, a new assessment is always completed on admission.

All 11 reviewed consumer files indicated that support plans were up-to-date and upcoming reviews had been scheduled with the consumer or their representative. Policies and procedures identify the required review period, and guides staff on the process to follow if they identify changes to a consumer’s goals, needs or preferences and how to consult with other program staff where multiple services are involved.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Providing safe and effective personal care and clinical care, that is best practice, tailored to consumer needs, and optimises consumer health and well-being
* Managing high-impact or high-prevalence risks associated with the care of each consumer
* Recognising and addressing the needs, goals and preferences of consumers nearing the end of life, and maximising their comfort and dignity
* Recognising and responding to deterioration or change of a consumer’s mental health, cognitive or physical function, capacity, or condition in a timely manner
* Documenting and communicating information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility of care is shared
* Making timely and appropriate referrals to individuals and other organisations
* Minimising infection related risks through implementing infection control precautions and procedures.

Consumers that receive personal and clinical care were sampled through interviews. Consumers confirmed that they are satisfied with the level of care and services they receive and the quality of that care. They said that staff take the time to assess and understand their care needs, consider their goals and preferences and request feedback. For example, one consumer said they have a good relationship with their coordinator and the registered nurses and feels that they know them, their care needs, and preferences well.

The service employs a nursing manager, one full time registered nurse and multiple casual and part-time RNs to assist with assessment and service delivery of consumers with clinical needs. The nursing manager said that all RNs attend to consumers for assessments, which include assessing for risks such as falls and mobility issues, wound management and care, cognitive ability, and vision and hearing impairment. The nursing manager also said that they will regularly attend training about best practice methods for clinical care to keep them up to date. They will share relevant information with the other RNs and broader staff. RNs interviewed also said they will attend training sessions as appropriate. Eleven consumer files were reviewed by the Assessment team which indicated consumer preference, needs and individualisation where required. The service has policies and procedures that guide staff on safe and effective clinical care, that is best practice, how to tailor services to meet consumer goals, needs and preferences, and strategies for staff to follow to optimise consumer health and well-being.

Consumers and representatives provided positive feedback about individual risks identified regarding consumers during the assessment process and on an on-going basis. For example, one consumer has a particular feature of their home which was assessed a potential falls risk, and the consumer has been assessed as a falls risk due to ongoing mobility concerns and unsteady gait. Their support plan included instructions for RNs and care staff to follow when attending the home and taking the consumer for social support services.

Coordination staff and RNs interviewed said that they have continuous communication with their managers and each other about any hazards, incidents or near misses whilst providing care in the home or in the community. Staff said they know the consumers well and would notice any risk and escalate issues where appropriate. Management said they will review reported incidents or severe risks and speak with the relevant coordinator or nurse about any additional home visits, assessments or checks required based on the severity of the risk. The service has risk management systems in place to monitor, identify and respond to risks relating to the care of consumers. There is an incident register that is regularly reviewed by staff, and a risk committee that meets bi-monthly to assess all risks. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs. The nursing manager said that they meet weekly with all RNs to review clinical risks for consumers and discuss risk minimisation strategies. The Assessment team reviewed meeting minutes for the last three said meetings where it was evident the care and services provided to all consumers’ receiving nursing was discussed by the team.

Registered nurses and the nursing manager said that they provide information about advanced care directives during the intake and assessment process and where a consumer is not sure of the process, they will provide discussion and education around this. The service stated that it does not offer palliative or end of life care and if a consumer reaches this stage, they are usually referred to palliative care within hospital or another aged care program. However, the service provides nursing care to one consumer currently identified as palliative. The Assessment Team reviewed the support plan and consumer file of the consumer, which indicated they are receiving wound care. The progress notes, clinical care plan and wound assessment all showed evidence of regular discussion with the consumer, assessment and consultation for their needs and preferences to ensure the comfort is maximised.

All staff were familiar with the process of recognising when a consumer’s health condition may change or deteriorate, and when a re-assessment or referral to an external service may be required. Policies and procedures guide staff on end-of-life processes and procedures and working with health professionals outside of the organisation.

Consumers and representatives said care workers know them well and were confident they would identify and report changes to overall health and well-being. They said where staff noticed they needed additional services or care when there had been a change, they were assisted to access those services. For example, one consumer was receiving nursing services to regularly check their vitals. The RN noticed that the consumer was increasingly unsteady on their feet each visit and recorded this in progress notes. This was followed up by the nursing manager who spoke with the home modifications team and organised for modifications to be made around the home to lower the risk of falls, such as ramps and handrails. RNs and volunteers interviewed said they are continuously observing consumers during services for any changes to consumers physical or mental health or any deterioration. Staff are familiar and comfortable with the process of reporting any concerns to their coordinator or manager.

Coordination staff said that even though some volunteers are making a simple delivery, such as meals or linen, they act as ‘eyes and ears’ and perform a welfare check during their contact with the consumer, and they will always report any concerns or changes to consumers back immediately. They said that most volunteers are long-term and are familiar with the consumers they have contact with and would be confident recognising any changes or deterioration. All consumer files reviewed contained regular progress notes from coordinators and RNs. Notes were sufficiently detailed and reflected a number of discussions between staff about consumers and welfare checks by staff on a number of consumers.

Policies and procedures include a section for recognising and responding to mental, cognitive, and physical deterioration, and guides staff through a flow chart process on how and when to report changes in consumers. The policy also states that staff must receive regular training on how to recognise, report and respond to changes or deterioration of consumers.

Consumers interviewed said that they usually have regular care workers, nurses and volunteers who know their condition, needs and preferences well, and they do not usually have to repeat information or instruction. Consumers said the same about their coordinators for the respective program.

Coordination staff and RNs said that each consumer has a support plan for each type of service they receive, and care workers receive a copy of this. The domestic assistance and meals coordinators said that a run sheet is generated for volunteers for meal and linen delivery which includes specific instruction on each consumer delivery. The Assessment team reviewed the run sheets for the two days on site, on which it was evident relevant information and instruction was included. For example, in regard to meal delivery, multiple consumers were listed as having hearing impairment, so the volunteer is required to knock multiple times or call out loudly. The meals must not be left unattended until the consumer retrieves the delivery.

Coordination staff and RNs said that where a consumer receives multiple services, there is ongoing communication between those teams regarding consumer risks, continuity of care and communication with the consumer. Examples of this kind of communication was present in reviewed consumer files. Management said that information about consumer’s condition where it is complex may also be discussed with the head of the clinical governance committee, who is a local GP for advice or strategies for the care of the consumer. The Nursing manager said this had not occurred recently, however has regularly discussed vulnerable consumers or those with higher needs with other RNs and considered discussions with the GP in some situations.

Policies and procedures state that all staff are added to the service’s clinical care group chat for the duration of their employment. The group chat facilitates access to clinical care stuff as well as the nursing manager. It is available for staff to access when information is required about the care of a consumer.

Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access internal and external services as needed, for example to the service’s registered nurses for assessment or other services through referrals back to My Aged Care. Consumers said this usually happens in a prompt manner. Examples of this were identified by the Assessment Team. The nursing manager said that referrals are most important in their service as they assist in obtaining services for consumers that their organisation may not be able to offer. Examples of this were identified by the Assessment Team. Coordination staff and management said that ongoing and regular referrals are made internally to the nursing staff for clinical assessments and risk assessments when a change or deterioration has been noticed in a consumer. The Assessment team reviewed multiple consumer files which indicated regular internal referrals were made on all of these when a nursing assessment was required. The policy on referrals guides staff on when a referral may be required and how the referral should be made. It also requires staff to keep consumers up to date on the status of the referral.

Consumers and representatives said that all staff entering their home take steps to protect them from infections, and confirm their preferences around the use of PPE, rapid antigen testing and screening questions. For example, one consumer said that the same care workers and volunteers attend for their service and will check that they are feeling well before entering the home. All staff interviewed said that they have completed mandatory training on infection prevention and control. The Assessment Team sighted the training register which confirmed this. Management said that the organisation requires all staff to be fully vaccinated against infectious diseases such as COVID and influenza, and evidence of the vaccinations must be provided. The nursing manager said there are regular outbreak control meetings between staff to check on health directives and infection outbreaks and control within the organisation. The nursing manager also said that all staff wear masks and other PPE when attending consumer’s homes and providing in-home services. They said that they continue to provide essential care and services to consumers when they may be carrying an infectious disease, such as COVID-19, however, will implement strategies to minimise infection spreading to other consumers and staff. These include:

* Providing services to consumers such as wound care or vital sign checks in an outdoor area where possible, such as on a patio or balcony area of the home, if appropriate
* Ensuring the same staff member visits the consumer during their infectious period, to reduce transmission to other staff members
* Wearing additional PPE, such as gloves, gowns, and face shields
* Providing regular testing for infectious diseases

Policies and procedures provide an in-depth procedure for precautions to prevent and control infection, and provides guidance for staff on proper hand hygiene, use of PPE and general cleaning procedures.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is:

* Ensuring each consumer gets safe and effective services that meet their needs, goals, and preferences.
* Demonstrating that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* Supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them.
* Communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required.
* Making timely and appropriate referrals to individuals and other organisations.
* Providing meals that are varied, and of suitable quantity and quality.
* Providing equipment that is safe, suitable and is regularly.

Consumers said that they are satisfied with the way that the services provided optimise their independence, well-being, and quality of life. Consumers said that they think that the services meet their needs and preferences and assist them with achieving their goals. For example, one consumer said that they had recently commenced domestic assistance services, which has assisted them to stay independent and keep doing the activities they love.

Staff interviewed were able to describe the ways that they support consumers to achieve their goals and ensure that their needs and preferences are met. They described the processes in place for them to do this. Coordination staff interviewed said that they usually identify the goals provided on the MAC assessment, and then discuss this further with consumers during the ongoing assessment and planning. They said they regularly check in with consumers to see if they need anything additional to ensure their goals are on track, and if any of their needs or preferences have changed. The social support coordinator said that each consumer has an individual goal tracker in their file, which is completed by care workers after a service is completed.

The Assessment team reviewed the goal tracker for multiple consumers. The goal tracker had been completed by the care worker for the recent services provided and included an outline of the services provided. A review of 11 consumer files indicated that their goals were discussed during the assessment process and were recorded in the support plan. Policies and procedures outline the way that the organisation will measure how safe and effective its services are in improving a consumer’s independence and well-being, including continuous improvement, consumer surveys, feedback and complaints, and consumer data training.

Consumers expressed satisfaction with the level of support they receive and the different ways they are supported by staff. Staff interviewed said that welfare checks, and emotional and psychological support are important elements of their role. Coordinators and RNs said they regularly check in on consumers that they worry about more than others and record any concerns or changes in their file and follow up with family or representatives where required, as well as referrals to additional services.

The service employs a specialised support coordinator who focuses on linking consumers in with other services or educating them on services available for access. They said that this is regularly assisting consumers who may be feeling socially isolated or who’s mood has changed in accessing events in their local community or linking with services that will assist in improving their well-being. A review of client files indicated that regular dated notes are made on consumer’s mood, well-being, and any noticed changes, and when welfare checks have been completed by case managers or RNs. Policies and procedures state that all stuff must complete training and one-on-one support on understanding, valuing, and supporting consumers’ emotional, spiritual, and psychological well-being. The Policy also says that the organisation aims to maintain relationships with local community practitioners, such as local spiritual institutions, pastoral are workers, psychologists, and social workers. The nursing manager said that they have a close relationship with such workers at Royal North Shore Hospital which they can assist consumers to access.

Consumers advised that staff support and the services they receive enable them to do the things that are of interest to them, participate in their community and maintain relationships. The social support coordinator and other coordinators said they encourage consumers to participate in their community and build relationships the best they can in the context of their provided services. For instance, staff said they assist consumers with simple tasks such as transport or shopping to ensure the consumer remains independent and has the time available to do the things of interest to them.

Coordination staff said that they are guided in planning services and supports for daily living by the consumer and their preferences. They said they aim to have the same care worker attend for social support services in most instances to develop the relationship and ensure the consumer is comfortable. A review of consumer files showed that staff had recorded information about consumers interests, personal and social relationships, and any community involvement. Policies and procedures provide guidance for staff to refer to engage with consumers at risk of being socially isolated and feeling lonely. It states that referrals should be utilised to ensure consumers are engaged and their well-being is maintained.

Service staff demonstrated that information about consumers’ needs, and preferences is known and shared with others within the organisation and with others where appropriate. All staff interviewed were aware of how to access information about consumer needs and preferences and how to share the information with others. For example, the Assessment team reviewed 11 support plans for consumers that included information such as the requirement for a consumer to use a walker when outdoors on social support services; instruction on how a consumer likes to have the care worker assist them whilst shopping (i.e. preparing the shopping list themselves); and a consumer who received cleaning services from a different organisation, and how staff can communicate with them to ensure continuity of care.

Volunteers and care workers interviewed agreed that they receive adequate information about a consumer’s condition, needs and preferences for their shifts and the service does their best to roster them with familiar consumers so that they are aware of preferences already. Where other organisations were involved in the care and services of a consumer, this was recorded in the support plan and consumer file. The electronic system has a documents section for recording any reports and feedback received from other organisations, and these were present on multiple consumer files. Policies and procedures state that when the service is communicating with an external provider or organisation, a contract of service requires open and timely communication between the involved parties.

The service’s staff confirmed the referral process for consumers to individuals and other organisations and/or providers, and the process they follow to ensure referrals are made in a timely manner. Coordination staff and management agreed that the most common referrals made are to external providers such as community transport, or internally to other programs that may be required. Staff also said that they can refer consumers back to My Aged Care if they require additional services and may need to access a home care package. Coordination staff said that staff keep consumers updated on the status of their referrals when another organisations is involved. The Assessment team reviewed multiple consumer files where recent referrals had been made, both internally and externally. All referrals were evident to be completed in a timely manner, as demonstrated by support plans and progress notes. Policies and procedures outline the referral process for staff to follow and who referrals can be escalated to in the organisation if required.

Consumers expressed satisfaction in the quality and quantity of meals served and are offered choice and preference in meal options. Consumers said that staff and volunteers regularly seek feedback from them about the quality and quantity of the meals provided. For example, three consumers all said they are regularly provided the meals menu to choose, and all have communicated their food preferences to volunteers and the meal coordinator. All consumers said that they enjoy the meals, and they meet their preferences. The meals coordinator said there is a regular menu in place for multiple consumers, and they always deliver on the same days and the same meals as they prefer continuity. They also said that some consumers prefer different meals and have asked the coordinator to send whatever is fresh or in season for the day. The coordinator said meal preferences, dietary requirements and preferred delivery day and time are recorded in the support plan. They also said delivery volunteers are provided a run sheet with consumer preferences and specific information that they can refer to when making deliveries.

Staff said that consumers regularly provide feedback on the menu and options are updated where required. The Assessment team reviewed the meal delivery menu which included sections for different dietary requirements, such as gluten free and vegetarian, and included a range of frozen and fresh components. It also included a ‘petite meal’ range. The service primarily offers consumers equipment through the home modifications program. The client independence manager said that equipment is most commonly hand and grab rails, installation of ramps and steps, or light globes and smoke alarms. Consumers interviewed who had accessed the home modification program said that the service was completed in a timely manner, and they are satisfied with the equipment they have been provided. The home modifications coordinator said that all installed equipment must be first recommended and assessed by an occupational therapist to ensure it is safe, suitable, and individualised for that consumer, and the report is kept in the information management system. The coordinator said that they regularly seek feedback after a modifications job is completed from consumers or their representatives on the equipment that was installed, and request pictures from tradespeople of installations to ensure the job has been completed correctly, and it is up to service standard. The coordinator also said they have never had any concerns with installation of equipment by the regular tradespeople that are used by the organisation.

# Standard 5

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| Organisation’s service environment | Not Applicable |

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as four of the four specific requirements have been assessed as Compliant.

The service is:

* Encouraging consumers, their representatives, and others to provide feedback and make complaints.
* Supporting consumers to provide feedback or make a complaint.
* Supporting consumers in accessing advocacy or language services, or the external aged care complaints service.
* Taking appropriate action in response to complaints and utilising the process of open disclosure.
* Regularly reviewing or using feedback and complaints to improve the quality of care and services.

All consumers and representatives sampled said that they are aware of how to provide feedback or make complaints and would feel comfortable doing so. Some said they had raised some small issues in the past, for example around food choices or days, or times of service delivery, and they were satisfied how these were dealt with and the steps taken to address their concerns. All staff and volunteers interviewed were able to describe how consumers, representatives and others may provide feedback and /or make complaints, and how they are encouraged to do so. Mechanisms for feedback and complaints include verbal feedback provided to care workers or volunteers, calling coordination staff, by email or in writing or feedback through the ongoing review process.

Management advised that at commencement of services, consumers are provided with an information pack that includes information on feedback and complaints. The pack was sighted by the Assessment Team. The information pack also included information on external agencies such as the Commission and also included several advocacy services that could assist them if they wished.

All consumers and representatives confirmed they have been made aware of their right to use a representative or advocate, advocacy and language services and been made aware of other methods for raising complaints. They said it was included in the information provided at the initial assessment. Management and coordination staff could demonstrate consumers have been made aware of, and have access to, information about advocates, language services and the external aged care complaints service (the Commission). The service could show documentation, such as the client information pack, that supports consumers to access these services including advocacy services such as the Senior Rights Service. Management and coordination staff also said that if it is apparent a consumer does not appear to have family supports, lives alone or any other vulnerabilities they will encourage the consumer to contact an advocacy service, and ensure the consumer is aware of what an advocate can do for them.

Consumers and representatives were very complimentary about services received with many saying the staff were very caring, provided the services they needed, and they had never had any problems. Where consumers said they had raised issues in the past, they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. For example, one consumer said something was left out of their meal order and staff apologised immediately and organised another person to deliver what was omitted. Staff interviewed demonstrated an understanding of open disclosure and how it is implemented in service delivery. All staff said if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability. Care staff and volunteers said they would escalate to the relevant coordinator for their action. Policies, procedures and other organisational documentation include guidance on feedback and complaints, advocacy and the complaints register.

Consumers and representatives said the service regularly seeks their feedback and suggestions for improvement on the services they receive. They are invited to provide feedback verbally through care workers and/or volunteers, or directly to coordination staff by phone, email or in person. They also provide feedback through the regular consumer review process and satisfaction surveys every couple of years. The Assessment team reviewed the Complaints Register. No particular trends were noted, although the provider advised trends often relate to not being able to have their regular care staff/volunteers due to last minute staffing changes and general staff shortages. Follow up actions were noted against all complaints in the register. Most changes related to individual consumer services, however management advised they do trend analysis through their meetings to see if overall improvements can be made based on feedback. Evidence of this was sighted in meeting minutes viewed by the Assessment Team.

Management was recently concerned they had not been receiving as much feedback as in previous years, so reviewed processes and conducted some staff training to ensure this is being recorded in the appropriate manner. Examples were provided by coordination staff of feedback of a minor nature regarding service delivery for example individual meal preferences, which are fixed immediately and noted in the consumer’s record. Policies and procedures were sighted relating to complaints, feedback, and continuous improvements in the organisation. Feedback received was also noted to be a source of improvement items on the service’s continuous improvement plan.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring the workforce is planned to enable the delivery and management of safe and quality care and services.
* Ensuring workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* Ensuring the workforce is competent and they have the qualifications and knowledge to effectively perform their roles.
* Ensuring the workforce is recruited, trained, equipped, and supported to deliver outcomes.
* Completing regular assessment, monitoring and review of performance of staff members.

The service demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged that there have been challenges with staff recruitment and retention, particularly for volunteers through the COVID period. They noted they continued to provide all services through the COVID period. The service uses their own nursing team composed of registered nurses who conduct clinical assessments and provide direct clinical care services through their nursing program. They also have their own care workers, who provide direct care services to consumers. A volunteer coordinator also sources volunteers for the organisation, who will provide services in their area of choice, namely meal and linen delivery. Sub-contracted workers are arranged as needed to provide services and regular feedback on the services provided is sought from consumers/representatives. Service agreements are in place with subcontracted service agencies. Management and coordination staff said consumers have established rapport and relationships with staff from sub-contracted agencies, and the service does their best to ensure when services are organised, the requested workers provide those services. Management advised when recruiting staff and volunteers, they try to ensure a mix of language proficiencies and availabilities for shifts are indicated to ensure consumer services and preferences are appropriately delivered. Regular rosters, organised by coordination staff, ensure consumers have their preferred care workers and/or volunteers scheduled wherever possible, and options are provided for consumers where changes occur.

All consumers and representatives sampled said staff they deal with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding choice of care worker or volunteer and timing for their services. Mandatory training for all staff includes identifying and responding to elder abuse and neglect and cultural diversity. All staff interviewed confirmed they have received relevant training. Discussions with staff reflected they are aware of consumers individual circumstances, and all spoke respectfully regarding consumers. All consumer files reviewed indicated a use of respectful language to each consumer and their individual circumstances. The Assessment team also observed coordination staff participating in phone calls with consumers that appeared to be conducted in a kind, caring and respectful manner. Policies and procedures sighted also include respect, code of conduct for aged care and policies regarding diversity and inclusion.

Consumers and representatives said they feel staff know what they are doing when they interact with them and feel as though they can have their questions about services answered confidently. They said even new staff and volunteers know what their needs are, and they don’t need to repeat this information. Management described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. All staff have job descriptions in place and receive an induction to their role. AHPRA registrations for allied health staff are checked. All relevant qualifications for staff are recorded in their electronic system, which was sighted by the Assessment Team. Volunteers are also inducted to the organisation, receive a volunteer pack and then receive an induction to the service they will be working in.

Several meetings are conducted annually with volunteers and a component of this will include information and training. Volunteers are also advised by the volunteer coordinator of training sessions run from time to time that they are able to attend. Management said they oversee the delivery of services by subcontracted agencies, and all subcontracted staff have relevant qualifications and knowledge to perform their roles. Subcontractors are monitored for appropriate regulatory requirements. The service regularly seeks feedback from consumers about the performance of subcontractors and would record this on the complaints register if any issues arose. They confirmed currently all their subcontractors are performing well and consumers are satisfied with their services. Some consumers who receive subcontracted services were interviewed and noted they were satisfied with current services.

Management advised staff complete mandatory training during onboarding and induction with volunteers being provided with a handbook that includes some information around policies and service processes. Ongoing training and support are also offered to all staff and volunteers where it is required. Staff training included cultural awareness, elder abuse and neglect, infection control and WHS. Information was sighted on the code of conduct for aged care and SIRS. Staff and volunteers are advised of the aged care quality standards and posters were observed to be displayed around the office. Staff have access to the suite of policies and procedures, which are aligned to the aged care quality standards. Management also advised that the service offers annual training to staff, which due to COVID has largely been done online, although face to face training has now recommenced. The Assessment team sighted training records on recent training sessions completed. Staff provide feedback on any training received and said they can also provide suggestions for future training sessions. Coordination and nursing staff said they participate in regular meetings where training, feedback and concerns and any other issues are discussed. The volunteer coordinator also advised that meetings are held several times a year with volunteers, and training and information is also provided at these sessions.

Management advised that the service has an annual performance management system in place for ongoing monitoring and reviewing of the performance of each staff member. The Assessment team reviewed samples of appraisal documentation for 3 staff, an RN, a care worker, and a manager, which were noted to have been completed within the last 12 months. Although volunteers do not have an appraisal system in place, feedback from consumers, representatives and staff is considered and if any negative feedback was received, appropriate supports would be put in place. The Volunteer Coordinator advised to date they have not received any feedback of a negative nature regarding volunteers. Staff interviewed said that they are supported in day-to-day operations by coordinators and management, have regular meetings and receive information relevant to their role. Staff also said they receive feedback from management and have appraisals as required. Volunteers, although not subject to the regular staff appraisal process, are provided with training, information and support and are monitored through discussions with consumers/representatives. If any issues are identified extra support, information and training may be provided. Regarding sub-contracted staff, feedback is regularly sought from consumers and representatives on their performance and any issues would be addressed through ongoing discussions with the relevant agencies. Agencies with ongoing performance issues would be terminated and new ones organised as needed.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| 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 |

Findings

The Quality Standard for the Commonwealth Home Support Programme services is Compliant as five of the five specific requirements have been assessed as Compliant.

The service is:

* Ensuring consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery.
* Using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Using effective risk management systems and practices, including managing high impact risks, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.
* Implementing an effective clinical governance framework.

Consumers were able to provide examples of times that they have provided feedback to the service, both informally and formally and the service could demonstrate when they have used this feedback to develop and improve services. Examples usually related to feedback regarding meals or comments regarding changes to their usual staff. Management advised consumer feedback and suggestions are collated and trended and informs the continuous improvement register/plan. This information is primarily gathered from direct consumer feedback at reviews and when attending social activities at the centre. Representatives sometimes provide feedback through emails or phone calls to the service. Surveys are also generally sent out every second year to seek feedback on service provision from consumers and representatives. 2021 survey results sighted by the Assessment Team demonstrated 97% of consumers are very satisfied or satisfied with services. 96% of consumers also said they felt comfortable giving positive & negative feedback, including making a complaint. Staff also said they think the service is well run and management is responsive to consumer feedback, particularly regarding feedback received about staffing. Staff said the service is flexible to assigning care workers to meet the requests of consumers.

Management demonstrated the service has organisation-wide governance systems and processes that promote the governing body’s responsibility to providing safe, inclusive, and quality care. These include risk management systems and regular staff meetings and discussions. The Board receives regular reports on services including risks such as incidents, complaints, and information about the higher needs of consumers. The Board generally meets monthly but can have ad hoc meetings as required to respond to any issues. There are x4 sub-committees in place including a Strategy & Risk Committee and Clinical Governance Committee. Minutes from these meetings are also tabled at the board meetings. Coordination and assessment staff are aware of the individual circumstances and services of each consumer and a risk assessment is completed for each consumer. Those assessed as category 8 or higher are escalated to management. Clinical risks are assessed through the nursing team and monitored through regular nursing and clinical governance meetings. All staff said that they are aware of best practice support for consumers regarding both clinical and non-clinical care and that they service supports them to deliver these outcomes, primarily through ongoing training developed from key risk areas, consumer feedback and staff feedback.

The service has a centralised information management system for consumer records. Staff said they think the system is fairly easy to navigate and includes all basic information they need to access to perform their day-to-day duties. Feedback from volunteers is usually verbal to coordination staff, who then complete a progress note on any issues. Feedback from external agencies is usually provided by email and copied into the database or by phone and coordination staff will make a note in the system. All consumer documentation such as care plans, risk assessments, agreements and charter of rights are kept on file electronically and multiple examples of these were sighted by the Assessment Team. Any hard copy information is kept in secure storage on site. Risk, feedback, and incident registers are all kept electronically and are easily accessible for relevant staff.

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer feedback and complaints, surveys, incidents, and staff feedback. The Assessment team sighted the continuous improvement register and plan, which is monitored by management for progress. The register has items relevant to quality standards and show planned actions, planned completion date and outcomes.

Management confirmed that financial governance systems are in place to manage finances to ensure the organisation delivers safe and quality care. There are also relevant policies and procedures in place to guide financial governance. There is a Finance and Audit Committee, which meets monthly before the board meetings. Minutes of committee meetings are tabled at board members for discussion.

The Assessment team reviewed job descriptions for staff and volunteers. Management confirmed all staff, both operational and management and board, have job descriptions in place that include clear explanations of roles and responsibilities, and these were viewed by the Assessment Team. All staff interviewed were aware of their roles, accountability, and responsibilities. They confirmed they have reviewed their job descriptions. Members of the board have a handbook/pack (sighted) and new members receive an induction to their role. All staff are provided with training to support them in their role. Staff are also supported by their supervisors or managers and participate in regular meetings with their team and the wider organisation to ensure the service runs smoothly.

The service monitors staff compliance with regulations such as police checks, car registrations and insurances for operational staff, and vaccinations for COVID and influenza and relevant documentation was sighted by the Assessment Team to confirm these are regularly reviewed and renewed when needed. Appropriate checks are also conducted of subcontracted service providers.

The service has effective systems and processes in place to ensure consumer and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed consumers complete satisfaction surveys and also feel comfortable providing feedback verbally through care and coordination staff. This was also reflected through survey results and feedback register. This information is discussed at team meetings and information is communicated to management in the form of complaint trends, data and plans for continuous improvement.

The service has processes in place to manage risks associated with the care of consumers. The service monitors vulnerable consumers through the nursing team and clinical governance meetings and through the escalation of high-level individual risk assessments, which are viewed by the Strategy and Risk Committee. Clinical Governance and Strategy & Risk Committee meetings are also reviewed by the board for oversight. Any information on clinical risks, treatments or strategies is trended and reviewed by management and the clinical governance team in regular meetings. The incidents register is also reviewed on a regular basis and the service demonstrated all incidents are being actively monitored by staff and staff are in regular contact with high-risk consumers, and management are aware of the status of the risk. Staff interviewed said they have completed training on identifying and responding to abuse and neglect of consumers and were able to describe the process.

The Assessment team sighted the training register and a sample of individual staff electronic files, which confirmed service staff have completed training. There are also policies in place that address abuse and neglect to guide staff practice. Consumers sampled said coordination staff and care workers have built rapport with them and know what is important to them. Consumers said staff allow them to guide them in developing services to their needs and preferences. The service demonstrated the process followed when an incident or near miss occurs or is identified. Staff discussions indicated they are familiar with the process and the relevant policies and procedures in place. Some were able to give examples of incidents they had reported and advised appropriate actions had been taken by coordination staff and management to follow up and ensure consumer’s safety by referring them for allied health assessments and/or conducting reviews of their needs.

The Assessment team reviewed clinical governance processes in the organisation that includes anti-microbial stewardship, minimising the use of restraint and open disclosure. Various documentation is in place that identifies the methods the service uses to analyse consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The framework includes a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical care is being provided.

The service has its own nursing team providing assessment and direct clinical care services for consumers. The organisation also has a Clinical Governance Committee in place, who also has reporting processes to the board. Meeting of minutes were sighted that indicated these were held regularly. Processes are in place that include anti-microbial stewardship, minimising use of restraint and open disclosure. Staff interviewed were familiar with policies around these areas. Documentation regarding complaints and feedback and incidents were also noted to reflect open disclosure.

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