**Performance**

**Report**

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| Name: | United Protestant Association of NSW Limited |
| Commission ID: | 200223 |
| Address: | 5 Munderah Street, WAHROONGA, New South Wales, 2076 |
| Activity type: | Quality Audit |
| Activity date: | 16 July 2024 to 19 July 2024 |
| Performance report date: | 21 August 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: 1233 United Protestant Association of NSW Limited  
Service: 17848 Dubbo UPA Home Care Service  
Service: 17673 Murray Vale CACPs  
Service: 19345 UPA HCP - Wagga Wagga  
Service: 17849 UPA Hunter Region CACPs  
Service: 17850 UPA North Coast Region  
Service: 17852 UPA Orange & Molong CACPs  
Service: 17853 UPA Sydney Home Care  
Service: 17875 UPA Yeoval Home Care Service  
  
Short Term Restorative Care (**STRC**) included.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7736 United Protestant Association of NSW Limited  
Service: 27948 United Protestant Association of NSW Limited - Care Relationships and Carer Support  
Service: 24790 United Protestant Association of NSW Limited - Community and Home Support

**This performance report**

This performance report for United Protestant Association of NSW Limited (**the service**) has been prepared by P. Frangiosa, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 16 August 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 | 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 | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives stated consumers are treated with respect by staff. Staff described how they treat consumers with dignity and respect, including using culturally appropriate greetings, verbal and non-verbal communication. Documentation showed detailed recognition of consumers’ identity, culture and diversity, with each consumer’s background, social, cultural, and language preference.

Consumers confirmed care and services are culturally safe, with staff and consumers having similar cultural backgrounds. Staff confirmed they consider the consumer’s cultural background when providing care and services.

Consumers and representatives confirmed the service supports consumers to exercise choice and independence, with staff ensuring the consumer is provided opportunities to decide on services and care provided. Staff described how they support consumers to make day-to-day choices. Management discussed how the service has ongoing discussion with consumers to support consumer choice and independence. Documentation showed the service captures details about whom the consumers wish to be involved in decisions.

Consumers and representatives confirmed consumers feel confident to take risks around mobilising in the community. Staff confirmed they encourage consumers to undertake challenging tasks. Documentation showed the service has a dignity of risk procedure and waiver process for consumers undertaking higher risk activities.

Consumers and representatives confirmed staff respect and protect the consumer’s privacy. Staff described how they maintain consumer privacy and confidentiality by not sharing information with others who are not authorised to receive it. Management described the process for sharing personal and sensitive information only with those who require the information. Documentation confirmed the service uses a privacy consent process prior to sharing information with others.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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 | 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

Requirement 2(3)(a)

The Assessment Team was not satisfied assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The Assessment Team provided the following evidence to support their assessment:

* Staff advised they are guided to provide services with consumer care planning documents and confirmed the care plans are available at the point of care in the consumer's home folder, via a mobile application on their mobile devices, and on the electronic client management system (CMS). However, coordinators advised that consumer care plans are not accessible for care workers as the current system does not allow it.
  + - One consumer care plan available to care workers did not contain information associated with allergy types or contradictory information associated with allergies and health conditions.

The provider provided the following information in response.

* A review of this consumer’s file confirms the finding that information related to allergies has been included in the ‘Tasks’ section of the CMS. While at the time of the audit it did not have the specifics of the allergies, the allergies were noted. This section of the CMS is visible by all workers attending a service and must be acknowledged (ticked) by care staff for consumers’ services (clock in). The details of the allergies are included in the hard copy of the care plan that is located in the consumer’s home.
* These work-arounds were put in place by the service to overcome the challenges of no electronic access to care plans for the care workers. The referenced alert has now been updated to include the specific allergies.
* The service have confirmed that the Clinical Assessment conducted by the Home Care RN (dated 08/11/2023) did capture ‘No’ as a response to the question of whether consumer has diabetes.
  + Upon interview of the RN who undertook the assessment, she has interpreted that question as a need requiring intervention, rather than diagnosis as the consumer does not require medication to manage diabetes. This has been addressed with the RN and the assessment updated.
  + An Assessment Admission Form, Medical summary, current care plan, ‘tasks’ on CMS and on mobile device, updated alerts and updated comprehensive clinical assessment for this consumer as supplied as supplementary evidence in support of the response.
* Local workarounds to overcome system limitations were in place to provide information to care workers related to current needs, changes in care and any risks in place. A review of the consumers care plan confirms that it was comprehensive and provided detailed information to inform her care. Although not accessible through the electronic system, it was available to all care workers in her home in hard copy form and included the details of the allergies. While it is acknowledged the diagnosis of diabetes was omitted from the assessment, this omission did not affect care delivery as no interventions were required for its management. This was confirmed through the assessment and was captured incorrectly.
* In addition to the work being undertaken to improve and standardise our Assessment and Care Planning process, a similar review and update has been commenced for clinical assessments. A new comprehensive assessment form has been developed and implemented into the CMS. This will be supported by a suite of validated assessment tools that respond to needs that are identified through the comprehensive assessment. This is being supported through training sessions delivered by Home Care’s CNC, as well as the wider Clinical Governance team of the service. In addition to this, competency-based assessments for clinicians are also being developed to ensure understanding and consistent implementation as per the services PCI.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided timeframes associated with implementing wholesale changes to address these deficiencies.

Though these strategies are yet to be fully embedded, results evidenced support an effective strategy. With the evolution of time, the resulting improvements should present themselves.

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

Requirement 2(3)(b)

The Assessment Team was not satisfied 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. The Assessment Team provided the following evidence to support their assessment:

* No personalised goals, preferences, activities, likes or dislikes were sought or identified when planning consumer care and support. For example:
* One consumer (who lives with severe dementia) care plan shows their personal care listed as regular care and services from Monday to Friday with times that vary each day. Instructions provided to care workers of a generic nature, including assistance with showering and drying.
* Reviewed care plan goals, though captured, were in instances limited in information and in some cases omitted altogether. Of 10 itemised ‘My Plan’ goals listed, 5 were unfilled.

The provider provided the following information in response.

* A review of this consumers care plan has been undertaken and confirmed that their care plan was in fact in date. While the date of his care plan states 3 November 2022, a review was undertaken on 13 February 2024. This confusion is driven by system limitations and the challenges around sourcing auditable information. The currency of the care plan should be assessed by the review date; however, we acknowledge this can be difficult to identify.
  + The same review confirms that the care plan was developed in collaboration with the consumer and his representative. Information is present confirming goals and preferences to maintain their independence, and information outlining their specific routines can be seen throughout the care plan. While it is not suggested there is no room for improvement, the review has identified instances where these are included.
  + A further review confirmed receipt of ongoing support with speech pathology, physiotherapy and historically OT to support his request for a scooter. Progress notes confirm that this was done in consultation and with approval from the consumer and his representative. In addition to this, notes also confirm that the consumer consented regularly to support from our RN to support them with wound care. While we appreciate the confusion the note has caused, we believe this is a discrepancy in the way the information is captured, rather than evidence of not following consumers preferences.
  + Focus is and will continue to be on the consistent use of our new system and associated processes. Care planning training, including the development of person-centred goals has commenced for all regions and will be supported through ongoing coaching and review through both structured training and our communities of practice.
  + The use of the new comprehensive clinical assessment tool in the instance of the above consumer has demonstrated an in-depth understanding, however we acknowledge that the use of the tool has created some confusion. Through our clinical community of practice this feedback will be shared, ensuring that learnings and improvement is consistent in all services.
  + The new system also has increased functionality around the capacity to monitor and audit the currency of care plans. Alerts will be present to make coordinators aware of upcoming due dates, as well as the ability to create audit lists on review dates and currency of care plans. This will ensure that confusion present within this consumer care plan will not occur moving forward.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided timeframes associated with implementing wholesale changes to address these deficiencies.

The intent of this requirement is to ensure organisations are expected to do everything they reasonably can to plan care and services that centre on the consumer’s needs and goals and reflect their personal preferences. Considerations include considering the consumer’s condition and functional abilities and identifying what help they need to live as well as they can. Listening to and understanding what is important to the consumer and working out how their goals and preferences can be met, and tailoring an approach to fit the consumer’s cultural and personal preferences and how they want to have care and services delivered.

In responding to the delicences identified, in conjunction to broader readdressing within the services PCI, support an effective strategy being implemented. With the evolution of time, the resulting improvements should embed to become standardised practice.

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

Requirement 2(3)(d)

The Assessment Team was not satisfied 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. The Assessment Team provided the following evidence to support their assessment:

* One consumer care plan documentation regarding showering prompts indicated that they were all declined.
  + Staff were asked what strategies have been utilised to support the consumer with his personal hygiene, with staff stating they just ask him if he wants a shower.
  + Management responded to this information, stating the consumer is declining a shower because they does not feel safe; they could not say what makes them feel safe. Additional hygiene wipes were offered by the registered nurse, although the consumer declined.
* Staff had advised another consumer had recently become resistive to personal care and becoming more socially withdrawn. Staff said they were unsure of what strategies have been developed to support them.
  + Reviewed care plan notes sighted noted there were no strategies documented to support this consumer in managing her personal hygiene.

The provider provided the following information in response.

* In response to the first consumer declining showers.
  + To understand this more, the service have reviewed this consumer’s file including progress notes taken by the care workers during the services. While they do confirm that the consumer is refusing showers, they also state that their hygiene is good, and evidence is present that they are showering independently. The refusal is related to higher levels of self-management, rather than a failure of the service to respond appropriately.
  + Further supporting evidence is provided regarding this consumer including current care plan, clinical notes and full Comprehensive Clinical Assessment to corroborate the services response provided, including dated and evidenced consumer history and dated notes, referencing indicating impacting circumstances. The outcome of these has resulted in care plan strategy for personal care, and instruction to care staff has been reviewed and updated to more accurately describe the current level of support they require. Current goals now state intervention is to maintain an adequate level of hygiene which is to be monitored by care staff and escalated if found again to be lacking through reminding and visual aids being in place to remind them to undertake personal care tasks.
* In response to the second consumer identified
  + Further time has been taken to review this consumers file to further understand the nature of the refusal of assistance for personal care, and the actions undertaken by the service to respond. The review has confirmed the identification of cognitive decline.
  + This was corroborated by the undertaking of the Mini Mental by the service’s RN and the request of her family. The results of the assessment were 15/30 and was responded to with a referral to the local Dementia Awareness & Support Team (DAST) for assistance to develop strategies with the identified cognitive decline.
  + Further review confirms that this consumer receives Personal Care services seven (7) times a week in the mornings and five (5) times in the evening. Notes confirm that the evening showers were commenced post RN clinical assessment in response to the identification of increased behaviours in the evening and to mitigate potential carer stress.
  + Consumer file notes identified two (2) occasions during between May and July 2023 that the consumer refused her shower. One instance only was an actual refusal of care (24/05/2024). Notes confirm that they were supported to change both their clothes and continence aid, and she accepted a shower the next day. The second instance was when they were incorrectly offered a shower during the evening service. They declined as they had been showered in the morning, rather than a refusing the offer of care. Notes confirm that care staff then proceed to assist with dressing to get ready for the evening.
  + The clinical assessment dated 03/07/2024 describes consumer behaviours and provides strategies, such as detailed coaching support to assist and undertake activities when consumer is displaying anxiety and is refusing care. This detail is in their care plan and as this information is in the new IT system is visible to all care workers to inform their support. Notes also confirm that this has been shared with consumer family and their satisfaction with the interventions.
* Further responses by the service included
  + Discrepancies in the methodology of capture of assessment information is acknowledged as a challenge. While there is evidence of appropriate communication to consumers and response to identified needs, the way in which this evidence is captured is inconsistent in legacy systems. We appreciate the challenge that this presented to auditors and appreciate the opportunity to respond and provide additional information.
  + Work is ongoing in UPA to ensure the effective use of assessment tools, care planning and collaboration and communication with consumers and their representatives. Work has commenced to further develop the skills and related to these, to then maximize the opportunities that uniform utilisation of the new system will offer us. The new system setup, supported by practice improvement, will make navigation of the system far simpler, allowing for greater information sharing between our team and consumers. The standardised way of working will also allow for greater levels of monitoring and auditing to occur to ensure that expectations outlined in procedures are adhered to.
  + The services PCI outlines the above measures to progress to expected date of completion 31 October 2024.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and responded to specific identified consumer concerns within the assessment report, in alignment with the intent of this requirement. Namely, a care and services plan is expected to be documented and reflect the outcomes of assessment and planning for each consumer. Accurate and up-to-date care and services plans are important for delivering safe and effective care and services, as well as positive outcomes for consumers. Further evidenced and dated information provides timeframes associated with implementing wholesale changes to address these deficiencies. Additional strategies identified within the services PCI provided, though not fully embedded, evidences an effective strategy being implemented.

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

Requirement 2(3)(e)

The Assessment Team was not satisfied 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. The Assessment Team provided the following evidence to support their assessment:

* The incident register recorded 7 incidents for one consumer in a 6-month period.
* Progress notes reviewed described injuries, but no risk mitigation or review strategies.
* When findings were addressed with management, they advised the registered nurse responsible for service had recently resigned due to being performance managed, and the organisation was aware of the conduct.
* A review of the consumers care plan dated 3 November 2022 showed that the plan was not reviewed to reflect the clinical assessments completed. However, on 13 February 2024, alerts were included on the client management system indicating this consumer was at high risk for falls and had Parkinson's disease.
* The Assessment Team reviewed the organisation's high-risk register; at the time of the quality assessment, this consumer was included on the tracker register for the purchase of a mobility scooter. In response to the Assessment Team's findings, management advised this consumer was included on the high-risk register for further oversight and monitoring.

The provider provided the following information in response.

* A review of this consumer’s file confirms the reference to several incidents in the six (6) month period prior to the time of the Quality Audit, all relating to falls resulting in skin injuries and admission to hospital.
* It also confirms the issues raised with inconsistencies in the assessment response post these incidents. There is evidence however in progress notes confirming that interventions were in place in response to these incidents. This includes ongoing wound care in response to the injuries reported by care workers.
* A response to the inconsistency of assessment in the service was developed by UPA in June 2023. This included a clinical review of all consumers and in this instance, this was undertaken on 30 June 2024.This assessment included: Comprehensive Clinical Assessment, Falls Risk Assessment Tool (FRAT), Braden Risk Assessment Tool.
* All of these assessments address the mobility issues experienced by this consumer. They go on to outline the risk and propensity of the falls stem from his risk-taking behaviours in attempts to maintain as much independence as he can. They are usually when the staff are not present and are during an attempt to retrieve items or undertake tasks independently.
* This consumer has been placed on the service’s risk watch list and strategies have been developed to support his desire for independence but attempt to minimize the risk of doing so. These include ensuring his walker is close by, items that he is likely to need throughout the day are close and reminders are provided to him to not overreach etc.
* Further evidence was provided in the providers PCI including confirmation that there are measures in place to develop greater consistency in overall Assessment and Care Planning practices. This includes adequate review of all consumer-related information available to the service as well as our documentation practices Based Orientation and Capability Building.
* Additionally, the introduction of a new and more comprehensive Clinical Assessment Form in the CMS which is being implemented practice education. This is the tool that has been used most recently to assess the high falls risk consumer to identify and respond to the risk.
* In response to the risk of inconsistent clinical assessment identified, the provider commenced a complete and comprehensive clinical review of consumers in June 2024. This was following an internal audit of clinical assessments and documentation of RNs that confirmed UPAs concerns regarding lacking performance of RN. This review included the high falls risk consumer. In addition to this, support is being offered to the service via clinicians in the UPA network while a permanent replacement is identified. The oversight of this support is being undertaken by Home Care’s CNC to ensure consistency, appropriate oversight and adequate handover between supporting clinicians.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and responded to specific identified consumer concerns within the assessment report, in alignment with the intent of this requirement.

Additional strategies identified within the services PCI provided, though not fully embedded, evidences an effective strategy being implemented.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (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

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives confirmed discussions about end of life planning are held. Staff and management described strategies for maximising consumer comfort when a consumer is nearing end of life. Documentations showed the service has procedures to prioritise services and onward referrals for consumers nearing end of life.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Staff confirmed they have access to the consumer’s care directives. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Based on the information summarised above, I find the provider, in relation to the 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

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences. Management advised consumer care plans are available to staff and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes. Documentation showed the service has information which identifies allergies, and likes and dislikes of consumers.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

Based on the information summarised above, I find the provider, in relation to the 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

Consumers confirmed they feel comfortable and welcome in the service environments. Staff described how they support consumers to interact and use the service environment to suit their needs. Management described how they know consumers feel welcome by assessing attendance and participation in activities. Consumers were observed participating in activities in the service environment.

The service environment was observed to be clean, accessible and fit for purpose. Staff stated the environment is rearranged for the needs of consumers on the day and there is a cleaning process in place to ensure the environment is clean and ready for use by the consumers.

Staff and management described the processes for cleaning equipment and escalating issues with furniture. The service environment was observed to be clean and well-maintained.

Based on the information summarised above, I find the provider, in relation to the 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

Consumers and representatives confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

Based on the information summarised above, I find the provider, in relation to the 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

Consumers and representatives confirmed consumers feel respected. Staff described how they relate to consumers respectfully. Results from surveys conducted by the service showed consumers feel they are treated with integrity and respect.

Consumers stated staff are competent. Staff described the minimum qualifications required for their roles. Management described the service’s processes for determining staff competency, including for subcontracted staff. Documentation showed evidence of minimum qualifications and knowledge required for each role.

Staff confirmed they receive induction training and ongoing mandatory training. Management explained the service uses an online training system for staff. Documentation showed the service maintains up-to-date training and competency records for staff.

Support staff confirmed they undergo regular informal performance appraisal processes with management. Management confirmed support staff undergo regular informal performance appraisal processes with office staff undergoing formal annual appraisal processes. Management stated a review of performance appraisal processes will be undertaken. Documentation showed evidence of performance reviews being completed for office staff.

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

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

The service has an established consumer advisory body. The service seeks feedback from consumers through an annual satisfaction survey and through group sessions to understand the needs of consumers. Consumers are provided newsletters to keep them informed of changes in Aged Care. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the governing body meets regularly and considers operational reports presented by management. Feedback, complaints, incidents and deterioration reporting are part of monitoring, with reporting on subcontractors to be incorporated into the monthly governing body reporting processes.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a risk management framework inclusive of a risk register and risk management procedure and matrix. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

The organisation has a risk and clinical governance framework. The organisation has an infection control plan and outbreak plans and all staff have received infection control training and refresher training. Training on restrictive practices is to be implemented as part of the review of the clinical governance processes. Open disclosure is used when things go wrong.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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)