**Performance**

**Report**

**1800 951 822**

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| Name of service: | Uniting - Illawarra |
| Service address: | 37 Berry Street NOWRA NSW 2541 |
| Commission ID: | 200902 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 12 April 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 Uniting - Illawarra (**the service**) has been prepared by J Taylor, 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

**Home Care:**

* Uniting Care - Shoalhaven, 17801, 37 Berry Street, NOWRA NSW 2541
* UnitingCare Ageing Illawarra, 17824, 37 Berry Street, NOWRA NSW 2541
* Osborne Community Care EACH Service, 17695, 37 Berry Street, NOWRA NSW 2541

**CHSP:**

* UNITING (NSW.ACT) - Care Relationships and Carer Support, 25089, 37 Berry Street, NOWRA NSW 2541
* UNITING (NSW.ACT) - Community and Home Support, 25090, 37 Berry Street, NOWRA NSW 2541

# 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.
* the provider’s response to the assessment team’s report received 28 March 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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

# 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. | Non-compliant | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

All consumers and representatives interviewed said the service treats them with dignity and respect, and that their identify is valued. This was supported by staff interviewed who described their understanding of how they maintain consumer dignity and ensure information regarding consumers is protected.

Management interviewed advised recent online training in cultural diversity was completed by staff which included information on respecting needs, religions, beliefs, and way of life and was supported in review of staff training records. Staff interviewed described how the delivery of services is tailored to the cultural requirements for individual consumers.

All consumers interviewed said the service had contacted them to discuss their care and services, and they were able to communicate their decisions and the services and supports they required. The service advised of a recent move to a neighbourhood model of care, where consumers identify family, supports, friends and social connections as an integral part of the care planning process.

The Assessment Team sighted a positive risk assessment tool used by the service to enable effective care and supports to be provided to consumers where risks have been identified. The tool identified the risk, those at risk, effect of the risk, and possible ways the risk may be minimised with additional supports. The service evidenced training is provided to staff in the use of the services risk toolkit, which includes managing dignity of risk and management of high risk and high prevalence risks.

While all consumers and representatives interviewed advised they had received information and stated the service has been in contact with them to discuss information about their care and services, it was noted information received was often not recent. For example:

* One consumer interviewed said they received a handbook on services, but it was years ago when they first commenced with the service.
* Another consumer interviewed said the service used to supply rosters, but they no longer did this.

Review of information on monthly statements and invoices relating to Home Care Package (HCP) and Commonwealth Home Support Programme (CHSP) Cpackages was clear and explained services and supports provided. Review of the services Information Pack noted information was not regularly updated in line with changes.

Staff interviewed demonstrated how consumer privacy is respected and information kept confidential in accordance with the services privacy policy and privacy and confidentiality procedures.

In response to the Assessment Report, the service advised a review of the onboarding process for clients, including a review of the content of the Consumer Handbook, is underway and will include feedback from consumers prior to finalisation. The review and feedback is expected to be completed in late April 2023 and the service stated the new handbook will be sent to all consumers with the addition of a summary of the new commonwealth guidelines around inclusions and exclusions for consumers. The service provided additional letter templates detailing information regarding changes to pricing however, it was not clear that these letters had been sent to consumers. The service also stated roll-out of a Family Portal is in development which will enable consumers and families to view rosters and schedules.

Considering the information above and the additional details provided in the services response, I acknowledge the work currently underway by the service to address the currency of information provided by the service to consumers however, it will take time to embed this into business as usual. This standard is therefore assessed as non-compliant with one of six requirements deemed to be non-compliant.

# 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. | Non-compliant | Non-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

The service demonstrated the use of validated assessment tools used to assess consumer health and wellbeing to inform safe delivery of care. The service evidenced use of a mobile application to enable the recording of consumer risk however further functionality is being explored to enable staff to view risk in real time. Staff interviewed described how care plans are accessed and, should any concerns be identified, advice is immediately sought from the office.

The service advised information regarding advanced care planning is provided to consumers at the initial assessment however, no further discussion occurred at reassessment points. The service evidenced policies for advanced care planning and a Death and Dying policy and procedures however, acknowledged current policies and procedures were not adhered to. The service stated advanced care planning will be incorporated into future care planning documentation.

The service demonstrated processes in place to ensure ongoing partnerships with consumers and others in the assessment and planning process. For example:

* The service demonstrated a consumer identified with multiple health concerns was involved in determining ongoing supports required on discharge from hospital however, acknowledged that supports put in place, while considered most suitable, were not what the consumer requested and may have triggered unwanted behaviours.
* This was rectified promptly with input from a specialist service provider and the consumers general practitioner resulting in a positive outcome for this consumer.

Review of a sample of consumer plans noted care planning information held by the service matched information available to staff accessed in the consumer’s home. Staff interviewed described how they access individual consumer care plans and provide services to consumers with consumers interviewed confirming the service undertakes planning with them which includes seeking their individual goals.

While the service advised care plans were reviewed annually with consumers requiring clinical support reviewed every 6 months, or when consumer needs change. For example:

* Representatives interviewed for two consumers stated the service undertook an additional assessment when it was identified these consumers required increased services.
* Review of another consumer’s records indicated an ambulance referral was provided to a registered nurse after a fall. The service then identified an occupational assessment was to be arranged due to this consumers decreased mobility.

Review of the services plan for continuous improvement noted the service planned a review of all consumer care plans to identify expiry dates was planned and due for completion by 10 August 2023.

In response to the Assessment Report, the service advised of a review of the advance care planning process was scheduled to ensure discussions occurred annually with consumers with additional training to be provided to staff and for advance care planning to be a standard agenda item at clinical risk meetings.

Considering the information above and the additional details provided in the services response, I acknowledge the work currently underway by the service to address the advanced care planning procedures and information, it will take time to embed this into business as usual. This standard is therefore assessed as non-compliant with one of five requirements deemed to be non-compliant.

# 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. | Not applicable | Not applicable |
| 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

Care plans and associated documentation reviewed noted consumers receiving clinical care contained current clinical and allied health information, including engagement of external providers to ensure safe and effective services and supports were provided to consumers. The service demonstrated all clinical assessments and complex clinical care assessments are undertaken by a registered nurse using best practice and evidence a high-risk protocol highlighting processes to manage risk, and clearly defined roles and responsibilities of all management, clinical and care staff.

Staff and management interviewed identified high impact or high prevalence risks verbally, identified consumers who were at risk, and described actions taken to mitigate identified risks. The service evidenced a falls prevention and management policy and procedure including additional falls assessment if a consumer has a hospital admission or where there are major changes to consumer’s health.

The service does not currently provide end of life care services and advised if palliative care is required, the service works closely with the palliative care team.

The service demonstrated effective systems and processes in place to ensure any deterioration or change in a consumer’s cognitive or physical function is recognised and responded to in a timely manner. Management interviewed evidenced all incidents are logged into the services risk management system with entries triaged for urgency and reviewed for trends which are then discussed in detail at the services risk meetings. Staff interviewed described the process if they notice changes in a consumer’s health which was supported in review of sampled consumer documentation and review of the service’s clinical guidance for deteriorating clients in home and community care.

Staff interviewed reported they can access consumer information including care planning documentation and communication with staff providing care via an electronic system in real time. The service advised migration to a new centralised management system is underway with each consumer plan reviewed being added to the new system.

The service demonstrated consumers are referred to health professionals and other services when a need is identified and in a timely manner. This was supported in review of care planning documentation which listed a number of examples demonstrating where timely referrals to various health professionals occurred.

All consumers interviewed reported staff wear masks when providing services and this was supported by the service demonstrating processes in place to ensure consumers and staff are safe with infection related risk minimised, such as provision of full personal protective equipment, undertaking hand sanitisation, ensuring all staff are vaccinated for COVID-19 and influenza and the use of screening questions at the commencement of all services. Staff training records reviewed included modules relating to the minimisation of infection related risk.

Considering the information above, this Standard is complaint with six of the six requirements assessed deemed compliant. One requirement was determined to be not applicable.

# 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. | Non-compliant | Non-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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers interviewed reported the service made them feel safe, and they were able to receive supports and services which enabled them to remain at home and maintain independence. However, several consumers and representatives interviewed stated many of their scheduled services had been cancelled or rescheduled, and this has had an impact on their independence. Examples provided included the impact of cancellation of services on family members having to leave work to provide care to consumers and the impact of service changes to consumers independence more broadly.

All consumers and representatives interviewed stated the services received promote consumers wellbeing with consumers stating staff knew them well. For example, review of a consumer’s file demonstrated staff were aware the consumer was more emotional than usual and noted subsequent strategies to assist staff providing services.

All consumers interviewed said the service enables them to participate in their community and do things of interest to them. For example, consumers confirmed the supports provided to enable them to participate in their community and this was also noted in a sampled one-page profile document.

The service demonstrated consumer needs, condition and preferences is share with others involved in care to ensure appropriate care and services are provided. Staff interviewed stated the new electronic system in use at the service provided greater capacity for information sharing to enhance service delivery. The service evidenced a dedicated 1800 number for staff to report incidents which were then immediately uploaded into the services electronic risk management system for investigation and follow up.

The service demonstrated timely referrals to other organisations and providers of care occurred and this was supported on review of consumer information noting referrals to occupational therapists and external providers of home modification services and supports.

The service does not provide meals to consumers therefore, requirement 4(3)(f) is not applicable.

Staff interviewed advised they clean wheelchairs and other equipment, such as shower chairs as part of standard service delivery. If a piece of equipment is noted to faulty or damaged, staff advised this is reported immediately for maintenance or replacement with a temporary replacement provided in the interim.

In response to the Assessment Report, the service advised further work is underway to address recruitment and workforce concerns. While the service advised contact was made with the consumers identified in the Assessment Report, the identified impact to the independence of consumers due to shift cancellations will not be resolved across the service until the workforce and recruitment concerns are fully addressed.

Considering the information above and additional information provided be the service, this Standard is deemed to be non-complaint as one of six requirements assessed is non-complaint. One requirement was deemed to be not applicable.

# 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 and representatives interviewed said they feels safe and found the environment welcoming when attending the services Senior’s Gym. Management interviewed stated the service uses a person-centred approach to shape the physical environment to create a comfortable atmosphere. Review of the Senior’s Gym noted the environment to be welcoming and easy to move around in which supported functional independence.

Consumers and representatives interviewed said the gym was clean, well maintained and comfortable with easy access to the outdoors. Assessment of the gym noted the environment to be clean, well maintained and devoid of trip hazards with all equipment serviced regularly, as per reviewed maintenance records.

Furniture, fittings and gym equipment within the service environment was noted to be clean, well maintained and suitable for consumers to use. Consumers interviewed all agreed with this assessment. Maintenance records reviewed and observations noted gym equipment and the service environment are regularly cleaned and serviced.

Considering the information above, this Standard is deemed to be compliant as three of the three requirements reviewed are assessed as compliant.

# 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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |

Findings

While consumers and representatives interviewed said they felt supported and encouraged to provide feedback and raise complaints by support workers, they did not feel support to do so by the service’s management. For example:

* A consumer advised they had contacted the service with concerns relating to a support worker and the services provided and invoicing in September 2022 however, they advised the complaint was still open however had received minimal communication regarding the outcome of this complaint.
* Review of the services complaint register indicated this consumers complaint had been closed.

All staff interviewed demonstrated how consumers are supported and encouraged to raise feedback and make complaints, including highlighting the importance of speaking up to enable the service to make improvements. While management interviewed detailed the mechanisms in place to support the provision of feedback and complaints, consumers and representatives interviewed were unable to describe the processes advised by management. While staff demonstrated the support provided to consumers to raise complaints and provide feedback, the workforce were unaware of the services complaints policy and procedures. When raised with management, management agreed and advised the service would provide further training and information to both consumers and their workforce.

Consumers and representatives interviewed stated they were not aware of other ways to make complaints if they didn’t feel comfortable going directly to the service. While the service evidenced complaint policies and procedures which included information to guide staff about external supports available to consumers, all staff interviewed were unable to describe where this information would be found and were not aware of these policies and procedures. In response to feedback provided to the service, management advised the service will update the Welcome Packs and provide further guidance and support to staff regarding external supports available to consumers.

Some Consumers and representative interviewed advised they were unaware if their complaint was being followed up and were unsure what action was taken as the service does not communicate with them. Review of the complaints register noted multiple complaints of the same nature received from the same consumer and/or representatives, the same concerns raised and the status for each complaint was closed. Evidence analysed showed complaints are not promptly responded to, and consumers are not informed of the outcomes and the complaint status as closed. While management interviewed evidenced the services open disclosure policy, staff interviewed were unable to describe their understanding of open disclosure and how this is used to support best practice in complaints management. In response to feedback provided to the service, management advised development of a client feedback framework is underway and identified further support for staff is required.

Inconsistencies were identified in staff understanding and knowledge of the services complaint management procedures through interviews with staff. Management interviewed advised the current trends identified through complaints are communication, planned workforce and missed or rescheduled services with these trends confirmed as actions in the services plan for continuous improvement.

In response to the Assessment Report, the service advised actions detailed in the services plan for continuous improvement included the introduction of addition resources to follow up on closed complaints with consumers, further complaints and feedback information to be provided to consumers and inclusion of a standing agenda item at Local Leadership Team meetings. The service also the Welcome Pack content is under review and will shared with consumers for feedback prior to finalisation. The service stated a review of complaint and feedback practices is underway and will include training for staff expected to be completed in April 2023, as per the services training matrix.

Considering the information above and the additional information provided by the service, and acknowledging the work currently underway at the service, it will take time to embed staff training into standard practice and determine the success of the further information poster provided by the service and correspondence templates. This Standard is therefore deemed to be non-compliant with four of the four requirements assessed as non-compliant.

# 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. | Non-compliant | Non-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

Some consumers and representative interviewed advised support workers do not always turn up on time or when they expect them to and some consumers advised their services are often rescheduled. Support workers interviewed advised they experience delays when attempting to contact office-based management. For example, a staff member stated they experienced a delay of 20 minutes on hold with attempting to reach their manager to report on the condition of a consumer. Management interviewed advised the service has recently introduced a mobile application to support communication for staff and line management and others in the services office environment.

Key findings for requirement 7(3)(a) as per observation, interviews with consumers and staff indicated neighbourhood coordinators are consistently overloaded and are unable to provide quality care and services to consumers with an inadequate number and mix of staff to ensure the safety of consumers.

Management interviewed said the service reallocates services where possible and where this is not possible, services are prioritised across the region. The service prioritises personal care, medication administration/prompting, transport to medical appointments and shopping however, review of the services unfilled shift data showed a high number of unfilled shifts for services identified as a priority. Management interviewed advised the service has identified significant gaps in staffing impacting service delivery to be addressed through a recently established Workforce Crisis Steering Group who met regularly to track performance, prioritise activities and make decision to improve recruitment and retention outcomes.

Consumers and representatives interviewed provided positive feedback in relation to their interactions with support workers. They described in various ways how support workers are kind, caring, respectful and helpful. Consumers interviewed advised the office is very hard to get a hold of and, when they do, the phone conversations are rushed as they are so busy. Review of the feedback and complaints register showed very few consumers had made complaints about support workers treating them improperly, however, did show complaints regarding certain areas of the workforce such as Neighbourhood Coordinators, scheduling services and management not communicating with consumers.

Staff interviewed advised they had completed mandatory and ongoing training which was support on review of personnel records which included role descriptions, evidence of qualifications, police checks, on the job training evidence and induction documentation. The service evidenced subcontracted staff had the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers with each brokered provider having a service agreement with the service.

Staff interviewed confirmed they received initial and ongoing training, both face-to-face and online. Staff said they feel well supported by management, through regular meetings and the provision of ongoing training and information, including information on the aged care standards. They said they would feel comfortable asking for training if they felt they needed it and said management are very approachable in this regard. Support workers and other members of the workforce interviewed were unable to describe the procedures and policies they would follow regarding consumer feedback and complaints however, confirmed they received training in relation to incident management and SIRS requirement in December 2022.

Management interviewed advised the service monitors and reviews the performance of each member of the workforce with support workers interviewed confirming completion of the performance review process.

In response to the Assessment Report, the service advised work has commenced to address workforce concerns relating to recruitment and retention of staff and to address gaps in leadership roles with ongoing staff development. A review of current processes for staff contacting the office is underway to identify where delays are occurring and improve call handling with an additional review underway to enable the service to understand the concerns and potential corrective actions to support correct invoicing.

Considering the information above, and acknowledging the additional information and actions provided by the service, it will take time to address staff shortages and ensure additional staff training is embedded into standard practice. I also note the reviews are not expected to be completed prior to late April 2023. This Standard is deemed to be non-compliant as one of the five requirements reviewed is assessed as non-compliant.

# 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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |

Findings

Consumers and representatives interviewed said they felt they can provide feedback at any time and are asked for input on the delivery of care and services to them by their support workers. Consumers interviewed said the service keeps them updated regarding service improvements. Review of the services plan for continuous improvement detailed work commenced by the service to improve consumer input and engagement regarding complaints and feedback mechanisms and consumer communication more broadly.

Meeting minutes sighted and reviewed evidenced clinical data is reported to the governing body relating to key issues, trends and areas of risk, status of any ongoing investigations by the clinical lead, Work Health and Safety education, incident and complaint management, Serious Incident Reporting Scheme and service restructures. Analysis of this information evidenced the level of oversight of service delivery had by the governing body. A gap was identified in the level of oversight of subcontracted services which management were unable to address at the time of the audit.

**Information Management**

Staff interviewed were aware of individual consumers’ needs they are providing services to and have access to their care plans. Staff and subcontracting services interviewed advised they are involved in regular meetings and confirmed they are provided with regular information on any changes to services, regulations or policies.

**Continuous Improvement**

The service evidenced strategic planning, annual business plans and continuous improvement processes in place, with these adopted and implemented through each operational area. The service demonstrated an electronic system enabling internal audit information to be captured and improvement activity identified and captured in the services continuous improvement register and continuous improvement plan.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. The service demonstrated consumer services are reviewed regularly with data feeding into reporting on resourcing needs of each program.

**Workforce Governance**

As per issues identified in Standard 7, the service is aware and working on improving workforce issues and governance.

**Regulatory Compliance**

Management interviewed advised there has been no adverse finding by another regulatory body in the last 12 months and confirmed the service receives regular updates from government bodies on regulatory information which is monitored by the executive team and communicated to staff.

**Feedback and Complaints**

As identified in Standard 6, the service advised of actions in place to address to addresses concerns regarding complaint mechanisms.

Staff interviewed confirmed they received training in identifying abuse and neglect and serious incident reporting of consumers. Staff also confirmed the process in place when a consumer does not respond to a scheduled visit. Staff demonstrated they were also familiar with these processes and their responsibility to report any concerns regarding these issues. Review of the mandatory training register evidenced 100% staff completion.

The service evidenced a clinical governance framework in place outlining the roles and responsibilities of staff, management and the Board. The framework identifies the governing body as ultimately responsible for ensuring that the service is run well and delivers safe, high-quality care. Workforce interviewed were unable to confirm their understanding of open disclosure in regard to complaints procedures, however, were able explain the correct procedure in relation to incidents and how it is used in best practice practiced. The service’s policies regarding antimicrobial stewardship, minimising use of restrictive practices and open disclosure were sighted.

In response to the Assessment Report, the service advised actions in place to address workplace governance and feedback and complaints as identified under Standards 6 and 7 above. In addition to this, the service advised the service’s training matrix will be refreshed to better address skills and knowledge including complaints/feedback, open disclosure and restrictive practice. The service’s plan for continuous improvement details toolbox talks to share information with staff, monitoring and review of mandatory training will be undertaken by line managers with any follow up actioned promptly and recruitment of a Practice Coach and Service Lead to embed better practices and ensure staff confidence.

Considering the above information and acknowledging the further work planned by the service, it will take time to complete the review work detailed in the services plan for continuous improvement. This Standard is deemed to be non-compliant as two of the five requirements reviewed are assessed as non-compliant.

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)