**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Uniting AgeWell - Strath-Haven Community |
| Service address: | Shop 13, 172-176 McIvor Road BENDIGO VIC 3550 |
| Commission ID: | 300985 |
| Home Service Provider: | Uniting AgeWell Limited |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 19 November 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 AgeWell - Strath-Haven Community (**the service**) has been prepared M Franco, 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 Aged Care - Southern Tasmania CACPs, 17197, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting Aged Care - Strathdevon CACPs, 17198, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting AgeWell Gippsland, 23608, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting AgeWell Andrew Kerr Home Care, 28056, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting AgeWell Hume Home Care, 28092, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting AgeWell Loddon-Mallee, 23606, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting AgeWell Ballarat Home Care, 28387, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Uniting Aged Care - Northern Tasmania CACPs, 17196, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550

**CHSP:**

* Community and Home Support, 27598, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Care Relationships and Carer Support, 27597, Shop 13, 172-176 McIvor Road, BENDIGO VIC 3550
* Centre-based Respite - Care Relationships and Carer Support, 4-BF52PP1, Inglewood & District Health Service, 3 Hospital Street, INGLEWOOD VIC 3517
* Centre-based Respite - Care Relationships and Carer Support, 4-BF52PP1, Macedon Ranges Health Services, 5 Neal Street, GISBORNE VIC 3437

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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)

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

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

Evidence analysed by the Assessment Team, showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives discussed how staff show respect and value their identity. Staff described how they respect each consumer’s lifestyle choices. Documentation showed that assessment and care planning prompts staff to enquire about consumer identity their culture and diversity. The Assessment Team observed identifiers displayed at the service to demonstrate the organisation is inclusive.

Evidence analysed by the Assessment Team, showed the service demonstrated each care and services are culturally safe. Consumers and representatives said in various ways staff know about their background including their culture values and diversity and understand what is important to them. Staff discussed how they provide care that is culturally safe, such as at the day respite group consumers are asked about their food preferences related to religious and cultural beliefs, and staff providing in home services utilise technology to support consumers language. Care documentation for sampled consumers showed how consumer culture values and diversity is included in care planning and assessment and shared with staff.

Evidence analysed by the Assessment Team, showed the service demonstrated each consumer is supported to exercise choice and independence, including to make decisions about their care, when family should be involved, communicate their decisions, and make connections with others. Consumers and representatives discussed generally how they are supported to make decisions about care and services that maintain relationships and build connections. Staff discussed how the service provides information to consumers and their representatives about the services available. Care documentation reflects the involvement of carers and family that the consumer wishes to include.

Evidence analysed by the Assessment Team, showed the service demonstrated each consumer is supported to take risks to enable them to live their best life. Consumers and their representatives said in different ways the service supports them to stay independent. Staff discussed the various ways they encourage consumers to do things they may not otherwise do such as attend bus trips or attend a café. Documentation reviewed demonstrated the care planning and assessment process is effectively identifying risk and staff utilise targeted risk assessments and a dignity of risk process when required.

Evidence analysed by the Assessment Team, showed the service demonstrated that information provided to each consumer is current accurate and timely and communicated clearly, easy to understand and enables them to exercise choice. Consumers and their representatives said they receive information about the care and services available, have copies of budgets, receive a monthly statement where appropriate, have copies of their care plans and where appropriate activities calendars. Staff discussed how they adjust the provision of information to people with communication difficulties such as gaining the assistance of family representatives or translation services, provide explanation over the phone when requested and provide written information to supplement verbal discussions.

Evidence analysed by the Assessment Team, showed the service demonstrated each consumers privacy is respected and personal information is kept confidential. Consumers and representatives expressed satisfaction that their personal privacy is respected by staff while delivering care and services. Staff described ways in which they protect consumer information and respect privacy while delivering care such as ensuring consumers information is not left unattended when attending consumers’ homes and knocking on doors before entering.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 1 of the Aged Care Quality Standards.

# Standard 2

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

Evidence analysed by the Assessment Team, showed the service demonstrated the delivery of safe and effective care and services through effective assessment and planning that includes the consideration of risks to the consumer’s health and well-being. Consumers and representatives interviewed generally reported their satisfaction with the variety of care and services they are receiving to support their health and well-being. Consumer documentation consistently shows that consumer care plans and assessments recognise and document the risks to the consumer’s health and well-being, including falls and mobility limitations and social isolation. Management explained the service ensures that assessment and planning results in safe and effective care and services for consumers through communication with consumers, feedback from home care staff, ensuring staff competency and regular reviews of consumer needs.

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives interviewed generally reported they feel they are receiving the care and services that they require. Consumer documentation reviewed consistently shows that enquiry regarding advance care planning is undertaken, in the integrated assessment for HCP consumers and in the service agreement for CHSP consumers. Consumer documentation reviewed consistently shows effective identification of consumer current needs and preferences, with care planning documents outlining goals to address consumer needs.

Evidence analysed by the Assessment Team, showed the service demonstrated assessment and planning 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 includes other organisations, and individuals and providers of other care and services that are involved in the care of the consumer. Consumers and representatives interviewed consistently reported that they, and the people important to them, have been involved in deciding the services they receive, and that the service has made it easy for them to be involved. Consumer documentation consistently shows consumer involvement in care planning, assessment and review, and where appropriate other organisations and providers of other care and services. Staff interviewed reported conducting assessment and review of care plan and assessments during home visits with the consumer and those they wish to attend.

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives interviewed generally reported that staff have explained information about their care and services, and that they have been provided a copy of their care plan. Consumer documentation includes a section confirming if the consumer or representative has been offered or provided a copy of their care plan. Staff interviewed described the details about the care and services that are available at the point of care.

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives interviewed generally stated they feel they could change the services they get if their needs or preferences change. Consumer documentation reviewed shows that care planning documentation and assessments are reviewed regularly, with all care plans reviewed current and up to date. Staff interviewed reported a minimum of annual reviews being undertaken, noting earlier reviews occur as appropriate, including deterioration or changes to care needs or funding allocation.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 2 of the Aged Care Quality Standards.

# Standard 3

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

Evidence analysed by the Assessment Team, showed the service demonstrated consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers and representatives interviewed stated in various ways they are receiving safe and effective personal and clinical care, that they are happy with the staff providing the services, and generally reported continuity and consistency with their care staff. Consumer documentation reviewed shows that personal and clinical care is tailored to consumer needs and implemented to optimise consumer health and well-being.

Evidence analysed by the Assessment Team, showed the service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. Consumer documentation reviewed shows that the high-impact or high-prevalence risks associated with the care of the sampled consumers are identified and documented. Staff interviewed were able to identify and discuss risks associated with the care of the consumers they provide care and supports to. Management stated that the high impact or high prevalence risks experienced by their consumers are primarily related to dementia and cognitive impairment and falls, and they trend, analyse, and respond to these risks through reports, team meetings and reviewing the Risk and Vulnerability register and integrated assessments.

Evidence analysed by the Assessment Team, showed the service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. While there were not any consumers receiving end of life or palliative care services at the time of the Quality Review, the service was able to demonstrate how they provide effective and considerate care and support to consumers who are receiving palliative care services. Case managers described the processes they follow to support consumers/representatives who are nearing end of life to maximise their comfort, including collaborative care provision with District Nursing and Palliative Care services.

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives interviewed stated that staff know them well and would recognise if their health deteriorated of changed suddenly. Consumer documentation reviewed shows regular review and reassessment is occurring, including clinical reassessment, to identify deterioration or change in consumer care needs and cognitive and physical capacity and function. Staff interviewed reported the various ways they identify changes in consumers’ clinical and personal care needs, noting regular review of clinical assessments, allied health and nursing reports and discharge summaries from hospitals, as well as observing changes to consumer function and cognitive capacity during service delivery and reassessment.

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives interviewed stated that staff are aware of their care needs. Consumer documentation reviewed consistently shows information that outlines the needs, conditions and preferences are effectively documented and is effectively communicated within the organisation and provided to other providers of care through the Community Services Referral and service provider specific forms which contains a medical and functional profile of the consumer.

Evidence analysed by the Assessment Team, showed the service demonstrated undertaking timely and appropriate referrals to other providers of care and services. Consumers and representatives interviewed generally reported that the service will call a doctor or other health professional including allied health and nursing service providers promptly when their personal or clinical needs change. Consumer documentation reviewed demonstrated nursing and allied health referrals, including to occupational therapy and dietetics.

Evidence analysed by the Assessment Team, showed the service demonstrated is undertaking infection-related risk minimisation through implementing standard and transmission-based precautions to prevent and control infection. All consumers and representatives interviewed described the ways staff limit or protect them from possible infection, including wearing masks and practicing hand hygiene. Staff interviewed described the protocols they follow in order to minimise infection related risks when working in consumers’ homes, noting they are wearing masks in consumer homes, wearing gloves for the provision of personal care, using hand sanitiser, undertaking hand washing refreshers twice annually with the service’s nursing staff and completing infection control training. Management described the changes the service has made to their infection control procedures in response to the COVID-19 pandemic noting the cottage based respite and social support group is cleaned daily after the group according to the cleaning schedule, the use of appropriate cleaning schedules, and for in home care services including personal and clinical care staff wear masks and gloves, and aprons during showering assistance, as well as undertaking minimum training related to infection prevention control and personal protective equipment (PPE).

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 3 of the Aged Care Quality Standards.

# Standard 4

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

Evidence analysed by the Assessment Team, showed the service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Consumers and representatives interviewed expressed in various ways that the services they receive help the to maintain independence and quality of life. Consumer documentation reviewed consistently outlines the needs, goals, and likes and dislikes of each CHSP and HCP consumer to optimise their health, well-being, and quality of life.

Evidence analysed by the Assessment Team, showed the service demonstrated service’s and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. All consumers and representatives interviewed reported that they feel confident that staff would recognise and support them if they were feeling low. In addition, all consumers and representatives described in various ways how the service supports their emotional, spiritual, and psychological well-being, including engaging in activities of interest, taking the time to have conversation and getting to know them. Consumer documentation including consumer care plans and memorandums generally reflect information related to spiritual, emotional, and psychological well-being, including religious preferences and church attendance, social activity preferences and friend and family supports.

Evidence analysed by the Assessment Team, showed the service demonstrated services for daily living assist consumers to participate in their community and do things of interest to them. Consumers and representatives interviewed expressed in various ways that the service enables opportunities to do things that are meaningful to them, including community access and involvement, support to engage in activities and hobbies of interest to them, and supporting social interaction and relationships. Consumer documentation consistently provides information regarding consumer likes and interests and provide goals and actions to support increased community participation and undertaking activities of interest.

Evidence analysed by the Assessment Team, showed the service demonstrated information regarding the consumer’s condition and needs within the organisation and with others involved in the consumer’s care. All consumers and representatives interviewed reported that staff know information regarding their care needs and preferences, and that they do not have to repeat information or direct staff in what to do. Consumer documentation including integrated assessments, care plans and memorandums reviewed consistently outline each consumer’s condition, needs and preferences, with this information also available on the telephone application for staff to access during service delivery.

Evidence analysed by the Assessment Team, showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. While consumers and representatives generally reported they have not been supported to connect with other lifestyle services, they generally noted they have not required these services and expressed in various ways they feel the service would support them where appropriate. Staff interviewed stated they complete consent to share information forms with consumers who are interested in accessing external services and have a community referral form that they can complete and submit to these external providers of other care and services.

Evidence analysed by the Assessment Team, showed the service demonstrated where meals are provided, they are varied and of suitable quality and quantity. Consumers and representatives interviewed generally reported that the food they receive is varied, of a suitable quality and quantity. Consumer documentation reviewed consistently documents consumer allergies and nutritional requirements. Staff interviewed reported they check in with consumers, seek feedback and monitor meals provided to ensure they are suitable.

Evidence analysed by the Assessment Team, showed the service demonstrated where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers and representatives interviewed reported that any equipment they have accessed through the service has been suitable, safe, and that they have been satisfied with the equipment. Consumer documentation reviewed consistently provides occupational therapy assessments providing recommendations for safe and suitable equipment for each consumer accessing aids and equipment.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 4 of the Aged Care Quality Standards.

# Standard 5

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

Evidence analysed by the Assessment Team, showed the service demonstrated the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. All CHSP and HCP consumers and representatives interviewed reported feeling safe and welcomed at the service. Management interviewed stated they ensure consumers (and their visitors) feel welcome in the service through providing a variety of social support groups that offer choice and are most suitable for each consumer, through feedback from consumers and families, and having permanent regular staff providing care and support at the service.

Evidence analysed by the Assessment Team, showed the service demonstrated the service environment is safe, clean, well maintained, and comfortable service environment that enables consumers to move freely, both indoors and outdoors. All consumers and representatives interviewed reported that the service is generally clean, well maintained, and comfortable, and that they can go outside when they please. Staff interviewed confirmed that cleaning is undertaken regularly, and maintenance requests are submitted directly to the office for action.

Evidence analysed by the Assessment Team, showed the service demonstrated furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer. All consumers and representatives interviewed reported that the furniture and fittings meet their needs and are well-maintained. While the service does not provide aids and equipment for consumer use the centre-based respite social support group does have appropriate furniture and fittings for consumer use. Staff interviewed reported that they are satisfied the equipment is clean, maintained, and safe for use, and that shared equipment cleaned after each use.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 5 of the Aged Care Quality Standards.

# Standard 6

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

Evidence analysed by the Assessment Team, showed the service demonstrated consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and their representatives described in various ways how they are supported to provide feedback about their services and while not all consumers have made a complaint, they described their confidence that the service would support them and respond appropriately. Staff described how they ensure feedback forms are available and report any complaints and feedback received verbally via telephone or the electronic management system application on their telephone, to the care organisers or care advisors. Documentation provided showed the service has a complaints policy and procedure.

Evidence analysed by the Assessment Team, showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and their representatives said in various ways they felt safe to raise concerns. Staff described information provided to them to assist with connecting to translation services and while not all staff have been requested by consumers to connect with advocacy services or make an external complaint, they described consistently how they would escalate consumer complaints to management. Documentation reviewed demonstrated the service provides an information pack to new consumers in all programs and the information includes how to connect with interpreter and relay services, advocacy networks and how to make an external complaint.

Evidence analysed by the Assessment Team, showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. While not all consumers and their representatives provided a response those that did discussed their satisfaction with the services communication about the investigation and actions to resolve the compliant including an apology. Home care workers interviewed consistently discussed how they report consumer complaints to care organisers and care advisors. Management discussed how they address complaints promptly and record them in the organisations electronic feedback register which prompts staff to complete the open disclosure process.

Evidence analysed by the Assessment Team, showed the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. While consumers and their representatives generally did not provide specific response, management discussed complaint data has previously identified that consumer home care package statements were not always easily understood by consumers and their representatives. Management said a continuous improvement activity is underway with a new draft statement template due to be released with the August statement.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 6 of the Aged Care Quality Standards.

# Standard 7

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

Evidence analysed by the Assessment Team, showed the service demonstrated 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. Consumers and representatives expressed their general satisfaction that staff are on time and while services are required to be rescheduled due to staff unplanned leave from time to time. Staff interviewed expressed generally that there is enough time to complete their work effectively. Management discussed workforce recruitment and retention strategies.

Evidence analysed by the Assessment Team, showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of consumer’s identity, culture, and diversity. Consumers and representatives said in various ways the staff are respectful of their needs and lifestyles. Staff discussed how the assessment and care planning process identifies consumers culture and identity and the information is provided to the home care workers. Documentation reviewed showed consistently consumer culture, interests and lifestyle is identified and strategies to support consumers is provided in care planning and task documentation and is provided to home care workers.

Evidence analysed by the Assessment Team, showed the service demonstrated the workforce is competent, and staff have the qualifications and knowledge to effectively perform their roles. Consumers and representatives described in various ways their confidence staff are competent. Staff discussed how they are provided regular supervision with their managers and provide training as required. Management described how the recruitment processes verify staff qualifications and experience and align with the relevant position descriptions, and expectations of subcontracted service providers is formalised in contracts and supported with statutory declarations.

Evidence analysed by the Assessment Team, showed the service demonstrated the workforce is recruited trained equipped and supported to deliver the outcomes required by these standards. Staff interviewed confirmed they received an induction, attend mandatory training, and participate in relevant training modules and competencies related to their role. Management discussed staff training needs are identified through regular performance review incident and complaints information. Documentation reviewed evidence the organisations training matrix which identifies staff completions of mandatory training, competences and individual training requirements related to role.

Evidence analysed by the Assessment Team, showed the service demonstrated it reviews staff performance regularly through a performance review cycle and monitors and supports staff via regular supervision with their manager. Staff described regular supervision with managers annual performance reviews. Management discussed how regular staff performance is reviewed in line weak employment anniversary and his tract and managed at a local service level.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 7 of the Aged Care Quality Standards.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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

Evidence analysed by the Assessment Team, showed the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. While not all consumers and representative provided a response, those that did spoke positively of the encouragement and support to make suggestions about their services. Management described the various methods the organisation uses to involve consumers in the development and evaluation of care and services.

Evidence analysed by the Assessment Team, showed the service demonstrated the organisations governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body is responsible for overseeing the strategic direction of the organisation and monitoring risk and quality in relation to care and services.

Evidence analysed by the Assessment Team, showed the service demonstrated effective organisation wide governance systems in relation to information management, continuous quality improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation has established information management systems that support the consistent management of information throughout the organisation. The service plan for continuous improvement and discussions with management, staff, consumers, and representatives show improvements are ongoing. Management discussed and documentation supported in relation to unspent funds that they are tracked monthly. The organisation has a feedback and complaints system that supports improved outcomes for consumers. Management showed feedback and complaints received are documented on a register, reviewed, and actioned.

Evidence analysed by the Assessment Team, showed the service demonstrated the service demonstrated it has an organisational risk framework for managing high impact and high prevalence risks. The service records incidents in the organisations incident management system. Management demonstrated how incidents are reviewed, analysed and incident trends are report to the board. Risks of incidents are mitigated through harm minimalization strategies such as a restraint register and consumer vulnerability spreadsheet. Management also demonstrated the addition of a Serious Incident Response Scheme (SIRS) into the organisation’s risk management framework. In relation to managing high impact or high prevalence risks associated with the care of consumers management said the comprehensive assessment and care planning processes and the incident reporting system identify these risks. In relation to identifying and responding to abuse and neglect of consumers, management and staff interviews and documentation review showed assessment and review processes are used to monitor consumer wellbeing and safety. In relation to supporting consumers to live the best life they can, the service showed how organisational policies and procedures promote a balanced approach to risk management to enable consumers to have agency over their lives and balance choices and safety issues. In relation to managing and preventing incidents, the service demonstrated an incident management system and risks of incidents are mitigated through harm minimisations strategies.

Evidence analysed by the Assessment Team, showed the service demonstrated the organisation's governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service is reflected in the organisation's clinical governance framework. Management described the use of open disclosure and how it is embedded in the organisations policies and procedures. Consumers and representatives interviewed are satisfied that appropriate action and open disclosure occurs. Training records demonstrated training in elder abuse and the serious incident report scheme is included at induction and annually. The organisations incident management policy includes the SIRS and references the Commission’s website.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 8 of the Aged Care Quality Standards.

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)