**Performance**

**Report**

**1800 951 822**

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| Name of service: | UnitingCare Community Care - Orange |
| Service address: | 76 Kite Street ORANGE NSW 2800 |
| Commission ID: | 200153 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 16 December 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 Central West Community Care (**the service**) has been prepared by 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:**

* UnitingCare Community Care - Orange ATSI, 17845, 76 Kite Street, ORANGE NSW 2800
* UnitingCare Community Care - Orange CACP, 17846, 76 Kite Street, ORANGE NSW 2800

**CHSP:**

* UNITING (NSW.ACT) - Care Relationships and Carer Support, 25089, 76 Kite Street, ORANGE NSW 2800
* UNITING (NSW.ACT) - Community and Home Support, 25090, 76 Kite Street, ORANGE NSW 2800

# 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 26/10/2023.

# Assessment summary for Home Care Packages (HCP)

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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

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 interviewed by the Assessment Team said they felt respected by the services, staff and management and described support workers to treat them with dignity, respecting their identity, culture, and diversity. Consumers described staff are being understanding and nice. Staff interviewed demonstrated an understanding of the importance of a consumer’s identity, culture, and diversity. Staff are informed of what is important to consumers through the services comprehensive care plans which inform the delivery of care and services for consumers.

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 interviewed demonstrated an understanding of cultural safety and applying cultural safe practises when delivering care and services to consumers.

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 interviewed felt encouraged and involved to make decision about their care and services. Staff demonstrated an understanding of supporting consumers and representatives to exercise choice and independence through making decisions of their care and services. Management interviewed spoke to having a ‘client centred approach’ when supporting consumers to make decisions about their care and services.

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. Discussions with consumers who attended the services exercise programs highlighted staff’s ability to support consumers to remain independent. Staff demonstrated an understanding of supporting consumers to take risks to maintain their independence and do things that are important to them. Management displayed an understanding of consumer choice and provided an understanding of how the service supports consumers to take risk.

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 representatives interviewed by the Assessment Team confirmed they were supported to understand information provided by the service. Consumers highlighted that the service has made improvements and they receive monthly statements that are now easy to understand and itemised allowing them to see the care and services received. Staff interviewed demonstrated the ability to support consumers including those who face challenging communicating to understand information to enable them to exercise choice over their care and services.

Evidence analysed by the Assessment Team, showed the service demonstrated each consumers privacy is respected and personal information is kept confidential. Consumers and representatives interviewed by the Assessment Team said that they feel staff respect their personal privacy while delivering care and services to them. Management described the services processes that are in place to manage privacy and confidentiality for consumers adhering to choose and control for the consumer. Management advised that the service has a ‘Sharing Information Consent Form’ that consumers receive during intake with the service which is reviewed if changes occur and seek verbal consent with consumers and their representatives.

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

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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

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 were satisfied with the safe and effective care and services they receive. Consumers expressed their involvement in the assessment and planning processes and referred to their care plan during conversations with the Assessment Team. Staff referred to using consumers care plans as ‘reference material’ to inform the delivery of safe and effective care and services. Staff demonstrated an understanding of risk involved in consumer’s care.

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 spoke to receiving the care and services they need including being aware of advance care planning/end of life planning. Consumers explained the comprehensive assessment and planning processes and recalled the service asking about their goals. Management spoke to supporting consumers with choice regarding advanced and end of life planning. Management advised that the service is currently working with consumers to update advanced care plans.

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 when interviewed by the Assessment Team spoke to their involvement in the assessment and planning processes. Consumers expressed they can choose who is involved in the assessment, planning and review of their care and services. Consumers felt the service supported the inclusion of external organisations and providers in their care and services. Care plans reviewed showed evidence of the involvement and partnership of family members, other organisation/providers and additional people involved in the consumer’s care. Sighed Care plans showed evidence of involvement from consumers General Practitioner and other health professionals.

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 felt the service effectively communicated and explained information about their care and services including their care plans. Management advised of the services commitment to improve communication between the service and consumers and representatives.

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. Staff demonstrated an understanding of consumers care plans and how they inform the delivery of care and services. Staff explained how they communicate with the neighbourhood coordinators and assist in the referral process when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team viewed 10 care plans and noted that all care plans were in date. Evidence was seen of reassessments occurring as a result of a change in circumstance or after a significant event has occurred.

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

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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

Evidence analysed by the Assessment Team, showed the service demonstrated each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being.

Consumers interviewed said they were very happy with the care they received from the Provider and that the services they received had been tailored to their specific clinical needs. Consumers confirmed that they felt the care they received was safe and effective and described the service as exceptional. Care plans reviewed demonstrated that personal and clinical care was tailored to meet individual needs and optimised health and well-being, resulting from comprehensive initial assessment planning and ongoing clinical reviews by trained staff including RN’s.

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. Consumers interviewed said the provider follows significant steps to ensure all risks were mitigated as much as possible. Staff demonstrated that assessment and care planning considered high prevalence and/or high impact risk and ensured service delivery was tailored to reduce such risks. Management described the service wide commitment to best practice and to ensuring the management of high prevalence and high impact risks associated with care delivery and the development and implementation of the risk profile for assessment and management policy and confirmed the affects the policy had in ensuring the consideration of risk was embedded in all assessment and consumer care.

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. Management advised that the service has a large and comprehensive set of policies and procedures governing all aspects of assessment, planning and service delivery. These included dedicated polices for the consideration of end-of-life care and a dedicated policy for the treatment and care provided to end of life consumers receiving care from the service. Management described the services processes that are in place, that promoted a culture of care and compassion in the support and services provided to consumers identified as nearing the end of life which included specific training provided to staff, to enable care workers to better support consumers in addition to recognising and supporting the emotional effects such demands place on the care workers who may have been supporting the consumer for some years.

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 interviewed said that the provider is very careful to note changes and responds well to any need for additional services by referring them on to other providers if needed. Care plans reviewed demonstrated that the care teams updated information on consumers care plans whenever there was a reported change in consumer behaviour, cognitive function physical function or personal capacity. Management described the services policies and procedures that are in place that demonstrated a robust commitment to the responses to changes when identified that ensured changes to service provision would be made when necessary and a commitment by the service to the ongoing assessment and monitoring of consumers mental and physical function capacity and condition.

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 interviewed said they were very happy with the services they received and confirmed that when medical issues arose the service would refer them to other organisations or back to their GP’s should the need arose. Staff demonstrated information was shared when needed and that consumer information was communicated within the organisation and shared where necessary especially consumers who had clinical care given the need to ensure GP’s and other clinical services needed to be fully informed of conditions and changes in all aspects of a consumer’s care. Care plans reviewed demonstrated comprehensive and ongoing information was obtained for each consumer’s conditions, needs and preferences, initially during the first interviews and then from regular updates provided by care workers as conditions changed. The service IT platform provided an accessible portal for care workers and service providers to have access to consumer information and be able to share that information to others where the responsibly for care is shared.

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. Consumers interviewed said that the provider had been ‘Fantastic’ in dealing with their clinical condition. They confirmed that whenever the symptoms of their condition present themselves the provider responds quickly and provides the relevant care and relevant referrals to outside organisations to support them until they subside. Management advised that care staff are required and encouraged to feedback all issues and changes to consumers through the service IT platform and directly to care managers. These staff coordinate referrals to individuals, other organisations, and providers of other care service. Care plans reviewed demonstrated that referrals to other organisations, individuals and other providers of care and services was guided by the needs and preferences of the consumers.

Evidence analysed by the Assessment Team, showed the service demonstrated minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Consumers interviewed said that all care staff are vigilant when attending to them and all carry out significant precautions to reduce infection and the transmission of ‘germs and bugs’. Consumers also said care staff were extremely vigilant in their adherence to hygiene and in practices to reduce infection-based risk and that brokerage agreements with nursing services required a high level of adherence to best practice to minimise transmission-based infection and high level of adherence to prescribed appropriate antibiotic use. Management described the service had robust and well considered polices in place to ensure the minimisation of infection risk and staff being supported with having extensive training on the use of PPE during the recent Covid outbreak and extensive training on practises to reduce transmission-based infections.

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

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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

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 optimise their independence, health, well-being and quality of life. Consumers and representatives interviewed felt satisfaction with their current services. They spoke to receiving services of their choosing aligned with their goals and preferences and let the staff optimise their independence and well-being and quality of life. Staff demonstrated supporting consumers to be independent when delivering care and services. Staff explained that they let consumers participate in as much as they can without putting them in danger.

Management highlighted that feedback from consumers and representatives informs of the services ability to optimise consumers independence and quality of life. Additionally, the service ensures each consumer gets safe and effective services and supports through the use of ‘positive risk assessment’ and other ‘risk assessment’ processes. Care plans reviewed demonstrated that they were written with a consumer centred focus, including information on their individual interests and goals informed by the use individual assessments, supporting consumers to maintain with independence and quality of life.

Evidence analysed by the Assessment Team, showed the service demonstrated services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers and representatives interviewed felt supported by staff and the broader service with their emotional, spiritual and psychological well-being. Staff demonstrated an understanding of promoting consumer’s emotional, spiritual and psychological well-being. Staff explained that they participate on getting to know the consumer and their interest and granting them choice and control over services and support for daily living. Through Assessment Teams interactions with consumers onsite it was seen that service environments provided consumers with opportunities to promote their emotional, spiritual and psychological well-being.

Evidence analysed by the Assessment Team, showed the service demonstrated services and supports for daily living assist each consumer to: participate in their community within and outside the organisation’s service environment; and have social and personal relationships; and do the things of interest to them. Consumers and representatives felt supported to participate in opportunities of interest in the community and explained that the service assisted them to maintain relationships. Staff interviewed said they would provide choice and control for consumers when delivering services and supports for daily living through seeing there they want to go when accessing the community. Management referred to the consumers ‘Relationship Map’ to inform the social and personal relationships of importance to consumers. Management advised that the consumers ‘weekly planner’ captures services and supports for daily living.

Evidence analysed by the Assessment Team, showed the service demonstrated Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives felt satisfaction with the care and services provide by an array of staff and explained that they get the care and services they want. Some consumers advised that they inform new staff of what they require to be done however are satisfied when they deliver the care and services. Staff interviewed confirmed they are informed of information about a consumer’s condition, needs and preferences through communicating with other staff who share consumers delivery of care, through consumer care plans and progress notes. Management spoke of the services risk meeting that occurs every Friday where risk is documented and discussed between staff. The Assessment Team observed management communicating and interacting with each other regarding the care and services of consumers, demonstrating an understanding of consumers conditions between shared parities. Care plans reviewed by the Assessment Team demonstrated evidence of progress notes by staff including updates on consumers conditions, that were well documented and contained relevant information to enable staff to deliver care and services.

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. Consumers and representatives spoke of being supported to connect to other organisations and providers of care and services. Staff were able to inform the Assessment Team of processes of escalate changes in a consumer’s condition to the neighbourhood coordinator, through completing progress notes and making referrals to for other care and services. Staff demonstrated an understanding of supporting consumers through making timely and appropriate referrals to other organisations and providers of other care and services. Management demonstrated an encouraging approach to consumers accessing other organisations and 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. Discussions with one of the consumers attending the services social group said she is provided with meals of suitable quantity and described the sandwiches provided by the service as “lovely”. She also advised the Assessment Team that staff are aware that she is diabetic and is provided with alterative options by the service. Staff demonstrated an understanding of consumers dietary requirements. They advised they refer to consumers care plans and spoke of using their mobile application to inform timely access when delivery food services. Management interviewed spoke of how the service captures consumers dietary requirements to allow for the service to best cater for their individual needs and preferences. Management advised that during intake, consumer dietary requirements and allergies are noted and reflected in their care plans which are reviewed regularly. Sighed Care plans showed evidence of personal food preferences and alerts notifying of any present allergies.

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 confirmed their involvement and satisfaction in assessments by the service where equipment is provided to ensure its suitability and safety. Staff demonstrated an understanding of ensuring equipment provided to consumers are safe, suitable clean and well maintained. Management displayed an understanding of consumers equipment needs and showed how they ensure the equipment provided to consumer is safe and suitable for their use.

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

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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

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. When interviewed by the Assessment Team, consumers provided positive feedback of the service environments expressing that they felt welcomed and comfortable. During observations, the Assessment Team determined that the service demonstrated environments that are welcoming, easy to understand, and optimised each consumer’s sense of belonging, independence, interaction, and function.

Evidence analysed by the Assessment Team showed the service demonstrated the service environment is clean and enable consumers to move freely, both indoors and outdoors. During conversations with consumers and observations, consumers can move freely throughout the service environments and felt the spaces were safe, well-maintained, clean, and comfortable. During observations consumers seated in the living area. The Assessment Team noted that consumers walking aids were placed near them enabling independence while still allowing others to move around freely around them.

Evidence analysed by the Assessment Team showed the service demonstrated furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers. The service demonstrated that the fittings and equipment in use for the group activities were safe, clean, well maintained, and suitable for each consumer. Consumers were generally satisfied with the furniture, fittings and equipment describing equipment as safe. The Assessment Team observed disinfectants wipes and hand sanitizers available to staff and consumers across all service environments. Service environments were fitted with emergency evacuations plans for consumer, staff, and visitors’ safety.

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

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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

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. The Assessment Team sighted robust and well written policies and procedures relating to the management and handling of feedback and compliments. The ‘Incidents and complaints management policy’ was found to be easy to read and easily accessible to all staff including care staff through the services online share files and could be accessed while staff were on site with a consumer if necessary. Interviews with the area manager confirmed that all staff were trained and encouraged to support consumers to make complaints and to provide feedback.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware and have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team sighted the providers initial welcome pack which contained details of the providers complaints and feedback procedures, support for consumers to provide feedback and make complaints including advocacy services and language support services. In addition, the welcome pack provided details of external bodies to whom consumers could complain if required such as the aged care quality safety commission whose information was constrained in the welcome pack. When interviewed by the Assessment Team, consumers advised they are aware of the complaints procedure and are encouraged and supported to provide feedback wherever possible.

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. The Assessment Team sighted robust and well written policies and procedures relating to the management and handling of feedback and compliments. This induced a string emphasis on the promotion of open disclosure throughout the complaints handling process. Interviews with the service lead confirmed that staff follow the process required in the policies and procedures and ensure all complaints are handled with full open disclosure. The Assessment Team sighted the provider’s compliant and feedback logs that demonstrated comprehensive notes on all complaints received and a full timeline on the handling and resolution of the complaint.

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. The ‘Incidents and complaints management policy’ sighted by the Assessment Team contained requirements for feedback and complaints to be monitored and trends from this data used to inform the continuous improvement plan. The Assessment Team interviewed the providers clinical lead that confirmed staff monitored feedback and complaints data every week through the providers QUAZAR feedback and complaints handling package. This weekly monitoring process assessed details of complaints and feedback received that week and used that data to inform the continuous improvement plan.

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

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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

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. All consumers interviewed said they were very happy and appreciative of the service delivered by the service. All consumers interviewed also said they care staff to be competent in delivering safe and quality service.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumer’s confirmed that service staff were kind and caring in their approach and were respectful of their culture identity and diversity. The Assessment Team sighted policies and procedures while on site that governed the interaction between all staff at the service and consumers. These policies strongly emphasised the need for respectful interactions regardless of identity, culture, and diversity.

Evidence analysed by the Assessment Team showed the service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Consumers interviewed stated that staff know what they are doing. Interviews with the provider’s area manager confirmed that all roles have a detailed position description and staff are recruited based on qualifications and experience.

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. The Assessment Team interviewed the providers human resource lead who confirmed all staff had significant qualifications and experiences in the roles they applied for when they were initially recruited. The Assessment Team sighted Policies and procedures covering the hiring and support of staff provided robust processes for ensuring all staff members had the necessary experience training and on-going support and training to perform their roles in addition to supporting other team members in their roles. Regular staff meetings and management contact ensure staff are supported and feel able to raise issues such as training needs were necessary.

Evidence analysed by the Assessment Team showed the service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The Assessment Team sighted robust and well written policies and procedures relating to the management of staff employed by the United Churches group. Theses polices required annual performance appraisals in addition to ongoing staff support and contact session. During the Assessment Teams visit a total of 12 staff were interviewed and all confirmed they had appraisals within the last year, in all cases staff informed the team they had performance appraisals at least every 6 months and all had regular on going contact and support from line management.

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

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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

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. Consumers are encouraged to provide feedback and the initial welcome pack contained forms and information for consumers to offer feedback. The providers area manager confirmed these forms were updated each year during reassessment and consumers were encouraged to complete forms. The area manager confirmed to the Assessment Team that the provider has an annual feedback survey which is sent to all consumers and that care staff encourage consumers to respond to the form.

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. Consumers interviewed stated they are satisfied the service promotes a culture that is safe and inclusive. Policies and procedures, and feedback mechanisms are in place to support the governing body in this role.

Evidence analysed by the Assessment Team showed the service demonstrated it has governance systems and processes, from the care and service level through to the governing body, for managing and governing the delivery of care and services relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Evidence analysed by the Assessment Team showed the service demonstrated it has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety, and well-being of consumers. The incident management system identifies any trends or risks and is used to improve care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service responds to allegations and incidents of abuse and neglect of consumers through an investigation process.

Evidence analysed by the Assessment Team showed the service demonstrated the organisations clinical governance framework was effective in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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)