**Performance**

**Report**

**1800 951 822**

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| Name of service: | Vision Australia - Gosford |
| Service address: | Ground Floor, Suite G02, 40 Mann Street Gosford NSW 2250 |
| Commission ID: | 201223 |
| Home Service Provider: | Vision Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 8 March 2023 to 10 March 2023 |
| Performance report date: | 4 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Vision Australia - Gosford (**the service**) has been prepared by M Cooper delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Allied health and therapy Services, 4-B79P5YX Ground Floor, Suite G02, 40 Mann Street Gosford NSW 2250
* Specialised Support Services 4-B8694RT Ground Floor, Suite G02, 40 Mann Street Gosford NSW 2250

# 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 3 April 2023
* Aged Care Act 1997 [Cth]
* Aged Care Quality and Safety Commission Act 2018 [Cth]
* Aged Care Quality and Safety Commission Rules 2018 [Cth]
* User Rights Principles 2014 registered 10 October 2022
* Quality of Care Principles 2014 registered 10 October 2022
* Guidance and Resources for Providers to support the Aged Care Quality Standards published by the Aged Care Quality and Safety Commission in September 2022
* Commonwealth Home Support Programme manual 2022 -2023

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Assessment Team reports that the Approved Provider is ensuring consumers are treated with dignity and respect whilst providing culturally safe care and services. The Services is documenting information regarding consumers’ identity, culture and personal preferences in line with their values. Providing information which enables the consumer to make decisions, including who is to be involved in their care, their participation in activities and selection of meals. The Provider is supporting consumers to live the life they choose. Ensuring consumers’ personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality.

Requirement 1(3)(a)

When interviewed consumers and their representatives said staff treat them with dignity and respect. Care staff described how they show dignity and respect towards their consumers. Management advised they are not managing and haven’t recently managed any complaints from consumers about their treatment from staff, or staff being disrespectful. Care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making. Their care plan outlined consumer goals in relation to their wellbeing

Requirement 1(3)(b)

Culturally diverse consumers were not in the sample. Therefore, cultural values and beliefs did not have an impact on services delivered. Staff interviewed demonstrated that they are aware of providing care in a culturally safe way and demonstrated that they do this in practice. Management advised that the service has Reconciliation Action Plan (RAP) ongoing with staff to improve eye health service outcomes for Aboriginal consumers. In addition, management provided details of cultural competence training conducted.

Requirement 1(3)(c)

Consumers interviewed said that the staff encourage them to make decisions about their care. They were also aware of those they chose to be involved in their care and provided examples of how the service assists them to maintain relationships of choice and independence. Management and staff evidenced knowledge, awareness and understanding of consumer choices and preferences and how they support consumers to make decisions about their care and services. The service has documented policies and procedures regarding consumer goals, needs and decision making which guides staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Requirement 1(3)(d)

Consumers confirmed the service supports them to live their best life and encourages them to keep independent and be active. Care staff could describe areas in which consumers want to take risks. The consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Consumers are involved in problem-solving solutions to reduce risk where possible. Care planning documentation outlined preferred care and services and any goals the consumer had identified, including individual strategies to support consumers to maintain their independence and mitigate identified risks.

Requirement 1(3)(e)

Consumers confirmed they receive information from the service about the care and services which is clear and easy to understand. One consumer explained that she received a taxi application from care staff, when it was completed it enabled her to obtain a 50% discount due to her poor vision. She added that she also receives emails from the service, including how to vote i.e. postal vote, polling booth and how to get assistance. Care staff interviewed gave examples of how they communicate information to consumers that face challenges communicating. Care service agreements (care plans) and general consumer information were reviewed. These were all found to be clear, provided enough details and information, and were easy to read and understand, with enough information to support choice. The client information booklet provided to all consumers and reviewed by the Assessment Team was also clear, in plain English and in large print for vision impaired consumers.

Requirement 1(3)(f)

Consumers said they feel staff respect their personal privacy during their care and services. Care staff described how they maintain consumer’s privacy when providing care. The services Information Security Policy & Procedures viewed and it describes how consumer’s personal information is protected and shared between parties.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 1

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

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is undertaking assessment and planning in collaboration with consumers and their representatives, using multiple systems to assist in the development of individualised plans. Through the assessment, the Provider is identifying risks which could impact a consumer’s health or wellbeing and identifies a variety of eye health professionals in assessment and planning of consumers’ services that could assist.

Requirement 2(3)(a)

The assessment team reviewed service documentation for consumers which demonstrated assessment and planning processes identify the needs, goals and preferences of consumers and any related risks to their health and wellbeing. Management and staff described the process of assessment and planning and reported this includes consultation with the consumer/representative, other eye health professionals, and documentation such as GP and eye specialist summaries to inform the development of an individualised plan.

Requirement 2(3)(b)

Review of consumer care documentation demonstrates, and interviews with consumers/representatives confirms that individual needs goals and preferences are addressed. The Provider’s self-assessment tool states: Vision Australia’s initial contact approach is based on person centeredness, where person centeredness is an attitude and a way of interacting at every level. We use a conversational interview, rather than asking a list of questions which allows us to start where the client is at. Advanced Care planning and end of life planning are not relevant to the services provided at Vision Australia.

Requirement 2(3)(c)

Review of service planning documentation and consumer interviews demonstrates planning is completed in partnership with consumers and others they wish to be involved. Where it is assessed as necessary, other health care providers and organisations are included in assessment and planning for consumers

Requirement 2(3)(d)

The Provider demonstrated communication with consumers and outcomes of assessment and planning is adequate. The Provider’s clearly articulates its approach to this requirement by stating ‘the outcome of service planning is the Service Agreement, which is created in partnership with the client’. A copy of this is kept on the client’s electronic file on CMS and a copy is provided to the client on the day if they are in a Vision Australia Office or they prefer a copy via email otherwise it will be sent out soon after in the clients preferred format if the planning occurs in the client’s home or community. Client’s representatives, support people or interpreters will be included in the planning process where requested or required.

Requirement 2(3)(e)

The service demonstrates that care plans and services are reviewed when circumstances change, a new referral is received, or if the consumer instigates one themselves through booking an appointment. Response provided in the self-assessment tool states: The client’s service agreement (including goals and hours/type of service delivery) are reviewed throughout the delivery of service, the review date reminder in the client’s electronic record is dependent on how long the service is required for. 12 monthly reviews are conducted for consumers as required; however, a review request to My Aged Care is completed when there is a change to the consumer’s vision and/or circumstances.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 2

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

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing safe clinical care that is specific to the temporary, or permanent reduction in eye sight. It is identifying and responding to high impact and high prevalence risks for individual consumers at the service whilst ensuring that there is clear communication about consumer’s care both within and external to the organisation, referrals are made to other health professionals when the need for this is identified. Documented processes to monitor and manage infection prevention and control (IPC) are implemented, IPC and OH&S leads are appointed, and relevant training has been completed by all staff. The Provider is effectively minimising the risk of infection and taking precautions to prevent and control infection related outbreaks.

Requirement 3(3)(a)

4 out of 4 consumers sampled for standard 3 shared how they get safe and effective clinical care. Managers explained how delivering care that meets consumer goals and preferences is evidence they are delivering services tailored to their needs and is best practise. Staff discussed how keeping their knowledge up to date and participating in ongoing training guides them in delivering service that is best practise.

Requirement 3(3)(b)

Consumers receiving services are generally at high risk of falls and risk assessments are developed. The Occupational Therapist (OT) shared how they minimise risk of falls by removing clutter with in the house to ensure there is clear pathways from point a to point b. They review the living environment and recommend railings, ramps, the removal of rugs or anything that may cause a trip. The Orientation Mobility specialist (OM) shared how they look at people’s mobility and physiology if they already have a 4 wheeled walker I always suggest that this is the best equipment for balance, sitting, supporting body weight. If the need arises I can teach a long cane with another mobility device such as wheelchair. Management stated that risk assessments are performed in the initial phone call for both client and location.

Requirement 3(3)(c)

Not applicable

Requirement 3(3)(d)

This is not commonly identified in consumers who receive a visit from one of the specialists’, appointments are generally once or twice off. They do not see them frequently enough to notice deterioration or change in mental health, cognitive or physical function. The OM shared how they always read the case notes, client forms and previous service provider notes. One client visited, was presenting differently to the information available. They sent a support ticket and raised the issue with the OT that her health was not quite transparent on paper. The OT visited immediately, they liaised with the Senior Practitioner team in the organisation for guidance and are in the process of writing a combined report. It is noted that the Services only provides care and services in relation to a consumer’s eye sight. However, they are cognisant of the fact that some clients may develop cognitive decline and thus have protocols in place that complimentary to the services it provides. The Guidance states that ‘strategies used to achieve the outcomes will vary in complexity, scope and scale, based on the type of organisation, the consumer profile and the risk to the safety, health and well-being of consumers. Taking this into account I am reasonable grounds to form the view that the Provider as complied with this requirement.

Requirement 3(3)(e)

An internal referral process is used to share services across the four Specialists’ in the Gosford office and external referrals present through the MAC portal. Management shared how progress notes are recorded after every intervention in CMS, all staff have access. Case conferencing is used, depending on the urgency of communicating information it may be a phone call, where more richness is needed it’s often great to talk face to face or on Zoom with the rest of the team involved. Staff described how case notes are entered CMS within 24 hours of the appointment taking place. Care planning documentation demonstrated dated notes and focused assessments and care plans provide adequate information to support effective and safe care.

Requirement 3(3)(f)

Staff and management said that referrals are completed in consultation with the consumer and or their representative. Care planning documents demonstrate referrals to other health professionals and other service providers occurs when appropriate and in a timely manner. Staff described that generally a summary letter, followed up with a phone call, and copies mailed to the consumer/representative are part of ongoing communication. All Staff interviewed shared that they receive the relevant information required for them to deliver services. Management described how they are usually on the receiving end of referrals through the My Aged Care (MAC) portal. The Assessment Team evidenced in care plans that appropriate referrals are made and that they done so are in a timely manner.

Requirement 3(3)(g)

The service was able to demonstrate that information about the consumer’s condition, needs and preferences is documented and shared both internal and external to the organisation when required. Consumers/representatives reported they are satisfied that staff know about consumer’s needs and preferences.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 3

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

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is providing options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community whilst promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce. The Service is ensuring timely and appropriate referrals to individuals, organisations and providers of other services.

Requirement 4(3)(a)

Consumers/representatives said that the service supports them in their daily life to promote quality of life, well-being and enable them to maintain their independence in line with their preferences. For example, one consumer said he can get frustrated if things go wrong. The technology accessibility specialist (TAS) assisted him to download his books to the Samsung tablet enabling simple access. She introduced him to talking microwaves and watches, he has purchased a microwave and will be able to heat his own meals.

Requirement 4(3)(b)

The service demonstrated that care and services provide spiritual and emotional support to consumers for their daily living. For example, the OMS shared that there is a competency training module that all staff must complete. The course covers when to understand what signs to observe so staff understand the behavioural signs and what words they may use. Observation are flagged so the Service can identify and reacted to a highly distressed work flow and we’d ask about thoughts of suicide to ensure we’re not missing a suicide risk. The organisation runs quality living groups, it’s a social and learning group, provides peer support with a professional mentoring group. Care planning documents reflected individual emotional and psychological needs are supported where appropriate.

Requirement 4(3)(c)

Consumers/representatives confirmed the organisation is flexible in the delivery of services enabling consumers to maintain their social networks and do the things that are important to them. For example, one consumer shared that he is just a little blind after receiving an operation. “My daughter and family and friends take care of me, not Vision Australia, they come just to help me with tools to see better. I can only see white text and I have been helped in that they gave me a magnifier so I can continue to read and watch, Who Wants to be a Millionaire”.

Staff were able to discuss the services and supports they provide when assisting consumers to stay connected with the community and do the things they enjoy. Care documentation provides information on each consumer’s background and their goal preferences, where they have provided this information.

Requirement 4(3)(d)

Staff reported information about consumers is available on care planning documents which they have access to and described how they are informed of any risks or changes to the consumer’s condition prior to a scheduled visit. They have access to consumer information on every intervention through care notes. These are uploaded within 24 hours of an appointment completing. In reference to external providers, a staff member said the service shares consumer’s assessments and care summaries in the form of a letter. This is most common when communicating progress and outcomes to the consumers’ GP.

Requirement 4(3)(e)

A review of care planning documentation demonstrates that timely referrals have been made as appropriate, including home maintenance and allied health professionals. A care coordinator said consumers must give consent prior to the booking for a referred service to visit. Admission staff are able to schedule new services as needed, care coordinators support new service staff through consumer’s routines and guide them through preferences unique to each consumer. Consumers/representatives say they are satisfied with the services and supports delivered by those service providers who the consumer has been referred to. Staff could describe the process for referrals to others, including ensuring any referrals are completed in consultation with the consumer.

Requirement 4(3)(g)

Where equipment is recommended or suggested, it is up to the consumer to purchase and it is the consumers responsibility to ensure it is clean and well maintained. Management described referral pathways and the required assessments necessary for consumers to request equipment to be used in their own home

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 4

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

# Standard 5

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| Organisation’s service environment | | 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

As the Approved Provider does not have a service environment this Standard is not applicable

# Standard 6

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

Findings

The Assessment Team reports that the Approved Provider is encouraging consumers and or their representatives to provide feedback. It is providing consumers with accurate and complete information regarding how to access advocacy and language services and make a complaint to the Commission. Appropriate action is being taken to resolve complaints or respond in a timely manner.

Requirement 6(3)(a)

Consumers interviewed by the Assessment Team stated that if they wished to raise a complaint, they would feel comfortable contacting the service or the care staff. Management and staff described ways the service encourages consumers to provide feedback, including advising consumers to call the service about feedback. When signing up for the service, consumers are provided with details about how to raise complaints if the services does not meet their expectations, including appropriate contact information which is included in the service agreements (care plans) and client information booklet.

The client information booklet provided to all consumers and reviewed by the Assessment Team detailed various channels available to provide feedback or make a complaint, including the service agreements. The Complaints Policy and Procedures describes how consumers can make complaints and how these are managed by the service.

Requirement 6(3)(b)

Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly, as they are all approachable, although there has not been a need. Management advised that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service from the client information booklet. Management advised whilst their information is available in English, they can be provided in other languages on request.

The client information booklet provided to all consumers and reviewed by the Assessment Team detailed the Blind Citizens Australia Consumer Group, Older Persons Advocacy Network (OPAN), including the Commission and various other channels available to provide feedback or make a complaint.

Requirement 6(3)(c)

Consumers interviewed were happy with their services and said they had not needed to raise issues but felt staff would take any concerns seriously and address their complaints.

When asked, management and a staff member could describe what open disclosure means and the steps the service takes to ensure complaints are appropriately addressed. The Assessment Team observed the service’s complaints and feedback register, which contained notes evidencing the practice of open disclosure.

However, a care staff member interviewed was questioned regarding their understanding of open disclosure and what it meant to them. They answered they were not sure. Although they’re not directly involved in complaints management, they indicated any complaint would go directly to their Manager

The Assessment Team observed the service’s complaints and feedback register (excel spreadsheet), which contained notes evidencing the practice of open disclosure. However, the only complaint being evidenced as logged within the last 6 months for the Gosford service location, being a product return item was resolved within 3 days of receipt, contact was made with the consumer regarding the issue and recorded as client being satisfied with the resolution.

The service has documented Complaints & Feedback Policies viewed by the Assessment Team which also reference Open disclosure.

Requirement 6(3)(d)

The Assessment Team interviewed consumers who indicated they had no complaints about the care and services they receive. The Feedback / Complaints register was viewed by the Assessment team which detailed only one complaint was recorded in the last six months being a product return item. Management advised the Assessment Team, they haven’t seen any trends in the complaints data, given the single complaint. Management added that they look at complaints across the service, including all other services provider sites.

The continuous improvement plan in place at the service was reviewed and it detailed the service was documenting feedback and complaints hence no improvements were evidenced in service delivery, for example, regarding improvements re staff attendance for services. Policies regarding feedback and continuous improvement guide staff practice. Complaints and suggestions are noted in the service’s continuous improvement register to monitor improvements. The services Complaints & Feedback Policies viewed by the Assessment Team detail which also reference Open disclosure.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 6

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

# Standard 7

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| Human resources | | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team reports that the Approved Provider is monitoring and reviewing the performance of the workforce. Staff are being provided with the resources and training required to deliver quality care and services. Staff are competent with the qualifications and knowledge to perform their roles. The Provider is ensuring the number and mix of the workforce enables the delivery and management of quality care and services. Staff are respecting each consumer’s identity, culture and diversity.

Requirement 7(3)(a)

When interviewed consumers confirmed care staff deliver the support and assistance when they expect them and appear not late or rushed. Care staff said they usually have enough time to complete their work effectively. For example, Care staff member said most of their appointments they have enough time to do their work effectively. They use a template to make sure they cover everything during the shift. If they don’t have enough time they’re able to arrange a second appointment.

Management advised that their staff include an Occupational Therapist, Access Technical Specialist, Orthoptist and Orientation Mobility specialist. The Orientation Mobility position is currently vacant, which has been advertised for approx. 9 months, due to specialist shortages. Although a relief OM travels from Newcastle to alleviate this specialist shortage. They said that the only unfilled shifts were because of staff illness. Although when any appointment is cancelled because of illness – it is rebooked to the top of appointment list. With appointments left in the hand of the service providers staff to manage their own workloads. A review of documentation including shift data and relevant documentation demonstrate services are scheduled in a timely manner.

Requirement 7(3)(b)

Consumers stated that the workforce is kind, caring and respectful with one consumer commented in relation to a staff member ’Yes, she was lovely’. Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background well. Staff were able to describe strategies to make the consumer feel welcome and respected in the service.

The Assessment Team reviewed the service’s complaints and feedback register, which did not provide evidence of any concerns from consumers that they are treated unfairly or disrespectfully. The Assessment Team observed the administration team interacting on the phone with consumers in a kind, caring and respectful manner

Requirement 7(3)(c)

Consumers all provided positive feedback regarding care staff to the Assessment Team when interviewed. They advised they are satisfied that they are competent in providing their care and services. For example, one consumer said ‘Very much so, they are excellent. I wish I had half her skill’. Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training which was monitored. They were assigned an experienced support worker as a buddy to be introduced to consumers before they could work independently. Staff also said they meet with their Senior Practitioner / Supervisor each month, with audits also conducted on their client files regularly.

Management explained that the whole recruitment process is focussed on ‘is the applicant the right person’. They first check the applicant’s qualifications and professional registrations, start interview panel, referee checks and police checks (incl every 3 years).

Management also advised that they determine staff are competent and capable through self-examination of file reviews and case notes, along with PDA reviews. Senior practitioners also support care staff, with the service excellence teams also go out and monitor care staff. Community of practice group have presenters or topics being presented, for example Orthoptics service has every month a guest speaker detailing different techniques, etc.

Requirement 7(3)(d)

Consumers felt that staff are trained and equipped to deliver the necessary care and services required. Staff confirmed that they underwent an induction program for 6 weeks on joining the service, with no clients assigned during the period. With induction training modules being comprehensive. They were also assigned an experienced support worker as a buddy to be introduced to consumers and observe staff, before they could work.

Induction and online training provided, including both mandatory modules and specific modules identified by care staff that would assist their ongoing development. Examples of support provided to the staff includes, undergoing induction which includes participation in a buddy system that allows the them to familiarise themselves with the consumers and the procedures in place, receiving information and support from the senior practitioners, with fortnightly catch-ups individually with staff. Performance issues or support identified, attending service excellence meetings which include educational topics, learning platform LMS bright space used by staff. Management advised performance development processes are in place and offer staff an opportunity to identify training and development needs

Requirement 7(3)(e)

Consumers said that they are happy with staff performance and most could recall receiving feedback request on staff. For example, a consumer stated she received a phone call early on, when she was first dealing with them and was happy about the service being provided. Staff said they had completed a performance plan with their managers and there were many opportunities to get feedback from their managers with regular formal and informal meetings.

Management advised that the suitability and performance of staff is monitored on an ongoing basis and formally assessed through regular performance appraisal cycles. Management stated they discuss any individual performance concerns of staff when they occur, and cyclical performance assessments are used to identify learning opportunities and how the staff member feels about their work. The Assessment Team observed the service’s policy in place for development agreements where yearly appraisals are completed in conjunction with staff.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 7

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

# Standard 8

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

Findings

The Assessment Team reports that the Approved Provider is promoting a culture of safe, inclusive and quality care and services. Further to this, the Provider is ensuring that an effective organisation-wide governance systems is in use whilst utilising effective risk management systems and practices to support consumers to live the best life they can. A clinical governance framework has been implemented and the consumers are included in the development, delivery and evaluation of care and services.

Requirement 8(3)(a)

The service demonstrated that consumers/representatives are engaged in the development, delivery, and evaluation of the services they receive and are supported in that engagement. Management provided the assessment team with examples that evidenced consumer involvement in the development of services. At a national corporate level, the service engages a ‘consumer advisory group’ with representatives from various funding groups (mostly NDIS). Consumers are invited to meetings where the service raises possible changes to care and services. Management stated the purpose of the meetings is to incorporate the consumer voice before making changes to care and services. A staff member described that if they had a client that needs access to cultural facilities they will include that in the training demonstrations. They thought access to community and privacy completes Maslow’s triangle of basic needs.

Requirement 8(3)(b)

The governing body promotes a culture of safe, inclusive and quality care and is accountable for its delivery. The governing body remains informed of the service’s operations through regular meetings and data driven analytics. The assessment team observed examples of reports provided to the governing body. The information included relevant details to enable the monitoring of safe and effective services at a corporate and national level.

Requirement 8(3)(c)

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Whilst the service was able to provide evidence supporting there is effective organisation wide governing systems in place.

Requirement 8(3)(d)

The organisation has an appropriate risk management framework to manage and respond to high-impact or high-prevalence risks. Incidents are recorded in an electronic system, which is then used to develop reports that track the following, month on month trending for incidents, frequency and distribution of times incidents took place (AM or PM), Severity ratings, most frequent factors associated with incidents, COVID-19 infections, additional analysis for each section which suggests possible improvement methods. Management and staff demonstrated an understanding of what high-impact or high-prevalence risks are associated with the care of consumers. Vulnerable consumers are identified, including consumers who may be living with dementia or those who living in social isolation.

Requirement 8(3)(e)

The service demonstrated it has an appropriate clinical governance framework to guide management on staff on relevant aspects of care and services. A staff member shared that antimicrobial stewardship is not relevant to their position, the responsibility for all of us is that we’re not contributing to the resistance of antibiotics. They do not use any form of restraint “we just don’t do it” and that open disclosure is part of their culture.

Response provided in self-assessment tool: Vision Australia Clinical Governance Framework provides a structure to ensure quality outcomes for Vision Australia’s clients in the new person-centred service (or consumer directed care) model. It also supports the recruitment and retention of the right people with the right skills set.

The framework provides the organisation with the assurance that Vision Australia is managing service delivery quality and risk by ensuring that, service providers adopt a Person-Centred (consume directed) Trans disciplinary Approach, service delivery is effective, service delivery risk is minimised and service delivery workforce is competent, accountable and sustainable.

Staff working with Vision Australia is required to adhere to the Clinical Governance Framework that encompasses the four key pillars of person Centredness (consumer directed care), Service Delivery, Clinical Risk, Workforce. The Clinical Governance Manager, and Clinical Governance Lead oversee and implement the Clinical Governance Framework. Antimicrobial stewardship at Vision Australia antimicrobial stewardship is not relevant given we provide often episodic services to people to help them live the life they choose.

Due to the services that Vision Australia provides it has no reason to use restraints. Further to this, for the same reasons just mentioned Vision Australia does not initiate behaviour support plans as a provider of blindness and low vision services. Open Disclosure has been added to the complaints and suggestion for improvement policy and procedure.

Having regard to the Assessment Team’s report, the Provider’s response at the time of the audit, the Provider’s written response that was received on 3 April 2023, the Provider’s obligations under the Aged Care Act 1997 and the Aged Care Quality and Safety Standards, I have reasonable grounds to form the view that the Provider has complied with Standard 8

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

1. The preparation of the performance report is in accordance with section s57 – quality audit,of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)