**Performance**

**Report**

**1800 951 822**

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| Name of service: | Wesley Community Services - North/West Sydney |
| Service address: | 43 Fourth Avenue BLACKTOWN NSW 2148 |
| Commission ID: | 200255 |
| Home Service Provider: | Wesley Community Services Limited |
| Activity type: | Quality Audit |
| Activity date: | 21 July 2023 to 26 July 2023 |
| Performance report date: | 28 January 2024 |

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

**This performance report**

This performance report for Wesley Community Services - North/West Sydney (**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:**

* Wesley Home Care Northern Sydney, 17865, 43 Fourth Avenue, BLACKTOWN NSW 2148
* Wesley Home Care Nepean, 22903, 43 Fourth Avenue, BLACKTOWN NSW 2148
* Wesley Home Care Western Sydney, 17869, 43 Fourth Avenue, BLACKTOWN NSW 2148

**CHSP:**

* Community and Home Support, 22713, 43 Fourth Avenue, BLACKTOWN NSW 2148
* Community and Home Support, 22708, 43 Fourth Avenue, BLACKTOWN NSW 2148
* Community and Home Support, 22716, 43 Fourth Avenue, BLACKTOWN NSW 2148

# 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 1 September 2023.
* The assessment team’s report for the Assessment Contact Site conducted on 8 to 9th January 2024. The assessment contact was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# Assessment summary for Home Care Packages (HCP)

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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** |
| **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 | **Not Applicable** |
| **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 provided positive feedback about being treated with dignity and respect, with numerous individuals outlining how professional, considerate, and respectful staff are and consistently seek the consumers concurrence before services commence. Management interviewed by the Assessment Team outlined how the service guides and monitors the support workers daily practices and implements policies and procedures, induction and training, and the service’s commitment to person-centred support which values diversity and promotes respectful relationships. The Assessment Team sighted the service’s Feedback and Complaints register which showed complaints being captured, including a description and impact of the compliant and the desired outcome. The Assessment Team noted that the provided register included the desired outcome and not actual outcome. The Assessment Team clarified this with the quality risk compliance specialist who advised and provided examples of complaints being addressed on the service’s online system.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. Consumers and representatives recalled staff being aware of their individual background including their culture, values, and diversities and what’s important to them. Staff were able to describe how they would deliver culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. A review of consumers’ care plans showed descriptions of consumers’ culture, needs and preferences.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers interviewed described how the service supported them to exercise choice and independence relating to their care and services. Consumers described how the service works with them to ensure they receive care and services that are tailored to their needs and preferences. Support worker and care advisor staff demonstrated knowledge about how consumers are supported to freely exercise choice and independence to support decision-making about their care. The Assessment Team noted policies and procedures, including the Assessment and Reassessment policy, which outlined its purpose to ‘support all clients to make informed choices and decisions about their care’.

Evidence analysed by the Assessment Team showed the service demonstrated how each consumer is supported to take risks to enable them to live the best life they can. Consumers and representatives confirmed the service supports consumers to live their best life and encourages them to keep independent and be active. Staff demonstrated a clear understanding and practical knowledge on how they support consumers to take risks. Support worker staff explained they identify any potential individual risk to consumers and discuss how to minimise harm. The Assessment Team reviewed 10 care plans for consumers which clearly outlined that any consumers with a falls risk requires support, such as supervision at the time of service.

Evidence analysed by the Assessment Team showed the service demonstrated 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 and most spoke to receiving information upon intake and regular statements outlining their delivered care and services. Management spoke to supporting consumers to understand information provided by the service through facilitating face to face meetings, having contact with consumer’s families, downloading brochures in alternative languages, and using translating and interpreting services where required. A review of consumers care plans highlighted language preferences such as main language spoken at home and whether an interpreter is required when communicating with consumers.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives said staff are very respectful and respect their privacy when delivering their services. They were confident their personal information is kept confidential and said they have never had to raise concerns of this nature. All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 1.

# 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 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. Consumers and representatives provided positive feedback on assessment and care planning processes. They confirmed they had all received an assessment that included discussion of their needs, goals, and preferences, prior to the commencement of services. Support workers are provided with consumer care plans, guiding them in consumer needs and individual or environmental risks. Relevant policies were sighted on assessment, managing client risks and vulnerabilities and goal-oriented care planning. As part of induction staff need to read all policies and procedures. All consumer files evidenced initial assessments, addressing any individual risks where identified.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses the consumers current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Consumers and representatives felt the services takes their needs and preferences into account when providing care, including any identified goals. Various information was received from care advisors and coordinators whether advanced care and end of life planning is discussed with all consumers at the initial assessment, with some saying consumers did want to discuss this. However, evidence was sighted that when consumers’ needs increase this discussion occurs and is well documented. Support workers said they are always provided with information on the specific care needs of consumers, including any individual preferences.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning is consistently occurring with ongoing consultation with the consumer, representatives and others involved in the care of the consumer. Consumers and representatives advised they are involved in assessment and care planning processes and provided positive feedback on how the coordination staff involve them and provide them with information. They also confirmed they received ongoing reviews of their needs and where they have indicated they wish family or others involved in discussions this always occurs.

Evidence analysed by the Assessment Team showed the service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. Consumers and representatives interviewed confirmed they participated in initial assessments, with those receiving services for more than a year confirming they had also been involved in the review/reassessment process. They confirmed they had received copies of their care plans and felt they were well informed by coordination staff of the services they could access. Care plans were sighted in all sampled consumer files by the Assessment Team and observed to be signed by consumers and/or representatives. Reviewed care plans were also sighted in consumer files, where consumers had been receiving services for longer than twelve months. Amendments were noted to care plans based on changes in needs, demonstrating care plans for consumers were up to date and reflected current needs.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are reviewed regular for effectiveness, and when circumstances change. Consumers and representatives interviewed confirmed reviews of care and services are conducted on an annual basis, with frequent contact between the consumer and support worker along with more infrequent contact made by service staff. Staff advised that they complete the reassessment and review of care planning documentation on an annual basis or alternatively if a consumers circumstances change, or an incident occurs that is significant enough for a review.

Based on the evidence summarised above, I find the provider, in relation to the service, compliant with Standard 2.

# 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 clinical care provided is congruent with best practice and optimises the health and well-being of the consumer. Consumers receiving personal care and/or clinical care services were sampled through interviews. They confirmed they are satisfied with care and services they receive and did not have any issues to raise regarding their services or the care workers providing them. They said the service takes time to assess and understand their care needs and care workers consider individual preferences when providing direct care. Documentation sighted, including the provider’s clinical Governance Framework showed that policies and procedures are in place to ensure that staff remained up to date with best practices. Care plans sighted by the Assessment Team demonstrated that personal and clinical care is tailored to meet individual needs and optimises the health and wellbeing of consumers.

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 and representatives provided positive feedback with regards to individual risks identified regarding consumers. Coordination staff provided examples of where high impact and high prevalence risks were identified for consumers and the management strategies put in place for the risks identified. The service has risk management systems in place to monitor, identify and manage risks relating to the care of consumers. The incident management system informs consumer risk profiles and relevant information is communicated to support staff. Incident data is reviewed by management and appropriate actions are taken to reduce consumer risk and adjust service delivery based on consumer needs.

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. Consumers and representatives interviewed did not recall if they had a discussion at their initial interview regarding advanced care planning or end of life care wishes, but most said their family would handle this if needed. The information pack was sighted by the Assessment Team and noted to include information on advanced care/end of life planning. Coordination staff advised they would address this as care needs of the consumers increase. They advised services would be provided in line with the consumer’s and representatives’ wishes and based on any cultural or religious preferences.

Evidence analysed by the Assessment Team showed the service demonstrated deterioration or a change in consumers health is recognised and responded to in a timely manner. Policies and procedures sighted by the Assessment Team demonstrated a commitment by the service to the ongoing assessment and monitoring of consumers mental and physical function, capacity, and condition. The assessment team noted care plans had details on follow up and action taken when changes were noted.

Evidence analysed by the Assessment Team showed the service demonstrated information about the consumers condition, needs and preferences is documented and communicated within the organisation as well as with others involved in their care. Consumers and representatives confirmed their needs and preferences must be effectively communicated to support staff, as they did not usually have to repeat the same information to new staff. Support workers advised they submit regular notes on consumers’ services, and this was evidenced on consumer files sighted by the Assessment Team. Policies and procedures in place guide staff practice regarding communication with internal staff and external agencies.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals are made to other organisations and providers when required. Consumers and representatives were satisfied with referral processes and confirmed they are assisted to access external services as needed, for example physiotherapy, occupational therapists, podiatrists, and such. Support workers are not responsible for consumer referrals, however, generally knew when referrals had been made by coordination staff, as care plans had been reviewed or amended.

Evidence analysed by the Assessment Team showed the service demonstrated the service minimises infection-related risks to consumers. Consumers and representatives interviewed confirmed support workers take steps to protect them from infections including wearing masks and washing/sanitising their hands during services. Staff and management demonstrated an awareness of antimicrobial stewardship, although noted they did not have much involvement with this for Home Care Package consumers as it was a matter normally handled between consumer, family, and their General Practitioner. There are policies and procedures in place that cover antimicrobial stewardship.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 3.

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

Findings

Evidence analysed by the Assessment Team showed the service demonstrated that each consumer gets safe and effective services that meet their needs, goals, and preferences. Consumers and representatives said they are encouraged to stay active to maintain their physical independence. Consumers and representatives provided positive feedback regarding support staff helping them do the things they want to do through in-home or community based social support services. Support workers gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed the service demonstrated that that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. The Assessment Team reviewed assessment and care planning documentation which outlined consumer’s emotional, spiritual and psychological wellbeing and needs. These were assessed and strategies put in place to support staff in delivering services to consumers.

Evidence analysed by the Assessment Team showed the service demonstrated it is supporting consumers to participate in their community, have social and personal relationships, and do the things of interest to them. Consumers and representatives interviewed stated that the service enabled them to participate in the community, maintain relationships and do things that are important to them by providing transport and social support services along with general domestic assistance and personal care which has supported daily living. Care plans sighted by the Assessment Team showed consumers were supported to maintain community participation including access to transport and information to access community groups where possible.

Evidence analysed by the Assessment Team showed the service demonstrated it is communicating information about the consumer’s condition, needs and preferences within the organisation and with others where required. Consumers and representatives interviewed reported they are attended to by regular support workers and confirmed those staff have a good knowledge of the care and services they need.

Evidence analysed by the Assessment Team showed the service demonstrated it is making timely and appropriate referrals to individuals and other organisations. Consumers confirmed that if they needed additional support services the staff assisted with this process. Staff interviewed described the referral process should a consumer require it. This involved getting consent from the consumer to share their details with relevant people. They usually referred consumers to allied health professionals or community social support groups. The Assessment Team reviewed the initial information pack provided to consumers which included a Relationships Australia brochure, referring consumers to services for elder mediation and support services.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 4.

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

Findings

The Standard is deemed not applicable.

# 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 well written and easily understandable policies and procedures relating to feedback and complaints. These polices encouraged staff to support any consumer wishing to give feedback or make complaints and to view this as a positive means of service improvement for the provider. Information provided to consumers in the induction pack provided consumers with Information about translation services, and advocacy services provided locally in addition to full information forms and advice on making complaints and providing feedback.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Consumers and representatives informed they feel safe to raise complaints with the service and provide feedback. Management advised of the service’s feedback and complaints form, provided to consumers during intake and when a review/reassessment occurs. Staff interviewed by the Assessment Team had not experienced a situation where they were required to support a consumer to connect with an advocacy or language service or to make a complaint to the Commission, however staff demonstrated an understanding of doing so if required. The service’s Feedback and Complaints procedure highlights how the service will actively encourage feedback and complaints to improve practices. The feedback and complaints process describes the steps to ensure feedback and complaints are managed in line with policy and best practice.

Evidence analysed by the Assessment Team showed the service did not demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and representatives interviewed were aware of ways to provide feedback. Management informed the Assessment Team of the service’s feedback and complaints process and spoke to ensuring complaints are promptly addressed and that open disclosure is ‘embedded in everything we do’. Feedback is captured on the services client management system and management advised of ensuring complaints and feedback are acknowledged within 24 hours. Staff demonstrated an understanding of taking appropriate action to support consumers to lodge feedback and complaints and spoke to reporting feedback to management. The service has policies and procedures embedded to respond and manage feedback and complaints.

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. Consumers and representatives said the service seeks their feedback regularly about the services they receive. They are invited to provide suggestions through client surveys and during conversation with rostering staff and care advisers. Management described how they use the information from surveys, feedback, and complaints to gain an insight into the quality of their service. Policies regarding feedback and continuous improvement guide staff practice. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted some correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 6.

# 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. Consumers and representatives interviewed advised staff are on time when delivering care and services and advised staff are not rushed. Management provided the Assessment Team with a list of 22 unfilled shifts for December 2023. Management spoke to the service’s structure and processes to manage unfilled shifts and advised the rostering team contact consumers and representatives most of the time when care and services are unable to delivered. Management further advised that for consumers who do not have family support, the service will do what they can to fill the shift. At times consumers will cancel their care and services as they like their regular service staff. Home care coordinators advised that when consumers are onboarded, they are asked to collect information on service needs and preferred days and times, so the rostering team can match the best suited worker to the consumers. They advised that rostering have access to consumers’ care plans to ensure they understand their care and service needs including their preferences. The service’s rostering system in conjunction with support worker and consumer files were sighted. Consumers’ preferences were noted and support workers roles in line with their qualifications were also captured allowing for appropriate allocation to consumers based on their level of care needs.

Evidence analysed by the Assessment Team showed the service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. The assessment team sighted well written and easily understandable policies and procedures relating to diversity culture, respect, and consumer contact. These policies and procedures fostered a strong culture within the organisation of kindness and respect. Throughout all interviews with management, care workers and consumers the assessment team found strong evidence that this culture was universally adhered to throughout all aspects of service delivery.

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. Consumers and representatives provided feedback to suggest that staff are competent in their roles and felt safe when they delivered care and services. Management spoke to service processes to ensure staff are competent and capable in their roles. Management advised the majority of staff having qualifications prior to onboarding and further learn about their competency to establish the need for extra training or support. Team leaders informed of processes in place ensure the workforce has the skills, qualifications, and knowledge they need for their role. Team leaders advised of the recruitment processes and how they participate in contacting consumers to gain feedback on support workers.

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. Consumers and representatives interviewed were satisfied and felt staff are equipped to deliver care and services. Management spoke to identifying training needs for staff when feedback and complaints are received to the service. The quality risk compliance specialist highlighted how the service communicates changes to aged care legislation to the workforce. Members of the workforce were able to recall their induction received at the service and explained how they felt supported during this time. The workforce was able to recall being offered with additional training to effectively perform their roles. The service has a Learning Development policy that speaks to the responsibilities for ensuring the ongoing development of skills and knowledge to meet present and future challenges and opportunities.

Evidence analysed by the Assessment Team showed the service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. The assessment team sighted policies and procedures covering HR procedures and the requirement for management to ensure staff had performance appraisals at least every 12 months in addition to ongoing monitoring and review process additional to a formal review procedure.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 7.

# 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. Some consumers and representatives could recall the service requesting feedback to inform service improvements. One consumer spoke to the service requesting them to participate in a survey about improvements, another consumer could recall someone ringing them. Consumers and representatives informed they feel they can provide feedback to the service. The Assessment Team viewed the service’s Plan for Continuous Improvement, which identified areas of improvement against the quality standards.

Evidence analysed by the Assessment Team showed the service did not demonstrate the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Consumers interviewed told the assessment team they were satisfied the service provider promotes a culture of safe, inclusive, and quality in care and services and is accountable for their delivery. Based on discussions with management and an analysis of the information provided by management, including meetings minutes, copies of reports, strategies to address the stated issues and continuous improvement plans; the Management body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive, and quality aged care services.

Evidence analysed by the Assessment Team showed the service demonstrated effective organisation wide governance systems. The service supplied evidence that demonstrated effective governance systems relating to workforce governance and regulatory compliance are in place. The service has sufficient and effective systems in relation to information management, continuous improvement, financial governance feedback and complaints.

Evidence analysed by the Assessment Team showed the service demonstrated effective risk management systems and practices. Staff interviewed outlined the provider’s incident management policy and incident management register overseen by the service manager with inclusion of the clinical team and the operations manager. The policy outlines the recording, escalation to senior management and tracking of action. Example of an incident was provided, and actions undertaken to address the issue discussed. Staff are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Online training and meeting agenda items include reference to incident management, and how best to support consumers at risk. The assessment team sighted detailed training logs showing care workers attend training on elder abuse, risk management and falls prevention manual handling and other risk management associated courses.

Evidence analysed by the Assessment Team showed the service demonstrated where clinical care is provided—a clinical governance framework. High quality and easy to read and understand policies and procedures (noted as the clinical governance framework) sighted by the assessment team while on site, demonstrated the service had robust and integrated procedures for the delivery of clinical care if needed. In addition, policies and procedures governing infection control, restrictive practices and open disclosure ensured that care staff had access to guidance and procedures in these areas. The assessment team also observed extensive training records including signed attendance sheets for all training attended that confirmed staff were trained and monitored in these procedures.

Based on the evidence summarised above, I find the provider in relation to the service, compliant with Standard 8.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)