**Performance**

**Report**

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| Name: | West Coast Community Services |
| Commission ID: | 600036 |
| Address: | 56 St Andrews Terrace, PORT LINCOLN, South Australia, 5606 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6840 West Coast Community Services Incorporated  
Service: 26644 West Coast Community Services Inc t/as West Coast Homecare

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7275 West Coast Community Services Incorporated  
Service: 24325 West Coast Community Services Incorporated - Care Relationships and Carer Support  
Service: 24324 West Coast Community Services Incorporated - Community and Home Support

**This performance report**

This performance report for West Coast Community Services (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the assessment team’s report for the quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 24 May 2024, which includes commentary directly relating to the deficits highlighted in the assessment team’s report, as well as supporting documentation.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 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

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

**Standard 2 requirements (3)(a) and (3)(e) – HCP only**

* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure reassessment and review of consumers’ care and services are undertaken, specifically in response to changes in condition.

# Other relevant matters:

* Standard 5 Organisation’s service environment was not assessed as the service does not provide social support, group activities or care within a service environment. Therefore, Standard 5 is not applicable.

# 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

The service is consumer focused and works to ensure staff treat consumers with dignity and respect. Community care workers described individual consumer’s passions and interests and what they value, speaking of consumers with care, dignity and respect. Consumers and representatives said consumers are treated with dignity and respect and their identity and diversity valued. All said staff not only provide consumers with the care and services they need, but take time to listen to and talk with them and know what is individually important to them.

Consumers and representatives said community care workers provide care in line with consumers’ cultural preferences which makes them feel safe and comfortable. Staff interviewed understand cultural safety, consumers' cultural background and described how they ensure care and services reflect their cultural needs and diversity.

Staff described how they support and encourage consumers to remain independent, exercise choice and maintain relationships of their choosing. Care files show care, service planning and delivery is undertaken in partnership with consumers and/or their chosen representatives. All consumers and representatives interviewed said consumers feel encouraged to be as independent as they can and make decisions about their care and services. All said home care coordinators and field staff are very supportive of the things consumers choose to do and who they choose to be involved in their care.

All consumers and representatives interviewed said consumers are supported to live their best lives and do not feel their choice of activity is controlled. The service identifies and supports consumers who choose to participate activities which include an element of risk and discuss strategies to mitigate risks in consultation with consumers and/or their families.

All consumers and representatives interviewed confirm communication, verbal or written, is accurate, timely, clear, easy to understand and enables choice. The service keeps consumers informed through various methods, such as onboarding literature, leaflets available in the office, interactions during care and services, through the service’s website, and conversation engagement sessions. Staff or coordinators will ‘read-out’ and explain literature to consumers and/or representatives, where required. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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. | Not 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. | Not Compliant | Compliant |

Findings

The Quality Standard is non-compliant for HCP as two of the five requirements assessed have been found non-compliant. The Quality Standard is compliant for CHSP as all five requirements assessed have been found compliant. The assessment team recommended requirements (3)(a) and (3)(e) in this Standard not met for both HCP and CHSP.

**Requirement (3)(a)**The assessment team recommended this requirement not met as effective assessment and planning processes, specifically for consumers who choose to undertake risky activities, were not consistently demonstrated, and assessments were not always completed in line with allied health recommendations. The assessment team’s report only includes evidence relating to four HCP consumers.

Consumer A’s care and support plan was last reviewed in January 2024 and does not identify cellulitis or recurring wounds as a risk. An allied health review in July 2023 identifies malnutrition as a possible source of Consumer B’s recurring pressure injuries, however, no nutritional assessment has been undertaken in response and a pressure injury risk assessment has not been completed despite ongoing pressure injuries. While Consumer C was identified with a pressure injury in April 2024, a pressure injury risk assessment has not been completed. The care and support plan was last reviewed in September 2023 and does not identify Consumer C as being at risk of pressure injuries or include any strategies to prevent pressure injuries from occurring. A dignity of choice form completed in December 2023 only identifies three risks relating to an activity Consumer D chooses to undertake, with the only risk mitigation strategy noted as three times daily checks.

The provider’s response states a thorough review of the assessment team’s findings with an external consultancy provider has been completed, and corrective actions for each consumer’s assessed findings have been attended. This includes completing risk assessments and updating care and support plans for Consumers A and B. The provider states although a pressure injury risk assessment was not conducted, Consumer C was seen and treated by their doctor in April 2024, therefore, the indication of the risk assessment was not warranted. Consumer D’s dignity of choice form has been reviewed and updated and includes wellness checks throughout the day, including every morning, to ensure Consumer D has returned home safely.

I acknowledge the provider’s response. However, I find assessment and planning processes do not effectively inform delivery of safe and effective care and services, specifically consideration of risk. This requirement expects relevant risks to consumers’ safety, health and well-being be assessed, discussed with the consumer and included in planning care. The evidence presented demonstrates for Consumers A, B and C, risks relating to skin integrity/pressure injuries and malnutrition had not been identified or strategies planned to support and guide staff in the provision of the best possible care. I do, however, consider the strategies in place, that is three daily checks, for Consumer D are appropriate to support and monitor Consumer D’s well-being while they continue to undertake an activity they enjoy.

The assessment team’s report does not include any evidence to support their recommendation of not met for this requirement in relation to **CHSP** consumers. As such, in the absence of information indicating deficiencies with assessment and planning, including consideration of risks to consumers’ health and well-being, consideration of other evidence presented in the assessment team’s report, and consumers and representatives interviewed not providing any negative feedback relating to assessment and planning processes, I find this requirement compliant for CHSP. However, I would encourage the provider to review their processes relating to assessment and planning, specifically consideration of risks, within the CHSP.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant in relation to HCP and compliant for CHSP.

**Requirement (3)(e)** The assessment team recommended this requirement not met as care plans are not always reviewed post incidents or in response to changes in a consumer's health, in line with the service’s processes described by management. The assessment team’s report only included evidence relating to four HCP consumers.

Consumer C’s care and support plan was last reviewed on 25 September 2023 and was not updated following identification of a pressure injury. The care and support plan did not include information relating to Consumer C’s risk of developing pressure injuries, or steps which should be taken to prevent pressure injuries. Consumer E’s care and support plan was last reviewed in December 2023 and was not reviewed after they were discharged from hospital. The care plan did not identify changes to Consumer E’s mobility, continence, or additional support required for personal care. The risk assessment and home care screen was also last reviewed in December 2023 and did not include any changes to risks, including changes to Consumer E’s mobility, or additional support equipment in the home. While Consumer F’s care and support plan, risk assessment and home care screen were last reviewed in May 2023, neither form identifies Consumer F is receiving palliative care and does not inform staff of additional monitoring or risks associated with care. Consumer G’s care and support plan has not been updated since a diagnosis in April 2023, with the most recent review occurring in July 2023. The care and support plan, risk assessment and home care screen do not contain any information relating to Consumer G’s recent diagnosis, including signs or symptoms which staff should escalate or report.

The provider’s response states a thorough review of the assessment team’s findings with an external consultancy provider has been completed, and corrective actions for each consumer’s assessed findings have been attended. The provider states Consumer C was seen by the general practitioner in April 2024 for management of the pressure injury. Consumer E was seen post discharge from hospital in April 2024, a risk assessment was completed and care and support plan reviewed and updated, however, evidence to support this is not included in the provider’s response. A referral to an occupational therapist for Consumer E has been initiated. Consumer F’s care and support plan has been updated, and while the provider states the service has no active role in palliative care management for Consumer F, an end of life support plan has been completed. For Consumer G, the service has not received instructions from the doctor to indicate involvement to monitor the consumer for symptoms, however, staff are trained to identify signs and symptoms and report changes in a consumer’s condition as required.

I acknowledge the provider’s response. However, I find reassessment of consumers’ care and service needs and preferences and review of care plans has not occurred in line with the service’s processes, such as when changes to consumers’ condition occurs. As such, I find the service’s current practices do not ensure care plans are current or reflective of consumers’ current circumstances to effectively guide staff in the provision of care and services.

The assessment team’s report did not include any evidence to support their recommendation of not met for this requirement in relation to **CHSP** consumers. As such, in the absence of information indicating deficiencies with review of care and services, consideration of other evidence presented in the assessment team’s report, and consumers and representatives interviewed not providing any negative feedback relating to care and service review processes, I find this requirement compliant for CHSP. However, I would encourage the provider to review their processes relating to care and service review within the CHSP.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers non-compliant in relation to HCP and compliant for CHSP.

**In relation to requirements (3)(a) and (3)(e) for HCP**, while the provider has addressed the deficits identified, this is only limited to the consumers highlighted in the assessment team’s report. I would encourage the provider to consider reviewing their assessment, planning and review processes more broadly, including processes currently used to monitor assessment, planning and review, to ensure they are effective to identify and address similar issues going forward.

**In relation to all other requirements**, consumers are satisfied with services provided, stating services are in line with their preferences, and said advance care directives are discussed if they wish. Care files evidence discussions relating to consumers’ needs, goals and preferences and advance care directives, and support plans outline personalised, achievable goals for each consumer related to the care and services they receive.

Consumers said they are actively involved in assessment and planning processes, and they decide who is involved in the delivery of care and services. Documentation shows the service’s ongoing collaboration with health professionals ensures care and services provided enable consumers to meet their goals, needs and preferences. Information relating to consumers' needs and preferences is gathered on commencement of services and during annual care plan reviews, and external services are engaged when the consumer requests it, or if there is a change in their care needs that requires it. Staff have a clear understanding of each consumer, and their needs, preferences, and the services they receive.

Consumers and representatives confirm staff communicate outcomes of care plans and assessments to them, they understand consumers' assessed needs, and are offered a copy of the consumer’s care plan. Annual care plan reviews are completed in consultation with consumers and/or their representatives and this information is loaded into an electronic care system which all service staff have access to. Staff said care plan information is current and sufficient to safely deliver care and services to consumers, and they have access to care plans through a mobile application to enable them to review care plans prior to undertaking consumers’ services.

Based on the assessment team’s report and the provider’s response, I find requirements (3)(b), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning with consumers compliant for HCP. I find all five requirements compliant for CHSP, therefore, the Standard is compliant for CHSP.

# 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

Consumers and representatives said consumers receive personal and clinical care which is tailored to their needs and preferences. A suite of policies and procedures are available to guide staff in providing best practice clinical and personal care, and staff are aware of where to find these documents, if required. Care files show provision of appropriate, best practice care relating to wounds, personal care and medication prompts. While photographs of wounds do not consistently include measurements, wounds appear to be healing well, and wound care is undertaken in line with wound management plans. There are processes to identify, manage and monitor high impact or high prevalence risks associated with consumers’ care. Care files evidence effective management of risks, including falls and skin integrity, with referrals initiated for further assessment, including to My Aged Care and allied health professionals, where additional support is required.

The needs, goals and preferences of consumers receiving end of life care are recognised and addressed. The service has connections with a local palliative care team and referrals to this service are initiated for consumers, where appropriate. Care files for two consumers receiving palliative care show preferences are recognised and followed by the service, regular communication with the external palliative care team is undertaken and emotional support is provided to consumers and families.

Care files show deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Staff described processes for recognising and responding to deterioration, including escalating any changes to the home care coordinator immediately or contacting emergency services if necessary. In response, home care coordinators organise a review of the consumer by clinical staff and implement changes to the consumer’s care and services as necessary. Where required, timely and appropriate referrals to individuals, other organisations and other providers of care are initiated. Consumers and representatives interviewed said staff know consumers well and feel confident staff will recognise any changes or deterioration in their health or well-being.

Consumers and representatives said they provide consent for their information to be shared with other organisations who provide consumers’ care and services, and confirm staff always have the necessary information to provide their care and services. Staff said they have access to care planning systems and receive emails of immediate changes to consumers’ condition, including infections or changes in mobility which enables them to keep up to date.

Processes are in place to support the minimisation of infection related risks. Staff have completed infection control training, personal protective equipment is available to staff, and screening processes are in place to monitor staff for symptoms. Staff described how they minimise infection risks to consumers, and infections identified are recorded in consumer care profiles. While the service does not oversee prescription of antibiotics to consumers, management said information and education on antimicrobial stewardship is provided to consumers.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Each consumer receives safe and effective services and supports for daily living which meet their needs, goals and preferences, and optimises their health, independence and quality of life. Care files show each consumer is assessed for services to support their needs, goals and preferences on commencing their HCP or CHSP, and annually. Conversations about needs, goals and preferences occur a minimum of every 12 months, however, tend to occur more often. Consumers feel supported to maintain their independence and stay at home for as long as possible as a result of the assistance and services provided to them. All consumers and representatives said consumers have a choice in which services are provided to them so they can maintain as much independence as possible.

Staff are knowledgeable of consumers and understand their needs, and consumers interviewed said staff support them and know them well enough to recognise when they are feeling down. Care files identify consumers who require additional emotional support, and which consumers enjoy or benefit from spending one-on-one time with staff. One consumer’s care file shows regular wellness checks are conducted to ensure the consumer is supported at home, especially after undertaking a morning activity, and progress notes for two consumers receiving palliative care show additional well-being and support checks occur regularly. Care files also evidence initiation of appropriate and timely referrals to individuals, other organisations and providers of other care and services, where required.

Consumers and representatives confirm services are available to enable consumers to do things of interest to them and maintain important relationships. Care files show, and staff confirm, how consumers are supported to remain involved in their community, with information captured at annual reviews, and from information gained from staff who visit consumers regularly.

Staff said information contained in the electronic care system is always accurate and up to date, which enables them to undertake their roles efficiently. Brokered staff said they receive accurate and timely information from the service to enable them to provide their services effectively. Brokered staff spoke highly of communications from the service, and said they always have the correct information. Consumers interviewed said staff know them well, understand their needs and they do not have to remind staff continually of these things.

Where meals are provided, they are varied and of suitable quality and quantity. Consumers are satisfied with the meal options and assistance provided, stating their meals meet their needs and preferences. Ready meal providers are available for consumers who wish to use them.

Where equipment is provided, it is safe, suitable, clean and well-maintained, and consumers and representatives are satisfied with the equipment provided, stating it meets consumers’ needs and assists them to stay as independent as possible. Consumers' equipment needs are assessed by allied health professionals to ensure it is safe and fit for purpose. Where identified, staff and consumers can report required equipment maintenance. A maintenance schedule is available to ensure the service’s vehicles remain safe, including routine checks, and servicing. Staff described processes for escalating maintenance concerns regarding the cars and said this is always actioned in a timely manner by management.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

All consumers and representatives said the service encourages feedback, and they aware of how to provide feedback or make complaints, including through the service and external avenues. They said they feel comfortable to raise any issues or concerns either directly with field staff or the home care coordinator, stating they are very supportive. Information is provided to consumers on admission relating to internal and external feedback and complaints avenues, advocates and language services, with reminders provided ongoing through the service’s newsletter. Information is also available through the organisation’s website and in all offices. The service liaises with Aged Care Rights Advocacy or the Adult Safeguarding service to support consumers when needed. Staff described how they support consumers to provide feedback and/or complaints, and said they provide opportunities for consumers and representatives to provide feedback about care and services at each attendance.

Feedback and complaints processes include consumer and representative engagement to resolve issues, with coordinators and/or managers conversing with consumers to action and resolve issues quickly. All feedback is overseen by the quality coordinator and ensures follow up has occurred with individual line managers and, where required, field staff. Documentation includes examples of open disclosure, including thanking consumers for raising issues, apologies by staff, transparent communication along with actions to resolve, final outcomes and satisfaction from consumers. Two consumers said home care coordinators kept them informed when they raised issues and they are happy with the outcomes. Both said they were included in the issue discussions and the actions to occur, stating the service were very open in their communication.

There are systems and processes to ensure feedback and complaints are captured and reviewed to improve the quality of care and services via a feedback register. Feedback and complaints are analysed and trended on a monthly basis, with information captured used to develop and promote continuous improvement outcomes.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

The service's workforce is planned to ensure there are appropriate numbers and mix of staff available to deliver care and services to consumers, incorporating consumers' preferences, type of service and/or care requirements, as well as individual rapports with staff. Rostering is consumer focused to ensure services occur in line with care needs and requested services, including preferred days, times and staff where possible. Agency staff are not used by the service, with community care workers either directly employed or under contractor arrangements. Staff confirm sufficient staffing numbers with a good mix of skills and said they have enough time to complete their tasks, and consumers and representatives said staff are reliable, community care workers are excellent and they are satisfied with the care and services consumers receive.

Consumers and representatives said all staff are kind, caring and respectful, stating they cannot fault the staff and they are lovely people, and staff described how they support each consumer's identity, culture and diversity. There are processes to monitor the workforce, with feedback reviewed to ensure staff uphold appropriate behaviours in line with the service’s values, expectations and code of conduct. Staff confirm they receive regular training in diversity and culture and always look to engage with consumers and support their choices and preferences.

All consumers and representatives interviewed said staff are competent and know what they are doing. The service ensures the workforce are competent with the appropriate knowledge through onboarding, supervision, field evaluations and consumer feedback and engagement. Position descriptions include responsibilities, skills and competency expectations, and staff are regularly overseen by the home care coordinator. The feedback register and incident data are reviewed to ensure staffing competency and compliance with contractual obligations.

Consumers and representatives expressed confidence in the workforces’ ability to deliver care and services. Staff described a thorough onboarding process which includes an orientation, induction, mandatory training and buddy shifts. Contracted staff attend training before going out to provide services in the community, and contractor obligations are clearly outlined in related documents. The service undertakes recruitment screening, inductions and mandatory training, and there are processes to monitor staff qualifications, applicable work licences and training certificates. While there are systems in place to monitor the workforce for training compliance, management acknowledge discussions are occurring in relation to contracted workforce and ongoing training requirements as an area of improvement.

There are processes to ensure regular assessment, monitoring and review of the performance of each staff member, including contracted staff. Regular and ongoing oversight and monitoring of field staff is undertaken to ensure performance outcomes are being met and to identify skills gaps and further development opportunities. Directly employed field staff and contractors are monitored through information obtained from feedback and complaint mechanisms which assists to coordinate discussions and follow-up, where required. Performance management processes are implemented where poor staff performance is identified.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

The Quality Standard is compliant as all five requirements assessed have been found compliant. The assessment team recommended requirement (3)(c) in this Standard not met for both HCP and CHSP.

**Requirement (3)(c)** The organisation demonstrated effective governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints were demonstrated. However, the assessment team found organisational information governance systems were not effective and recommended this requirement not met.

The electronic care system and associated systems show information management is not consistently applied to reflect accurate and timely information to inform all staff of updates and changes to support consumer care and services. Five of six consumer care files have documents which on request could not be sourced by management. Information is recorded and stored in various systems, and folders do not consistently record the same information in the same folders or demonstrate a consistent practice in relation to records management. Management said due to the different filing systems and storage folders in the electronic system, they are aware of inconsistencies in documentation.

An audit of the electronic care system was conducted in January 2024 with recommendations acknowledging inconsistencies in records management and outlines direction be given towards consistency for the recording and storage of forms. The organisation's plan for continuous improvement updated February 2024 includes self-identified issues in relation to the electronic care system and improvements for documentation with the aim of aligning forms and guidance materials, including any required policy changes to assist documental cohesiveness. Home care team meeting minutes dated March 2024 record discussion on records management and how and where consumer information is stored, including naming requirements of care and support plans to limit confusion, with further review on how the care and support plan can be viewed by all staff in the field.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. While I acknowledge inconsistencies with the electronic management system noted in the assessment team’s report, I have considered these issues had been identified by the provider through an audit of the electronic system in January 2024, with recommendations to rectify the issues identified. The provider’s knowledge of the deficits with information management systems was further evidenced through the organisation’s plan for continuous improvement in February 2024 and discussions held at a home care team meeting in March 2024. The provider’s response to the assessment team’s report notes standardised filing of electronic documents was in development at the time of the quality audit and a related procedure was completed in May 2024. Staff have been directed to file all consumer documents according to the procedure. I have also considered that while inconsistencies in information management were identified during the quality audit, this has not impacted staffs’ ability to access information to assist them in their roles, including in relation to providing consumers’ care and services.

**In relation to all other requirements**, consumers and representatives feel engaged and supported in the delivery and evaluation of care and services through various communication methods, such as field worker interactions, regular contact with home care coordinators, area gatherings, newsletters and an awareness of the newly created consumer advisory body. Board members attend each of the conversations consumer engagement forums on a rotational basis, and the consumer advisory body can attend Board meetings, when required. The organisation has various mechanisms to capture and analyse consumer engagement and feedback in line with their vision and values to support consumers in the community.

The organisation is founded by its purpose and values and ongoing partnership with the local community, and the organisation’s framework includes systems to ensure responsibilities and accountabilities to promote a culture of safe, inclusive and quality care and services. The organisation's governing body consists of eight members plus a chair and deputy chair encompassing various professional disciplines. The Board meet on a monthly basis with input from sub-committees and the chief executive officer report. The organisational structure incorporates various reporting and monitoring channels for information, such as clinical data, consumer services, workforce and financial data being provided to the governing body by the chief executive officer and associated committees to facilitate Board awareness and accountability for the delivery of care and services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice.

Based on the assessment team’s report and the provider’s response, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant for both HCP and CHSP.

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