**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Western NSW Local Health District |
| Commission ID: | 200837 |
| Address: | 7 Commercial Avenue, DUBBO, New South Wales, 2830 |
| Activity type: | Quality Audit |
| Activity date: | 25 September 2023 to 28 September 2023 |
| Performance report date: | 7 December 2023 |

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

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7274 Western NSW Local Health District  
Service: 24927 Western NSW Local Health District - Care Relationships and Carer Support  
Service: 24926 Western NSW Local Health District - Community and Home Support

**This performance report**

This performance report for Western NSW Local Health District (**the service**) has been prepared by B Bassett, 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 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 15 November 2023.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | 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

Consumers and representatives said consumers were treated with dignity and respect and were valued as individuals. They said staff delivered care and services in a way that made consumers feel safe. Staff spoke respectfully about consumers and provided examples of how they ensured consumers’ dignity was respected and culturally safe care was delivered.

Consumers said they felt supported to be involved in planning, making their own decisions and in maintaining their independence. They said they can speak with staff to make requests or changes to their services and that these were acted upon promptly. Consumers provided an example of how the service provided them with an opportunity to develop positive and meaningful relationships with other consumers at the service.

Consumers said they felt supported to live the life they wanted. Risk assessments were completed when a consumer commenced with the service so that management could identify and plan for any current or future risks. Staff explained how they supported consumers to undertake activities that may involve an element of risk. For example, they said they encourage consumers to use assistive technologies such as GPS trackers or to use webster packs so consumers can continue to manage their medications.

Consumers said they received information in a way they could understand and in a format that was appropriate to their needs. This included information about the CHSP program, a client service agreement and practical supports to access the care they needed. They said if they had any queries or concerns about the information provided, it was easy for them to obtain clarification.

Consumers said staff were respectful of their privacy and they felt that their information was kept confidential. Information about the consumer was stored in the service’s electronic care management system and staff are required to adhere to privacy policies.

Following consideration of the information above, I have decided Standard 1 is Compliant.

# Standard 2

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

Consumers and representatives said consumers received care and services that met their needs, goals and preferences. Consumers said they were satisfied with the information provided about care and services and they had access to their care plan if they wanted it.

Care planning documentation included information about consumers’ needs, goals and preferences and addressed advance care planning and end of life preferences where this was the consumer’s choice. There was evidence of the involvement of consumers, representatives, medical officers, allied health professionals and other service providers in assessment and planning and care directives were followed by staff.

Consumers and representatives said they could request additional care or services if their circumstances changed. Care planning documentation demonstrated that a review occurred following an incident or change in the consumer’s needs or if the plan had not been reviewed for six months. Management conducts audits to identify consumers who do not have a care plan or errors in information in the care plan.

Staff said care planning documentation provided detailed information about consumers, including in relation to risks, that guided them in the delivery of care and services to consumers. Staff said assessments were conducted when the consumer commenced with the service and were then conducted at regular intervals. Risk assessment tools were used to identify risks associated with health and well-being including risks associated with mobility, skin integrity, lifestyle and home safety and care plans included strategies to minimise the risk of harm.

The service had policies and procedures relevant to assessment and planning that included advance care planning.

Following consideration of the information above, I have decided Standard 2 is Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | 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 |
| 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

Consumers said the clinical and personal care provided was safe, effective and optimised their health and well-being. Care documentation provided examples of how staff effectively managed risks associated with the care of consumers and changes to care delivery in line with the individual needs of the consumer over time.

Risk assessments were completed, and strategies were developed to minimise risk to consumers. Risks identified included falls, swallowing difficulty, wounds and pain management. Staff were familiar with risks for individual consumers and with the ways to manage those risks.

Consumers and representatives said they had discussed preferences in relation to end of life care with the service and staff could describe how they supported consumers nearing end of life. Staff provided examples of how end of life care is managed by the service and all staff were familiar with the process of recognising when a consumer may need re-assessment due to nearing end of life stages of care.

Consumers and representatives were confident that staff would recognise a change in the consumer’s condition and said consumers had access to medical officers and other health professionals when they needed it. Staff knew the process to follow for identifying and escalating a change in a consumer’s condition and care documentation reflected that referrals occurred to support consumers’ changed needs. Representatives and staff provided examples of consumers who had experienced a change in condition and how this had informed care and service delivery.

The care of consumers with chronic and complex health conditions was reviewed and demonstrated that medical staff, nursing staff, allied health and other health service providers participated in care delivery. Consumers’ health was monitored closely, and health care directives were documented in the care plan. Staff understood consumers’ needs and preferences and could describe how care delivered was tailored to the consumers’ needs.

Staff were provided with information about the consumers’ care and service needs and this information was conveyed through care plans and discussions with other staff members. Care planning documentation demonstrated that information was communicated to organisations where the responsibility for care was shared. Consumers and representatives reported staff provided consistent care and services.

Management described how they maintained appropriate infection control and reviewed antibiotic prescribing to reduce the risk of resistance to antibiotics. Staff had received training in infection control practices including hand hygiene and the correct use of personal protective equipment.

The service had policies and procedures relevant to this standard to guide staff that included wound care, pain management, advance care planning and end of life care. There were policies and procedures that addressed antimicrobial stewardship, infection control and outbreak management.

Following consideration of the information above, I have decided Standard 3 is Compliant.

# Standard 4

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

Findings

Consumers said the services and supports provided helped them to maintain their quality of life and promoted their independence. Staff understood what was important to consumers and described the ways they helped the consumer to maintain their independence.

Management and staff described the way the service supports consumers’ emotional, spiritual and psychological well-being. Staff said welfare checks, and emotional and psychological support are part of the functions of their role. Consumers and representatives felt the service promoted the consumers’ emotional well-being with one consumer saying if she was feeling low, staff would notice and spend more time with her.

Care planning documentation was individualised, provided details about the consumers’ backgrounds and interests, and outlined the care and services that were to be provided. Care plans outlined various activities and social supports to promote consumer well-being and quality of life including for example, through wellness programs, meal assistance and referral to other service providers. Staff were satisfied with the information provided to guide care delivery and consumers and representatives felt staff had a sound knowledge of the consumers’ needs and preferences.

Some consumers had meals delivered to them by staff. A four-week menu is provided to the consumers a month in advance so they can choose from a variety of meal options available to them, taking into consideration their dietary requirements. The hospital kitchen staff hold essential consumer dietary information such as whether they require a low salt diet or have particular food allergies.

Requirement 4(3)(g) is not applicable as equipment and assistive technology is not provided by the service.

Following consideration of the information above, I have decided Standard 4 is Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives described the service environment as welcoming and described ways the service made them feel welcome such as displaying artworks completed by consumers.

Service environments were observed to be presented in a clean, comfortable, safe, and well-maintained manner. Consumers were observed to move freely within the service areas. Consumers confirmed they felt safe and comfortable in the service, the service was always clean, and they could move freely around the service. Staff advised sites are cleaned every day and they access an online system to inform of any maintenance issues.

The Assessment Team observed the service centres to be designed as fit for purpose for the consumers attending the groups. Natural lighting entered the service centres and they were designed to ensure it was easy for consumers to walk around and navigate with mobility aids.

Consumers confirmed furniture and fittings were always clean and well maintained, and the Assessment Team observed cleaning wipes and disinfectants available to staff, hand sanitizer stations in main entrances, evacuation plans, fire extinguishers and hand washing instructions at the sites visited.

Following consideration of the information above, I have decided Standard 5 is Compliant.

# Standard 6

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

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints. Consumers said they knew how to lodge a complaint and would be comfortable raising issues if they arose with the staff directly, or with management.

Staff described how they encourage and support consumers and/or representatives to provide feedback and make complaints through various avenues such as direct feedback, consumer surveys and contacting management directly.

Complaints processes were communicated to consumers and representatives via the information pack and service agreement. These included information about internal complaint processes and how to access advocacy services and the Aged Care Quality and Safety Commission. Consumers were aware of other organisations outside the service, including advocacy services that they could contact to make a complaint.

The principles of open disclosure were applied to complaints and staff were able to describe complaint processes. Consumers said the service kept them updated with the progress and closure of complaints.

Management was able to demonstrate feedback and complaints were documented, responded to, and that open disclosure processes were applied. Information received was used to improve the quality of care and services and evidence of this was found in the service’s plan for continuous improvement, meeting minutes and within incident reporting mechanisms.

Following consideration of the information above, I have decided Standard 6 is Compliant.

# Standard 7

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

Positive feedback was received from consumers and representatives about the care and services provided by staff. Feedback included staff knew what they were doing, arrived on time and contacted the consumer if they were delayed, staff were not rushed and that opportunities to reschedule were offered if this was the consumer’s preference.

Consumers and representatives said staff were kind, caring and respectful of their culture and identity. Staff described the training they received regarding cultural respect and how they treated consumers with respect. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and individual preferences.

Management said that while it is always actively recruiting and utilises hospital ward-based staff to ensure shifts are rostered, no shifts are unfilled. The service demonstrated the workforce is planned and equipped to provide quality care and services.

Consumers and representatives expressed confidence in the ability of staff to perform their roles and provide care in line with consumers’ preferences.

Staff confirmed they went through formal recruiting and onboarding processes when starting in their role. Staff said they had completed a national criminal history check when starting with the service.

Management described having a recruitment and onboarding process to ensure that the workforce hired is competent to perform their roles in line with the NSW Health policies and guidelines regarding recruitment and onboarding and Wellness and Reablement training that is linked to the Aged Care Quality Standards. All relevant qualifications for staff are recorded in their individual staff folders and are monitored and managed by the Human Resources and Quality and Compliance department.

Staff were provided with an induction and a mandatory training program was in place. Staff spoke positively about the training they had received and said they also received support from registered and management staff.

Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their supervisors. Staff also said that they receive feedback from management and have appraisals as required.

Management and staff said an annual performance review and regular staff check-ins occurred. Feedback about staff performance was captured through compliments and complaints and where necessary, changes were made to ensure the consumer’s needs and preferences were met. Management advised the service has annual performance appraisals in place for ongoing monitoring and reviewing of the performance of each staff member.

Following consideration of the information above, I have decided Standard 7 is Compliant.

# Standard 8

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

Consumers and representatives felt their feedback was used to improve the quality of care and services and said they were supported to engage with the service. Formal consumer feedback and complaints, the incident register and informal feedback and suggestions are collated, and the information is used to identify trends and inform the services continuous improvement plan.

The CHSP service manager’s report provides service data to the Executive Director. Executive management work collaboratively and report to the board on organisational operations that includes CHSP funded services. The executive group remains informed of the delivery of quality care and services regarding key risk areas through regular meetings and monthly reporting from service delivery managers on CHSP information and input from broader organisational divisions. Department Directories report to the board to provide updates regarding how the care and services are being delivered and improved to meet strategic plan initiatives. The strategic plan sets an overall direction and priorities and goals.

Effective organisation wide governance systems were in place in relation to information management, continuous improvement, financial management, regulatory compliance, workforce management, and feedback and complaints.

Information security measures and controls are implemented to ensure privacy of information is preserved, confidentiality of information is protected, integrity of information is maintained, and availability of information is assured.

The plan for continuous improvement was used to track improvement initiatives and is monitored by management for progress.

There were systems and processes to manage the service’s financial needs. Finances are reviewed regularly and discussed through upper management meetings and reports provided to the executive leadership.

Staff had a clear understanding of their roles and responsibilities and were provided with a position description. Staff are also supported by management and participate in regular meetings with their team and the wider organisation.

Management advised all relevant changes regarding regulatory compliance and changes to legislation are communicated to the executive team, board members and staff are supported to attend industry conferences.

There was a system for the collection and analysis of feedback and complaints and this information was used to improve the service.

The service had effective risk management systems. Incidents are reported through the incident management system and escalated to the relevant manager. An independent investigation team completes an investigation, the Quality Management Team conducts a root cause analysis and reports back to the relevant manager relevant information such as strategies and prevention mechanisms to be put in place to support the consumer to live the best life they can.

Staff advised identifying and responding to abuse and neglect of consumers is covered in their incident management training and can be identified in the system when inputting an incident.

The service has effective clinical governance systems and there were policies and procedures that addressed antimicrobial stewardship. Restrictive practices were not used by the service. Staff and management were able to describe their use of open disclosure.

Following consideration of the information above, I have decided Standard 8 is Compliant.

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)