**Performance**

**Report**

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| Name: | ADSSI Limited Home Services |
| Commission ID: | 200017 |
| Address: | Tuggerah Business Park, 3a Pioneer Avenue, TUGGERAH, New South Wales, 2259 |
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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: 1007 ADSSI Limited  
Service: 17269 ADSSI Limited

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7531 Adssi HomeLiving Australia  
Service: 26135 Adssi HomeLiving Australia - Care Relationships and Carer Support  
Service: 26136 Adssi HomeLiving Australia - Community and Home Support

**This performance report**

This performance report for ADSSI Limited Home Services (**the service**) has been prepared by Kimberley Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives confirmed staff treated them with dignity and respect when delivering services to consumers and communicating with them. Consumers also stated they were confident staff know about their identity, culture and background, and the things that were important to them. The organisation’s ethos reflected the values of respect and inclusion, this was also outlined in the client information pack and Aged Care Charter of Rights. Consumer care plans and files demonstrated consumer culture, diversity, life history, relationship information and care preferences were documented in a respectful manner. Policies and procedures included consumer’s rights, choice and dignity and staff code of conduct.

Consumers and representatives stated staff understood consumers’ preferences and culturally sensitive aspects of their services which made them feel valued and culturally safe. Policies and procedures were in place to support inclusive, person-centred service delivery. Interpreters were accessed if and when required, some care staff were also bilingual and assisted as required. Staff described how they would deliver culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. Consumer care documentation included background, culturally appropriate activities and services for consumers and any specific requests. Policies and procedures were in place to support cultural safety and a diversity plan was in place. Inclusive training had been provided for all staff and the Board.

Consumers could exercise choice and independence, making their own decisions regarding the way their services were delivered and who they liked to be involved in those decisions and their care. Consumers felt they were also given plenty of opportunities to make connections with others and develop new relationships. Staff described the methods they used to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Coordination staff ensured a holistic approach to consumer care planning specifically in relation to who consumers chose to include in their care. This information was recorded in consumers’ files for consistency. Consumer files evidenced information was present to indicate consumer’s relationships, any support persons or representatives and their contact details.

Consumers did not identify any risks they wished to be supported with by the service, but advised they wished to remain living at home independently and felt the service helped them to do this. They were confident the service would support them if they identified anything they specifically needed assistance with. Management confirmed if any individual goals were identified by consumers or representatives they would provide information to them about the relevant risks, so they were fully informed, and would document any risks in the consumer’s file. There were processes and procedures in place to ensure that consumers were able to take risks, minimise risks and take responsibility for their own decisions. Referrals may be made to specialist services for more assistance, such as allied health, medical officers, palliative care specialists, mental health specialists to ensure consumers were informed professionally and understood resources available to them. Policies and procedures included dignity of risk and consumers being supported to take risks.

Consumers and representatives confirmed on commencement of services, they recalled being provided with an information pack, that included information on various services they could access. They also confirmed information included a copy of the Charter of Aged Care Rights, contact information for the service, complaints information and information about charges. They also received newsletters and flyers and outings programs on an ongoing basis along with financial statements and letters advising of changes to fees. Consumers were encouraged to provide feedback, ask questions and to have information fully explained to them. Information provided to consumers was reviewed regularly to ensure it was relevant, current, clear and understandable.

Consumers and representatives felt staff respected consumer privacy and kept consumer personal information confidential. Staff described the methods they used to ensure consumer information was kept secure. Staff confirmed that consumer information kept digitally was password protected, and hard copy information was kept in locked cupboards in an area only accessible by staff. Training was provided to staff during induction with processes, policies and procedures to ensure privacy principles. Staff were also bound by a code of conduct which outlined the way they must respect the privacy and personal information of consumers and they had confidentiality clauses in their employment conditions.

Based on the information recorded above, this Standard is Compliant.

# 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

Intake officers onboarded new consumers, following an acceptance of a referral from My Aged Care. An in-home assessment was then completed, including the service agreement, initial assessment, risk assessment, and home safety checklist form to trigger conversation with the consumer in relation to medical history, physical health, mental health, and activities of daily living to assess the emotional well-being of the consumer. Case managers or Commonwealth Home Support Programme (CHSP) advisors are the primary point of contact, focussing on ensuring consumers were supported through the development and maintenance of goal-oriented care plans, assessment, and referrals. The care plan included information in relation to non-response procedures per consumer. During assessment risks were identified and discussed with the consumer and/or their representative. Mitigating strategies were agreed upon and documented in alerts, and the individual safety plan. Consumer documentation included the identification of risks such as mobility issues, falls history, cognitive impairment, hearing impairment, vision impairment, medical issues, allergies, and risk of isolation.

Care workers were provided information by case managers and coordinators in relation to the care needs of consumers and were provided with access to the care plan, that included instructions. They accessed electronic progress notes on their phone and were updated in relation to changes and discussed at regular staff meetings. The care plan template triggered the conversation to talk about advanced care planning however, not all care plans contained this information. Management acknowledged some improvement was required with this process. Case managers and CHSP advisors confirmed they do provided booklets to the consumers with information around advanced care planning and end of life planning.

Policies and processes were in place that described how assessment and care plan development were undertaken in consultation with consumers and their representatives. Progress notes evidenced liaison with other agencies as required such as Medical officers for health summaries or referrals to Medical officers and geriatricians for infections or mental health issues. Consumer documentation provided evidence of the assessments undertaken with the consumer and their representatives. Consumers and representatives confirmed the service had organised physiotherapy services and other referrals as required.

Most consumers and representatives interviewed confirmed they participated in assessments and ongoing reviews and were involved in the development of consumer consumers’ care plan. Consumers and their representatives felt well informed by the care advisors of the services consumers could access. Consumers provided details of what services they received, including days and times and these matched with care plans sighted in consumer files. Most consumers confirmed the services they received were in accordance with their agreed needs and preferences. Consumers confirmed they were provided with a copy of their current care plan.

Policies and procedures guided staff in relation to review and reassessment of care and services. Managers reviewed individual care plans with each consumer every year or as needed. Consumers confirmed their services were reviewed annually. Care plans were current, with reviews, conducted at least yearly, and as circumstances changed.

Based on the information recorded above, this Standard is Compliant.

# 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 were satisfied with care and services they received. Consumers confirmed the service took time to assess and understand their care needs and staff considered their individual preferences when providing care. The service engaged with a range of peak bodies and other organisations to support best practice, such as Dementia Australia and received alerts from government bodies and accessed the Commission’s website. A comprehensive assessment was conducted for all consumers and clinical needs were assessed by a registered nurse and identified needs were included in the care plan and reviewed regularly. Consumer files included individual preferences for consumers receiving personal care services, including their preferred level of independence and directions for care workers when providing care.

The service had risk management systems in place to monitor, identify and manage risks relating to the care of consumers. The incident management system informed consumer risk profiles and relevant information was communicated to care workers. Incident data was reviewed by management and appropriate actions were taken to reduce consumer risk and adjust service delivery based on consumer needs. Consumer files evidenced consumers were assessed for risks in relation to their overall health and wellbeing with any risks documented in their assessments and their care plans containing strategies to manage the risks noted. Consumers’ files contained detailed information on any risks for the consumers and services to be provided to manage these risks.

Management confirmed there were services available to support consumers entering an end-of-life pathway, and these included palliative team and representative conferences as care needs increased. Services were provided in line with the consumer’s and representatives’ wishes and based on any cultural preferences. Policies were in place regarding advanced care directives and end of life planning.

Policies and procedures were in place relating to monitoring processes including consumer reviews, completion of progress notes, observations and feedback from staff and consumers and representatives, to identify a deterioration or change with a consumer. The Risk Management policy also included identification and management of consumer risks such as illnesses, when they fall and other incidents, which may indicate a deterioration in condition of the consumer. Consumers were confident with staff knowledge regarding their care and services and were confident any changes to their health or wellbeing would be identified.

Consumers confirmed their needs and preferences were effectively communicated, as they did not have to repeat the same information to new care workers. Consumers were complimentary regarding communication with office staff and management. Changes in consumers’ care and services were communicated within and outside the service with those sharing care of the consumer. Care staff received sufficient information relating to consumer care needs via applications on their mobile phones.

The service had arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry, and dietician services, who were available to deliver services according to individual consumer’s needs and care plans. The Coordinator liaised closely with allied health professionals on an as needs basis and monitored the outcomes for consumers. Consumer files evidenced referrals to allied health services such as occupational therapists, for equipment and home modification services. Referrals were also noted for physiotherapists, podiatrists, and vital call. In cases where referrals were made the consumer’s file evidenced uploading of allied health reports.

Consumers confirmed care workers took steps to protect them from infections including wearing masks and washing their hands during services. Consumers confirmed they had also been provided with information from the service regarding safe practices for them during COVID-19. Care workers had received training on COVID and use of personal protective equipment. Care workers had been kept up to date with the changing COVID-19 situation and they were vaccinated.

Based on the information recorded above, this Standard is Compliant.

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

Findings

Consumers were encouraged to stay active to maintain their physical independence. Consumers were referred to physiotherapists as needed, who may recommend exercise programs. The service assisted consumer independence by accessing mobility equipment. Care workers provided examples of individual consumer preferences and how they assisted consumers maintain their independence while optimising their quality of life. Care plans contained sufficient information relating to consumer interests, needs and preferences.

Consumers confirmed they enjoyed services provided and felt comfortable, happy, and safe with their care worker while receiving care. Consumers stated staff checked on their welfare and reported any concerns. Consumers provided feedback that social connections provided by the service assisted their emotional needs. Consumer files contained assessments of consumers’ emotional, spiritual and psychological needs, and care plans were updated as required when these needs changed.

Consumers provided positive feedback on opportunities they had to build and maintain relationships and pursue activities of interest in the community. Consumers stated they had plenty of opportunities to do things that were meaningful to them. Management gathered information on consumers’ life stories and social needs on entry to the service to ensure the service could facilitate the continuity of any relationships and aid in communication. Consumers’ assessment and care planning documentation contained information on consumers’ individual interests and preferred activities, and important people and relationships in the consumers’ lives.

Consumers and representatives were satisfied the service had communication systems in place to ensure care workers knew consumer needs and when changes occurred with their care. Management communicated with family and subcontracted providers, such as occupational therapists and physiotherapists and care workers when needed. Subcontracted providers were well informed about the consumers they provided care for.

Consumers and representatives confirmed referrals were made from occasionally, with their permission. Management outlined referral processes and the importance of timely referrals for consumers. Progress notes in consumer files included information, referrals, and assistance to access other services such as allied health and equipment providers.

Meals were provided to consumers accessing Commonwealth Home Support Programme (CHSP) funding. Consumers were satisfied with the meal delivery and said their individual needs and preferences were considered regarding food choices. Surveys completed by consumers confirmed their satisfaction with meals provided. Food and dietary preferences of consumers were identified at assessment and this information was provided to staff who dispatch and deliver the meals. Staff were aware of the individual food preferences and dietary needs of consumers.

Equipment was provided to consumers accessing Home Care Package (HCP) funding. Consumers advised they had received equipment through their package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Care workers advised equipment was listed in the consumer’s care plan and they received instructions for its safe use. Care workers checked equipment for safety as needed and reported back any issues to management. Assessment and care planning documentation identified where equipment was provided in the home or where consumers were using particular aids. Progress notes included referrals to occupational therapists for assessments where required.

Based on the information recorded above, this Standard is Compliant.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | 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

Video of the overnight respite cottage was observed, which indicated the environment was welcoming. Staff advised the environment was easy for the consumers to navigate independently. Staff confirmed due to the size of the room, there were no mobility hazards for consumers regarding small spaces. Environmental safety checks were carried out on a regular basis and any hazards identified were followed up through the hazard and incident reporting system and relevant maintenance was organised when needed.

Staff confirmed any maintenance issues relating to the overnight respite cottage raised were addressed promptly. The facilitators ensured the hub was clean, tidy, safe, and comfortable for consumers. An ongoing maintenance schedule was observed for the overnight respite cottage.

Consumers confirmed the buses they travel on to the group activities were clean, as was the service environment. Management stated the equipment was clean and checked regularly. No concerns had been raised regarding the furniture or equipment at the overnight respite cottage or regarding the buses. Management advised the disability modified vehicles were safe, clean and well maintained and suitable for use by the consumer. Vehicles were serviced based on vehicle manufacturer’s schedule servicing and regular inspections of first aid kits, fire extinguisher and hoist were completed regularly. Furniture and equipment were observed to be clean and well maintained. Chairs and tables were of a suitable height for consumer use for activities and meals.

Based on the information recorded above, this Standard is Compliant for consumers accessing CHSP funding.

# 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

Consumers and representatives were aware of how to provide feedback or make complaints and would feel comfortable doing so. They confirmed they had received written information regarding complaints management through an information pack and service agreement as well as verbal information. Consumers and representatives were aware of internal and external complaints processes. They confirmed they were encouraged to provide feedback and complaints, with some noting they had previously raised issues which had been resolved. They also confirmed they were asked to provide feedback through surveys. Mechanisms for feedback and complaints included verbal feedback provided to care workers, calling case managers, and providing feedback through care reviews and consumer satisfaction surveys. The service had policies and procedures relating to feedback and complaints processes.

Consumers and representatives confirmed they had been made aware of their right to use an advocate, advocacy and language services and other methods for raising complaints. They stated it was included in their information provided at assessment, notably their service agreement, feedback form and information pack. This includes information on external complaints mechanisms such as the Aged Care Quality and Safety Commission and advocacy services. Consumers had nominated representatives in place, who could act on their behalf, if they wished to raise a complaint.

Consumers and representatives stated they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. Staff demonstrated an understanding of open disclosure and how it was implemented in service delivery. Staff confirmed if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability and ensuring everything was fully documented and followed up. Care workers stated they would escalate concerns to the case manager or Coordinator for action, but they would also make a progress note.

Consumers and representatives confirmed the service regularly sought their feedback and suggestions for improvement on the services consumers received. Consumers were invited to provide feedback through satisfaction surveys and also verbally, through care workers or directly to coordination staff by phone, email or in person. Consumers and representatives who had previously raised issues advised actions had been taken and improvements made to consumers’ individual services and no further issues had arisen. The complaints register included complaints across all service types and follow up actions were detailed on each occasion. Policies and procedures were in place relating to complaints, feedback and continuous improvements for the organisation and the service had a continuous improvement plan in place that included items across various quality standards and services they delivered.

Based on the information recorded above, this Standard is Compliant.

# 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

Consumers and representatives advised there were sufficient care workers providing services. Consumers and representatives confirmed consumers received quality service and safe care. The service demonstrated there was an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. Management acknowledged there had been challenges with staff recruitment and retention in some areas and they had open recruitment processes in place. The service employed their own care workers to deliver direct care services. subcontracted care workers were arranged to accommodate consumer preferences or to backfill due to staff absences. Subcontracted agencies were used to provide a range of allied health services, equipment and gardening and lawn mowing services when required. Regular rosters ensured consumers had their preferred care workers scheduled as per their request. Nursing, allied health and home modification services were arranged as required through internal or external subcontracted staff.

Consumers confirmed staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers stated their preferences were respected regarding the choice of care worker and timing for their services. Consumer files indicated the use of respectful language towards each consumer and their individual circumstances. Telephone calls were observed with consumers, and these demonstrated caring and respectful interactions with consumers and staff. Mandatory training for all staff included identifying and responding to elder abuse and neglect, dementia, and inclusion. Staff confirmed they had received relevant training. Discussions with care workers reflected they were aware of consumers’ individual circumstances, and all spoke respectfully regarding consumers.

Consumers and representatives felt care workers knew what they were doing when they provided their services to consumers and felt safe in their care. Management described the recruitment process and noted an initial onboarding process to ensure that the workforce hired was competent to perform their roles. Recruited staff had relevant qualifications specific to their roles or be willing to undertake the necessary training. All relevant qualifications for staff were recorded in their staff electronic system. All care workers participated in a supervisor system as part of their induction process. If the new worker is not yet confident to work independently in consumers’ home, additional supervising shifts were arranged. The service regularly sought feedback from consumers about the performance of both internal and external staff and services and recorded this as a complaint if any issues arose.

All staff completed mandatory training during onboarding and induction, and every 12 months thereafter. Ongoing training and support were offered to all staff where it was required. The induction training modules were assigned to staff and monitored if they were not completed by the required dates. Staff confirmed they had access to a high amount of training relevant to the Aged Care Standards and to their role. The service offered annual training to staff, which was largely completed online. The service also conducted some face-to-face training and care worker meetings may have an element of training attached. The service had a nursing team who conducted relevant ongoing training in providing services to higher needs consumers. The service had a range of human resource policies in place relating to staff induction and training.

The service had a performance appraisal system for the ongoing monitoring and reviewing of the performance of each staff member. Samples of appraisals for management, coordination staff and care workers were observed, which had been completed within the last 12 months, and included sections completed by the employee and the respective supervisors. Care staff confirmed they were supported in the performance appraisal process by their team leaders and also had regular support in the form of team meetings and individual support when needed. Feedback was regularly sought from consumers and representatives regarding any subcontracted staff on their performance and any issues would be addressed through ongoing discussions with the relevant agencies.

Based on the information recorded above, this Standard is Compliant.

# 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

Consumers and representatives reported the service to be organised, easy to navigate and responsive to feedback. They were able to provide examples of times they have provided feedback to the service and were satisfied their feedback was taken into account and relevant changes made to address their concerns. Management advised consumer feedback and suggestions were collated and trended and informs the continuous improvement system. This information was primarily gathered from consumer satisfaction surveys and informal feedback from care reviews and ad hoc contact. The organisation set up a consumer advisory group. This group will provide an additional opportunity for consumers to be involved in reviewing and commenting on overall practices in the organisation and provide feedback and suggestions that can inform continuous improvement at the service.

Management demonstrated the service has organisation-wide governance systems and processes that promote the provision of safe, inclusive and quality care. Avenues to demonstrate effective governance systems included a large range of policies and procedures, orientation and ongoing training for staff, updates provided to staff regarding best practice and changes to processes, documentation to support individual risks to consumers, a risk register to capture organisational risks and consumer risks, referrals to internal and external agencies, internal reporting processes and regular Board meetings.

The governing body was accountable for the delivery of quality care and services by remaining informed of delivered services and key risk areas and reviewing systems and processes as needed based on their consumer cohort. The governing body developed additional policies and procedures as needed to react to identified risks. Regular review of the risk register enabled them to ensure risk information was up to date and sufficient mitigation strategies were in place to address any risks.

The service had an electronic information management system for consumer information. Staff provided feedback the system was easy to navigate and included all basic information required to perform their day-to-day duties. Staff had an application on their phones that linked them to information in the system on consumers’ needs and where they entered progress notes. Case managers and clinical staff monitored the progress notes on a regular basis monitoring for signs of deterioration of consumers and changes in needs. All consumer documentation such as care plans, risk assessments and agreements were attached to the system.

The service demonstrated they showed initiative in identifying opportunities for continuous improvement through consumer, representative and staff feedback, identified risks and incidents and internal audits. This included feedback about individual consumers as well as how they could improve their processes and services overall.

Financial governance systems were in place to manage finances. Ongoing review occurred of consumers’ funds and a list of consumers with a high amount of unspent funds was able to be produced. Management had oversight of the service’s income and expenditure, and this was reviewed regularly and discussed by the governing body. Relevant reports and meeting minutes demonstrated this occurred on a regular basis.

Job descriptions existed for various levels of staff. All staff members, both operational and management were provided with a job description that included clear explanations of roles and responsibilities. All staff were aware of their roles, accountability, and responsibilities and confirmed they had received a job description.

The service monitored staff compliance with regulations such as police checks, car registration and insurance for operational staff, vaccinations for COVID-19 and influenza and registration requirements for qualified staff. The organisation was a member of peak organisations and received regular updates regarding legislative and regulatory requirements across the various service types they provided, including from the Commission.

The service had effective systems and processes to ensure consumer, representative and staff feedback was captured, and that information was used by management to inform and improve services. Consumers and representatives’ completed satisfaction surveys and felt comfortable providing feedback verbally, both positive and negative to care workers and coordination staff. This information was discussed at various meetings within the organisation and information was communicated to management and the directors in the form of complaint trends, data and plans for continuous improvement.

The organisation had a number of processes in place to identify and manage risks associated with the care of consumers, including high impact and high prevalent risks. Processes included a comprehensive assessment of consumers, including any risks identified at an initial assessment. The service kept a risk register, this information was trended and reviewed by management in regular meetings. The incident register was also reviewed on a regular basis and demonstrated all incidents were actively monitored by managers and coordination staff.

Consumers and representatives confirmed coordination staff and care workers have built rapport with them and knew what was important to them. Consumers confirmed they were able to live life the best they could with support from care workers and coordination staff. Consumers confirmed their services were flexible and allowed for their changing needs and preferences.

The service demonstrated the process followed when an incident or near miss occurred or was identified. Staff were familiar with the process and the relevant policies and procedures in place. The incident management system detailed information on the incident identified, reporting processes, and risk mitigation strategies. Management monitored the register regularly and implemented strategies as needed to ensure consumer risks were addressed to ensure their overall safety and wellbeing.

The clinical governance framework identified the methods for the service to use consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The framework ensured the workforce was supported with qualified clinical staff, ensuring adequate supervision and advice was provided to operational staff when clinical or personal care was being provided.

The organisation had a range of policies and procedures relating to various aspects of clinical care to guide staff. Policies and practices were in place relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. There was a process in place for care workers to report back any concerns regarding consumer care, including restraints that may be in place, to ensure relevant staff had appropriate discussions with consumers and representatives regarding the risks around these.

The service employed clinical care and allied health teams, who provide clinical assessment and direct clinical care to consumers. They identified any individual consumer risks, including clinical and these were monitored on an ongoing basis, to ensure the ongoing safety of vulnerable consumers.

Based on the information recorded above, this Standard 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)