Performance

Report

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| Name of service or service group: | Performance report date: |
| Community Options Inc | 8 September 2022 |
| Commission ID: | Activity type: |
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| Home Service Provider: | Activity date: |
| Community Options Incorporated | 3 August 2022 to 5 August 2022 |

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

**This performance report**

This performance report for Community Options Inc (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Services included in this assessment

**Home Care:**

* Community Options Inc., 26625, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603

**CHSP:**

* CHSP Personal Care, 4-7XUSR14, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603
* Domestic Assistance, 4-7XUSR3X, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603
* Flexible Respite, 4-7XUSR6Q, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603
* Goods Equipment and Assistive Technology, 4-7XVA5TD, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603
* Home Modifications, 4-7XVA5W2, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603
* Social Support - Individual, 4-7XVA5YV, Endeavour House, Level 2, 1 Franklin Street, GRIFFITH ACT 2603

# Material relied on

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

* the assessment team’s report for the quality audit; the quality audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| 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 |
| 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| 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 |
| 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

## Findings

Consumers interviewed by the Assessment Team stated they felt respected and valued by the Community Options service coordinators, brokered staff, and management. During interviews with the Assessment Team consumers described how their interactions with the service were always respectful and how they felt their cultural backgrounds were understood and respected.

CHSP coordinators interviewed by the Assessment Team were able demonstrate knowledge about consumers lives and what’s important to them. The Assessment Team analysed documentation evidence of the consumers care and support plans and noted the support plans included the consumers personal circumstances, what is important to them, their cultural background and goals. Consumers interviewed by the Assessment Team confirmed the service coordinators, management and brokered staff understand consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe.

Management and coordination staff interviewed by the Assessment Team described ways they interact with consumers sensitively and how they understood the consumers cultural backgrounds. Management and coordination staff when interviewed provided an example of how they supported a current consumer’s cultural and religious needs.

Consumers interviewed by the Assessment Team stated the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. Consumers when interviewed outlined how staff assist them to understand the range of supports and services available and make choices about these.

Coordination staff interviewed by the Assessment Team confirmed all consumers are provided with an information pack and Charter of Aged Care Rights. During interviews with the Assessment Team Coordination staff stated they also contact their consumers once a week or fortnightly depending on the consumers circumstances. Coordination staff interviewed by the Assessment Team demonstrated how they explain to consumers that they have the right to call and change their preferences whenever they want. Consumers interviewed by the Assessment Team confirmed that the service supports them to live their best life and encourages them to keep independent and active and will refer them to other services to support them when needed.

Coordination staff interviewed by the Assessment Team discussed how the service identifies any potential individual risks to consumers and discusses with them how to minimise harm, including making referrals to other services and conducting relevant risk assessments to assist with safe consumer mobility through their adult pre-exercise screening tool. During interviews with the Assessment Team coordination staff described the importance of supporting consumers in their choices and described how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported.

Consumers interviewed by the Assessment Team confirmed that they are provided information that is clear and easy to understand and enables them to make choices. Consumers interviewed by the Assessment Team demonstrated their understanding of the services available to them, including the various centre-based and outings programs and relevant costs. Consumer stated during interviews they received information when they commenced, including the Charter of Aged Care Rights, a client handbook and fees schedule, including how to provide feedback.

All staff interviewed by the Assessment Team demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. Staff interviewed by the Assessment Team described practical ways they protect consumer information such as only discussing consumer information with relevant office staff and not disclosing a consumer’s personal information to anyone outside of the service or their brokered services. Evidence analysed showed where consumer information is shared with other services involved in the delivery of care and services, the organisation obtains consent from the consumer.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 |
| 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 |
| 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 |
| 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 |
| 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

All staff interviewed by the Assessment Team were able to describe risks to consumers health and wellbeing and how they care for consumers at risk. All consumers and/or representatives interviewed by the Assessment Team reported they were satisfied with the care and services they receive. Care planning documentation analysed by the Assessment Team was detailed, current and included individualised goals for consumers. Training documentation analysed by the Assessment Team showed all care coordinators have completed consumer-focussed assessment and care planning course.

Evidence analysed by the Assessment Team showed all consumers at the service are phoned every 1-2 weeks and their files updated with consumer needs. All consumer files analysed by the Assessment Team included very detailed information regarding consumer goals, needs and preferences. Evidence analysed by the Assessment Team showed the service has a dedicated Palliative Care Coordinator who works closely with the consumer, the consumer’s family, the Palliative Care nurses and Claire Holland House (hospice) to ensure consumers who are nearing the end of life receive the support and services they need.

All consumers interviewed by the Assessment Team stated they are involved in making decisions regarding their care and services. The Assessment Team noted the service sub contracts all support and services. Evidence analysed by the Assessment Team showed the electronic consumer files sighted by the Assessment Team showed extensive communication between the service and sub contracted services who provide input to the consumer’s ongoing care.

Evidence analysed by the Assessment Team showed assessments and planning are effectively communicated to the consumer and documented in the consumer care plan. All consumers interviewed by the Assessment Team stated their coordinators go through their care plan with them before they sign it and they understand what services and supports they are receiving. All consumer files analysed by the Assessment Team were current, updated and complete. Care Coordinators interviewed by the Assessment Team stated a copy of consumer updated care plans are provided to the consumer and their representative. Most consumers and representatives interviewed by the Assessment Team stated they had a copy of their current care plan, they understood the plan and knew they could have the plan reviewed at any time.

Evidence analysed by the Assessment Team showed care and services are reviewed regularly. Management interviewed by the Assessment Team stated care plans are formally modified or updated every July/August, however all consumers are contacted every 1-2 weeks and care plans are updated if there are any changes to the consumers support or service requirements at that time. All consumers interviewed by the Assessment Team stated they felt they can change their support and services currently being provided, and if their needs changed, the service would respond. Consumers interviewed by the Assessment Team stated they would phone the service if there were any changes to their needs or talk to the coordinator when they make their regular call. The Assessment Team analysed consumer plans that were current, contained recent medical information, and had been recently updated. All consumer files analysed by the Assessment Team had recent and extensive notes between the service and sub-contracted agencies.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 |
| 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| 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 |
| 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 |
| 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 |
| 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 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

The Assessment Team noted Clinical care was not being provided by the service at the time of assessment as there are no consumers who currently require that level of care. All consumers receiving personal care that were interviewed by the Assessment Team, are happy with the support provided and said they usually get the same support worker providing care. Evidence analysed by the Assessment Team showed all personal care is being provided through several sub-contracted agencies. Management interviewed by the Assessment Team stated they have in place service agreements with agencies which sets out minimum support worker qualifications and experience required for personal care support. Evidence analysed by the Assessment Team showed audits are conducted every 2-3 years on agencies to ensure best practice is being adhered to. Evidence analysed by the Assessment Team showed the service phones all consumers every 1-2 weeks to obtain feedback on the services and support they are receiving.

Evidence analysed by the Assessment Team showed high impact or high prevalence risks associated with the care of each consumer is documented with mitigation strategies contained in care planning documentation which is reviewed regularly or as needs change. Support staff interviewed by the Assessment Team could describe how they identify and report hazards that may pose a risk to consumers. A staff member interviewed by the Assessment Team stated that before she leaves a consumer’s home, she always checks there are no trip hazards in the house, wet areas are dried with a towel, emergency pendants are in place if applicable and will ensure mobility aids are accessible to the consumer.

Evidence analysed by the Assessment Team showed the service has a dedicated Palliative Care Coordinator (PCC) who works closely with consumers and their families to have non-clinical services put in place as the needs of the consumer increase. For example, the PCC when interviewed by the Assessment Team stated when a consumer is considered bed bound, the service ensures two support workers are scheduled when carrying out personal care. Evidence analysed by the Assessment Team showed the PCC works closely with the palliative care nurses and Claire Holland House (hospice) to ensure the consumer is receiving wholistic care.

Support workers interviewed by the Assessment Team could describe how they maintain a consumer’s dignity and respect their wishes when they are working with consumers nearing the end of life. Support workers interviewed stated they involve the consumer’s family as much as possible in their care and take the time to listen to the consumer and understand their needs. One support worker when interviewed by the Assessment Team stated they reassess the needs of the consumer every time they provide care and report to their manager if they identify any additional services and supports that could further improve the consumers comfort.

Evidence analysed by the Assessment Team showed the service has effective systems and processes in place to ensure any deterioration or change in a consumer’s cognitive or physical function, and changes to capacity or condition is recognised and responded to in a timely manner. Care plans analysed by the Assessment Team reflect changes in consumers condition and are reviewed regularly or as the consumer’s condition deteriorates.

Agency policies on non-response to scheduled home visits were analysed by the Assessment Team which provided detailed steps on what a support worker must do in the event of a consumer not answering the door and/or being unresponsive during a scheduled home visit.

Support staff from brokered services interviewed by the Assessment Team could describe in detail how they document and communicate information about the consumers’ needs and preferences. The Assessment Team noted all staff interviewed stated they write detailed notes following each shift and the notes are sent through to the agency. Evidence analysed by the Assessment Team showed if there are any irregularities, a phone call is made to their coordinator immediately. The Assessment Team noted communication between brokered services and the service provider was evident when viewing the service providers electronic care documentation system.

Evidence analysed by the Assessment Team showed the service minimised infection-related risks and brokered service providers demonstrated they had processes in place to ensure consumers and staff are safe and infection related risks are minimised. Consumers interviewed by the Assessment Team stated all staff wear masks and gloves and practice hand hygiene when in their homes.

Staff interviewed by the Assessment Team stated they completed specific COVID-19 training and have been supplied personal protective equipment (PPE) such as masks, goggles and/or face shields, gowns, and gloves. Evidence analysed by the Assessment Team showed Rapid Antigen Tests are conducted daily and sent to their care coordinator.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 |
| 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| 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 |
| 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 |
| 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

## Findings

All consumers interviewed by the Assessment Team reported that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Care planning documentation analysed by the Assessment Team demonstrated goals and care plans were reviewed regularly and services and supports were individualised to meet the consumer’s needs and preferences.

Although most consumers interviewed by the Assessment Team stated they never feel low, all consumers felt their support workers would recognise if they were and would talk to them about it. Consumer A when interviewed by the Assessment Team stated his/her support workers know him/her well and they would sit and have a coffee and chat if they thought he/she was feeling low. All staff interviewed by the Assessment Team stated if they became concerned about a consumer they would always document a note in the progress notes and call their care coordinator to report the change in behaviour.

All consumers interviewed by the Assessment Team stated the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. A support worker interviewed by the Assessment Team stated she provides social support for a consumer who is not close to her family and she encourages her to participate in community activities (such as art groups) to form friendship supports.

Evidence analysed by the Assessment Team showed information regarding the consumers condition, needs and preferences is communicated where responsibility is shared. Consumers interviewed by the Assessment Team stated they receive support and services from mostly the same people and staff know them and their needs. All staff interviewed by the Assessment Team stated they get updates from their coordinator by email, phone and/or through their mobile app if there has been a change in care requirements for consumers prior to their next shift. All care plans analysed by the Assessment Team were comprehensive and provided detailed consumer needs and preferences.

The Palliative Care Coordinator (PCC) when interviewed stated she works very closely with the palliative care nurses and any changes in support or services is communicated to the service swiftly. This ensures the PCC can update the family and involve them in care decisions and staff can be updated on change of care and support as soon as possible.

The Assessment Team noted while the service does not provide equipment directly, it provides equipment indirectly via recommendations/referrals through occupational therapists. All consumers interviewed by the Assessment Team stated they are happy with the equipment supplied and it is well maintained. Evidence analysed by the Assessment Team showed the service assists consumers to utilise their HCP funding to obtain equipment that is fit for purpose and tailored to their specific needs. Quotes and communication between the service and agencies were analysed by the Assessment Team.**Standard 5**

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| Organisation’s service environment | | HCP | CHSP |
| 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

## Findings

Standard 5 is Not Applicable as three of three Requirements are Not Applicable, therefore this Standard was not assessed.

**Standard 6**

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| Feedback and complaints | | HCP | CHSP |
| 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| 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 |
| 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

## Findings

Consumers interviewed by the Assessment Team advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by the coordinator or management staff. Coordinators, management and brokered services staff interviewed by the Assessment Team advised if they receive feedback from consumers they bring it to the attention of management whether it be positive or negative. Coordinators, management and brokered services advised during interviews they discuss with consumers and family the persons rights, how to make a complaint or give feedback as well as how to access an advocate or external bodies such as the commission.

Management and coordinators interviewed by the Assessment Team advised all consumers receive an ‘information kit’ which explains the feedback and complaints process and includes the Charter of Aged Care Rights, outlining a consumer’s right to complain. During interviews with the Assessment Team management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues.

Consumers interviewed by the Assessment Team stated they had received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. During interviews with the Assessment Team consumers described how to access interpreter services if needed but those interviewed had not required this service. Consumers interviewed by the Assessment Team stated they felt comfortable to raise any complaints or provide feedback with the service directly, as they are all approachable. The Assessment Team analysed the organisations Advocacy and Client issues policies. The Assessment Team noted the complaints policy described external supports available to consumers to raise complaints and general feedback.

Most consumers interviewed by the Assessment Team stated they had not really needed to raise issues but felt staff would take any concerns seriously and address their complaints. One consumer interviewed by the Assessment Team stated she is happy with their services currently and advised she provided feedback to her HCP coordinator regarding a support worker who replaced her normal support worker.

Staff interviewed by the Assessment Team demonstrated awareness of open disclosure and advised they would always apologise to consumers that were not happy with anything regarding their services. Staff stated during interviews they ensure any issues are addressed promptly and make sure to keep consumers informed regarding any actions or outcomes of their feedback.

Evidence analysed by the Assessment Team showed feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and/or representatives interviewed by the Assessment Team stated they know how to provide feedback or make a complaint and felt comfortable contacting the service and speaking with staff if need be.

Coordinators and management staff interviewed by the Assessment Team advised due to minimal complaints received about the services regarding Community Options, there have not been any trends identified, however they do have a process to monitor feedback for trends through the overall consumer feedback surveys.

Evidence analysed by the Assessment Team showed policies regarding feedback and continuous improvement guide staff practice. Evidence analysed by the Assessment Team showed complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. The continuous improvement register was sighted by the Assessment Team and found to be sufficient. **Standard 7**

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| Human resources | | HCP | CHSP |
| 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 |
| 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| 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 |
| 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

## Findings

Management interviewed by the Assessment Team advised there is a set staffing establishment and staffing profile for each consumer. Evidence analysed by the Assessment Team showed rosters and workforce management is planned to meet each consumers required care and service delivery management needs. Evidence analysed by the Assessment Team showed the service aims for a diverse staffing mix of differing cultural backgrounds and genders to deliver safe and quality care services.

Evidence analysed by the Assessment Team showed where external service providers have been used, the service reviews consumer satisfaction by maintaining contact with consumers. Evidence analysed by the Assessment Team showed there is effective human resource management system to support sufficient numbers of skilled and qualified management, coordinators, subcontracted staff.

Consumers and/or representatives interviewed by the Assessment Team provided positive feedback in relation to their interactions with the workforce. Consumers and/or representatives described in various ways how the staff are kind, caring, respectful and helpful. Coordination and management interviewed by the Assessment Team stated their interactions with the consumers are conducted in a kind and respectful way. Coordination and management stated they listen to their consumers and respect their privacy, cultural values and decisions.

The Assessment Team noted there is evidence showing staff training related to professional courtesy and respectful approach. Evidence analysed by the Assessment Team showed position descriptions and organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

Consumers interviewed by the Assessment Team provided positive feedback regarding management, coordinators and subcontracting staff. Consumers interviewed by the Assessment Team advised they are satisfied with the knowledge and skills of all staff. During interviews with the Assessment Team all staff confirmed they received training and information on forms to use when issues arise, such as client issues and incident reporting. Staff interviewed by the Assessment Team stated they have access to all policies and procedures via Community Options electronic system called Wiki. The Assessment Team analysed the electronic system which showed information to be accessible and current.

Evidence analysed by the Assessment Team showed the organisation ensures subcontracted staff have the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers. The Assessment Team noted each brokered provider has a subcontracting service agreement with the organisation which outlines their expectation and obligations. Evidence analysed by the Assessment Team showed once the brokered service completes the Tendering Approval and Process procedure, the brokered service was aware they can be subject to audit review at any time of during the agreement.

Coordinators interviewed by the Assessment Team confirmed they receive initial and ongoing training, both face-to-face and online. Staff interviewed by the Assessment Team stated they feel well supported by management, through regular meetings and the provision of ongoing training and information. Staff interviewed by the Assessment Team stated they would feel comfortable asking for training if they felt they needed it and said management are very approachable in this regard.

Management interviewed by the Assessment Team advised they have recruitment and onboarding processes to ensure staff have the appropriate skills to deliver services as per the aged care standards. Evidence analysed by the Assessment Team showed information is provided to staff on the aged care standards and all staff receive a formal orientation to the organisation.

During interviews with the Assessment Team management described processes for monitoring and reviewing staff performance. Management stated during interviews appraisals are conducted annually and confirmed they have no current performance issues they are managing at present. Evidence was sighted in staff files by the Assessment Team that performance appraisals occur on a minimum annual basis. Evidence analysed by the Assessment Team showed documentation captures any staff requests and suggested training from management.

**Standard 8**

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| Organisational governance | | HCP | CHSP |
| 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| 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 |
| 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 |
| 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 |
| 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. | Not applicable | Not applicable |

## Findings

Consumers interviewed by the Assessment Team stated they can provide feedback at any time. Consumers interviewed by the Assessment Team stated they are asked for input on their delivery of care and services, this occurs regularly from their HCP or CHSP coordinators. Consumers stated they are kept up to date with any service improvements verbally through staff. Consumers interviewed stated they did they feel they can provide ongoing input into how care and services are delivered. Staff interviewed by the Assessment Team stated they feel the service is well run and management staff are reactive to consumer and representative requests and implement any changes quickly. Evidence analysed by the Assessment Team showed the service’s continuous improvement plan and complaints/feedback register show input from management, Subcontracting staff and consumers is captured and tracked through to implementation.

Evidence analysed by the Assessment Team showed the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. The Assessment Team analysed board minutes from the previous twelve months and they showed aged care services being promoted by the board as culture of safe, inclusive, and quality care for CHSP and HCP services

**Information Management**

Staff and management interviewed by the Assessment Team advised they can readily access information when they need it. Meeting minutes analysed by the Assessment Team from across the service evidenced staff are kept informed. Evidence analysed by the Assessment Team showed consumers receiving services receive ongoing verbal and written information on services and any relevant fees. Staff interviewed by the Assessment Team were aware of the individual consumers’ needs they are providing services to and have access to their care plans. Staff and subcontracting services when interviewed advised they are involved in regular meetings and confirmed they are provided with regular information on any changes to services, regulations or policies.

**Continuous improvement**

Evidence analysed by the Assessment Team showed the service has strategic planning and annual business plans and continuous improvement processes in place and these are adopted and implemented through each operational area. Evidence analysed by the Assessment Team showed opportunities for continuous improvement at an operational level are identified through a range of mechanism such as consumer complaints, feedback, surveys and also informal feedback received. Management interviewed by the Assessment Team stated they are always open and welcome feedback of any nature from consumers, representatives and subcontracting providers. The Assessment team analysed the services Continuous Improvement Plan which they noted included feedback from consumers.

**Financial governance**

Evidence analysed by the Assessment Team showed the service has effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. Evidence analysed by the Assessment Team showed the senior management have oversight of the service’s income and expenditure and this is reviewed regularly by the organisation. Evidence analysed by the Assessment Team showed financial audits are conducted, and a report provided from the finance committee to the governing body for oversight. The Assessment Team noted a finance committee is employed to undertake financial management and financial reports are tabled at each Board meeting. Evidence analysed by the Assessment Team showed CHSP and HCP services are reviewed on a regular basis by management to report on the resourcing needs of the program.

**Workforce governance**

Evidence analysed by the Assessment Team showed effective processes are in place for workforce governance. No issues were identified regarding workforce governance. Refer to Quality Standard 7 for further details.

**Regulatory compliance**

Management interviewed by the Assessment Team advised there has not been any adverse findings by another regulatory agency or oversight body at the service in the last twelve months. Evidence analysed by the Assessment Team showed management receives regular updates from government bodies on regulatory information which is monitored by the executive team and information is fed down to relevant management staff who disseminate the information to staff through emails and/or regular meeting mechanisms.

**Feedback and complaints**

Evidence analysed by the Assessment Team showed effective processes are in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms. For further details refer to Quality Standard 6 for further details.

Staff interviewed by the Assessment Team were able to explain how they report any concerns regarding consumers, for example, deterioration that may include some high impact and high prevalent risks. Staff interviewed by the Assessment Team were able to describe what they would do regarding any suspected abuse and neglect of consumers and confirmed they have been provided with information on this and their responsibility to report any concerns if need be. Staff interviewed also confirmed there is a process in place for managing when a consumer does not respond to a scheduled visit. During interviews with the Assessment Team staff demonstrated they were also familiar with these processes and their responsibility to report any concerns regarding these.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)