



Australian Government
Australian Aged Care Quality Agency

Interim Quality Review Report

Provider details			
Provider name:	Community Care NESB Inc		
Contact name:	Ms Wendy Mitchell		
Position title:	General Manager		
Service details			
Service name:	Community Care NESB Inc. CACP Service		
Quality Agency ID:	300272		
Location:	41 Tamar Street, LAUNCESTON TAS 7250		
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Services included in this review:			
Home Care:			
<ul style="list-style-type: none">Community Care NESB Inc. CACP Service, 17156, 41 Tamar Street, LAUNCESTON TAS 7250			
CHSP:			
<ul style="list-style-type: none">CRCS - Flexible Respite, 4-22CK6W6, 41 Tamar Street, LAUNCESTON TAS 7250CHSP - Personal Care, 4-22CK6WZ, 41 Tamar Street, LAUNCESTON TAS 7250CHSP - Personal Care, 4-22CK713, 41 Tamar Street, LAUNCESTON TAS 7250CHSP - Domestic Assistance, 4-22CK74B, 41 Tamar Street, LAUNCESTON TAS 7250CHSP - Home Maintenance, 4-22CK753, 41 Tamar Street, LAUNCESTON TAS 7250Specialised Support Services - LTCM, 4-2ALRNM3, 41 Tamar Street, LAUNCESTON TAS 7250Specialised Support Services, 4-22CK6VN, 41 Tamar Street, LAUNCESTON TAS 7250CHSP - Social Support - Individual, 4-22CK73T, 41 Tamar Street, LAUNCESTON TAS 7250			

- CHSP - Other Food Services, 4-22CK6WO, 41 Tamar Street, LAUNCESTON TAS 7250

Introduction

This report documents the performance of the service against each of the expected outcomes of the Home Care Standards as set out in the Quality of Care Principles 2014 based on the assessment conducted during the quality review.

Each service is required to undergo a quality review at least once every three years.

A quality review team appointed by the Quality Agency conducted the quality review on 26 May 2016.

The quality review was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014.

Team leader: Gavin Coates

Team member: Fiona Taylor

Audit trail

Interviews	Number	Interviews	Number
General Manager	1	Care Coordinator	1
Finance/Quality Officer	1	Care recipients	7
Senior Case Manager	1	Support Workers	5
Case Managers	2		
Sampled documents	Number	Sampled documents	Number
Home care packages care recipient files (Level 2)	3	Home care packages care recipient files (Level 3)	3
Home care packages care recipient files (Level 4)	1	CHSP care recipient files	1

Other documents reviewed

- Annual general report
- Authority to act as an advocate
- Bhutanese community connections surveys
- Board of management handbook
- Board terms of agreement positions
- Board training
- Brochures
- Business plan
- CDC consumer contribution rates letter
- Care recipient files in paper and electronic inclusive of consent form (photos/images/recordings), home safety checklist, information sheet, care recipient agreements, task list (support plan), referrals, care plans, budgets, assessments,

reassessments, client profile,

- Case study
- Client handbook inclusive of information on fees, services, feedback, complaints, advocacy, privacy and confidentiality, helpful links, privacy fact sheet and charter of rights and responsibilities
- Community connections folders
- Complaints forms
- Complaints register
- Constitution
- Continuous improvement action plan
- Corporate calendar
- Declaration of confidentiality
- Disaster recovery plan and procedure
- Drivers licence, vehicle registration and insurance register
- Equipment register
- General managers' report
- Hazard report
- Incident register
- Inward and outward mail register
- Letters to allied health services
- Letters – review of HCP fees for consumers & CDC consumer contribution rates
- Meeting minutes (board, WH&S committee and network)
- Newsletters
- Office bearers and management committee contact details
- Organisational chart – corporate matrix
- Organisational policies and procedures
- Permission release forms
- Policies and procedures review register
- Police check register
- Position descriptions
- Risk management plan – Bhutanese project
- Risk matrix
- Safety audit
- Staff training register/calendar
- Strategic plan 2016
- Support worker handbook
- Surveys

Observations

- Evacuation procedure on display
- Fire safety equipment
- Hand washing information on display
- Office environment
- Staff handling telephone enquiries

The **Statement of reasons** below details the findings of the quality review and may reference information provided to demonstrate the service’s performance against each expected outcome within the Standards. Performance against the expected outcomes within each Standard are rated as either:

- Met, or
- Not met.

If you have received ‘Not met’ findings, the Statement of reasons will identify why the expected outcome was Not Met. Use this information to revise your Plan for Continuous Improvement to show how you will make improvements to meet all of the Standards.

Statement of reasons

Standard 1: Effective management

Principle:

The service provider demonstrates effective management processes based on a continuous improvement approach to service management, planning and delivery.

Expected outcome 1.1 – Corporate governance	Met
<p>The expected outcome requires that “the service provider has implemented corporate governance processes that are accountable to stakeholders”.</p>	
<p>Reasons for findings for all program types:</p> <p>The review of management and organisational documentation verified that systems and processes are in place to ensure corporate governance. The service provider holds regular board meetings; a board of management meeting pack with the minutes from the previous meeting, an agenda listing action items and the general manager’s monthly report are provided to board members prior to meetings. This process allows board members time to seek clarification on any matters prior to the meeting. The general manager attends all board meetings to provide additional information and clarification on matters. All financial transactions are recorded in an electronic database and monitored by the board, the general manager, finance and an accountancy firm. Minutes of meetings at board level provided evidence of monitoring and reporting on the home care program, Commonwealth Home Support Program (CHSP), financial management, quality improvement processes, policies and procedures and human resources. Information is disseminated between the board and staff via staff meetings, emails, memos, newsletters and the organisations website.</p>	

Expected outcome 1.2 – Regulatory compliance	Met
<p>The expected outcome requires that “the service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards”.</p>	
<p>Reasons for findings for all program types:</p> <p>Staff has access to organisational policies and procedures that align with legislative requirements. Processes are in place to identify legislative changes and policies and procedures are reviewed as required. The service provider subscribes to several organisations for updates in legislation and policies and procedures. Policy adjustments are reviewed by management, discussed at staff meetings and presented to the board for approval. All policies and procedures are reviewed at least annually unless compelled to change due to a change in legislation or other drivers. The service provider has implemented footers on all policies and procedures to identify the latest version. Management implemented hyperlinks on all policies and procedures that assisted quality reviewers to the relevant documentation. Staff members are notified of changes in legislation, policy and procedures via email, meetings and the organisations website. Management discussed, and documentation review confirmed that an audit programme is in place to monitor ongoing compliance with regulatory requirements. A process is in place to ensure all key personnel and staff have current police certificates and evidence was sighted confirming currency of all police certificates.</p>	

Expected outcome 1.3 – Information management systems	Met
<p>The expected outcome requires that “the service provider has effective information management systems in place”.</p>	
<p>Reasons for findings for all program types:</p> <p>Management discussed and observation confirmed processes to ensure safe storage of records. Processes to maintain privacy and confidentiality are in place. Staff members are able to access policies and procedures electronically via the organisation’s website and care recipients can access the organisation’s website. Care recipients’ information and care requirements are held on a paper file and electronic storage system. All paper files are kept in a locked cabinet and all keys are kept in a safe. Access to electronic data is password protected and there are access restrictions to the shared drives and electronic devices in place for staff. All inward and outward mail is recorded in a register and monitored by administration. The service provider shares information with staff via meetings, emails, memos, tablets, SMS messaging, website and newsletters. New staff and board members are provided with an organisational handbook and orientation pack and participate in an orientation program.</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
<p>The expected outcome requires that “the service provider understands and engages with the community in which it operates and reflects this in service planning and development”.</p>	
<p>Reasons for findings for all program types:</p> <p>Discussion with the management and review of documentation indicated that the provider understands and engages with the local communities within which it operates and that this understanding is reflected in service planning and development. Management had a good</p>	

Expected outcome 1.4 – Community understanding and engagement	Met
<p>understanding and the demographics of their community and provided information in relation to the backgrounds of the care recipients they provide services to.</p> <p>The service provider has provided specialised services to care recipients from CALD backgrounds and works with other service providers in the region to provide services to the community. The service provider employs bilingual staff and is able to match support workers and care recipients based on preferred language. Management discussed the Bhutanese community and the support they provide to that community including training members to become community leaders.</p> <p>Management discussed a garage sale they held to raise funds for the Nepalese earthquake, they are aware of the wider issues to their community. The service provider engages with their local community, attends network meetings and conducts surveys.</p>	

Expected outcome 1.5 – Continuous improvement	Met
<p>The expected outcome requires that “the service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery”.</p> <p>Reasons for findings for all program types:</p> <p>Management and documentation review confirmed, the processes to identify improvement opportunities through an internal and external auditing program, incident reporting process, surveys and feedback from the board, staff and care recipients. Continuous improvement (CI) is a stable agenda item for meetings. Staff participate in continuous improvements for the organisation, they complete feedback forms and that information is recorded in a CI action plan. The service providers’ current CI action plan is saved in the shared drive with restricted access. The service provider has implemented changes to their handbook, reinstated the WH&S committee, developed a website and purchased tablets for their support workers via the CI process. The service providers CI action plan is maintained by the general manager and finance and quality officer and reported through the board and staff meetings.</p>	

Expected outcome 1.6 – Risk management	Met
<p>The expected outcome requires that “the service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation”.</p> <p>Reasons for findings for all program types:</p> <p>Management and documentation review confirmed an organisational risk management framework. The service providers risk matrix and risk management plan identifies risks to the organisation and the care recipients. Program related operational risks are identified through WH&S committee that has recently been reinstated; they have developed and monitor a WH&S action list.</p> <p>New safety switches were purchased by the organisation due to feedback from staff. Issues identified are acted on and reported and monitored through the organisation’s meeting structure and CI plans. Staff has access to incident forms, all incidents are recorded in a register. Care recipients’ risks are identified through the home safety checklist, assessment process and incident reporting process.</p> <p>The service provider has developed a risk management plan specifically for the Bhutanese community. Staff risks are monitored; case managers complete the in/out board daily and support workers locations can be traced via their tablets and mobile phones. Discussion</p>	

Expected outcome 1.6 – Risk management	Met
with management, staff and documentation review confirmed strategies are implemented to manage these risks.	

Expected outcome 1.7 – Human resource management	Met
The expected outcome requires that “the service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff/volunteers are available for the safe delivery of care and services to service users”.	
Reasons for findings for all program types:	
<p>Management discussed, and documentation review confirmed that recruitment and selection processes are in place and orientation, mandatory and ongoing training is provided to staff. All new board members receive an orientation pack inclusive of a handbook and a list of duties that they read and sign and training is provided in finance and effective governance. New staff members receive a staff handbook and go through an orientation/induction program. The service provider has developed a staff training matrix. Training information is provided to staff via post, website, email, newsletters and is discussed during team meetings and monitored by administration. Staff appraisals for case managers and coordinators are conducted annually and support workers complete an annual survey as part of their performance reviews and to identify their training needs. Staff has access to staff resources via the website; they can access policies and procedures, position descriptions and forms from the website. Staff reported that they felt supported by management and had access to mandatory and additional training opportunities. Feedback from support workers suggested they would like team meetings re-established.</p>	

Expected outcome 1.8 – Physical resources	Met
The expected outcome requires that “the service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel”.	
Reasons for findings for all program types:	
<p>Systems and processes are in place to ensure the management of physical resources. The WH&S committee monitor the safety of physical resources and WH&S is a standing agenda item at staff meetings. Staff has access to fleet vehicles; bookings are made via an outlook calendar. Vehicles are regularly maintained and staff report any vehicle issues to the general manager. The organisation is currently reviewing their vehicle policy, when to replace vehicles. Emergency evacuation procedures are located throughout the premises as are fire extinguishers. Emergency procedures are in place, management reported and documentation review confirmed evacuation practices are conducted and staff attend fire safety training.</p>	

Standard 2: Appropriate access and service delivery

Principle:

Each service user (and prospective service user) has access to services and service users receive appropriate services that are planned, delivered and evaluated in partnership with themselves and/or their representative.

Expected outcome 2.1 – Service access	Met
<p>The expected outcome requires that “service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility”.</p>	
<p>Reasons for findings for all program types:</p> <p>The service provider has systems and process to ensure access to the programs is equitable and based on eligibility and need. All referrals come through the My Aged Care (MAC) portal and the senior case manager oversees their eligibility and that the service can meet the care recipients’ needs. New care recipients are discussed at the weekly case management meetings and the case managers work across all of the programs. An initial appointment is made with the new care recipient and/or representative or advocate to ascertain their needs in reference to the RAS or ACAT assessments. The services available are discussed, a home safety checklist is completed and a client handbook, brochures and charter of rights and responsibilities is provided. A service agreement is also discussed in reference to the program type. Interviews with care recipients/representatives verified they were consulted about their needs and informed of the services available.</p>	

Expected outcome 2.2 – Assessment	Met
<p>The expected outcome requires that “each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity”.</p>	
<p>Reasons for findings for all program types:</p> <p>Systems and process are in place to ensure care recipients participate in their assessments and the services provided are appropriate to their individual needs and cultural backgrounds. The case managers use the MAC assessments which include functional ability, domestic assistance, need for medical and nursing assistance, and safety of environment, geographical isolation, financial disadvantage, cultural background, social contacts, and availability of carer and carer’s level of need. This is used in consultation with the care recipient to develop either the care plan for packaged care or support plan for the CHSP program. The service provider has a Consumer Directed Care (CDC) approach across the program types and identifies and documents the care recipients’ goals, abilities and how the support worker will undertake the tasks to promote their independence. The assessment process includes a home safety checklist, care recipient details and emergency contact information. Care recipients interviewed verified their participation in the assessment process and identifying their goals and what is important to them.</p>	

Expected outcome 2.3 – Care plan development and delivery	Met
<p>The expected outcome requires that “each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs</p>	

Expected outcome 2.3 – Care plan development and delivery	Met
and is provided with the care and/or services described in their plan”.	
Reasons for findings for all program types:	
<p>There are systems and process in place to ensure care recipients participate in the development of their care plan or support plan depending on the program type. The case managers in consultation with care recipients, and or representatives or with an interpreter collaborate to identify the individual’s abilities, needs and goals and document these on the care or support plans. Care plans include a short term, medium and long term goals and includes comprehensive information which includes nutrition, health, wellbeing and social inclusion, garden, personal care, shopping, bill paying, spouse/partner/carer, mobility and medications. Support workers receive all the appropriate information on their electronic devices such as the task lists, receive messages of change in care needs and report changes in care recipients wellbeing through emails. Discussions with support workers confirmed they are provided will sufficient information to provide care and services to care recipients. Care recipients interviewed stated they were involved in identifying their goals and abilities and the services that assist them to remain independent.</p>	

Expected outcome 2.4 – Service user reassessment	Met
The expected outcome requires that “each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service users’ care/service plans are reviewed in consultation with them”.	
Reasons for findings for all program types:	
<p>Systems and processes are in place to ensure that the care recipient’s needs are regularly monitored, reviewed and assessed. All care recipients are reassessed annually or as required by the case managers. There is a prompt reminder generated from the electronic care plan system that all the case managers and coordinators receive and a spreadsheet also tracks the review dates. If there has been a significant change in the care needs for a package of care a referral is made though the MAC site. The care recipient’s goals are monitored and adjusted to suite the care recipient’s abilities and needs. Changes to support needs for CHSP care recipients could involve an increase in hours or an extra service, this has to be approved by the case managers or care coordinator. Case managers also attend case conferences with medical practitioners, allied health specialists and family members if there has been a decline in the care recipient’s health to ensure a holistic approach and appropriate care. Case managers receive regular feedback from support workers in regards to the care recipients’ individual needs and the support is appropriate. Support workers confirm they are well informed about changes to a care recipient’s health and the supports in place. Care recipients confirmed they were very happy with the care and services they receive.</p>	

Expected outcome 2.5 – Service user referral	Met
The expected outcome requires that “the service provider refers service users (and/or their representatives) to other providers as appropriate”.	
Reasons for findings for all program types:	
<p>Systems and processes are in place to ensure that care recipients needs are monitored, regularly reassessed and reviewed. The service provider actively works and collaborates</p>	

Expected outcome 2.5 – Service user referral	Met
<p>with other services providers such as the Hospital @ Home to ensure the care recipients wishes are met and attend the HACC forums to discuss opportunities and vacancies. Case managers manage the care recipients across all of the programs and regularly meet to discuss their individual needs and ensure the appropriate services and care is in place. If a package care recipient has a significant change in their needs referrals are made to the MAC site or a CHSP care recipient may require an increase in the services or hours. Referrals are made to other services such as the occupational therapist, physiotherapist, continence and nursing services. Care recipients confirm that case managers are in regular contact, discuss their goals and needs and make referrals and attend appointments to assist them to remain independent.</p>	

Standard 3: Service user rights and responsibilities

Principle:

Each service user (and/or their representative) is provided with information to assist them to make service choices and has the right (and responsibility) to be consulted and respected. Service users (and/or their representative) have access to complaints and advocacy information and processes and their privacy and confidentiality and right to independence is respected.

Expected outcome 3.1 – Information provision	Met
<p>The expected outcome requires that “each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities”.</p>	
<p>Reasons for findings for all program types:</p> <p>Processes are in place to ensure that care recipients are provided with information, initially and on an ongoing basis, to assist them to make service choices and understand their rights and responsibilities. An information pack and the client’s handbook are provided to all new care recipients on the initial visit and discussions ensure their understanding. An information checklist ensures that all care recipients receive the appropriate information and they have an understanding of their services, fees, rights and advocacy, this is reviewed annually. The support workers provide timely feedback to the case managers and also deliver information to the care recipients such as brochures and the newsletter. Case managers are in regular contact with care recipients in regards to all aspects of the services, fees, answering questions and interpreters are used as required. Care recipients confirmed they are well informed and staff take time to ensure they understand all aspects of their services, fees, CDC and budgets and feel comfortable to contact their case manager.</p>	

Expected outcome 3.2 – Privacy and confidentiality	Met
<p>The expected outcome requires that “each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information”.</p>	
<p>Reasons for findings for all program types:</p> <p>Systems and processes are in place to ensure the privacy, dignity and confidentiality of</p>	

Expected outcome 3.2 – Privacy and confidentiality	Met
<p>care recipients and carers is maintained. All care recipients sign a consent form for the release of their personal information. Care recipient files are stored in locked filing cabinets and the electronic files and data base have passwords and different levels of access. The care recipients and staff handbooks contain information on privacy and confidentiality. All staff sign a declaration of confidentiality prior to employment and receive education at induction and on an ongoing basis. Support workers demonstrated an awareness of privacy and confidentiality for care recipients in their care and personal information. Care recipients confirm that the staff are very respectful and maintain their privacy and dignity.</p>	

Expected outcome 3.3 – Complaints and service user feedback	Met
<p>The expected outcome requires that “complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution”.</p>	
<p>Reasons for findings for all program types:</p> <p>There are systems and processes to obtain and respond to care recipient/representatives feedback and complaints. Management discussed processes to obtain feedback from care recipients that included undertaking satisfaction surveys; and providing information and explaining the internal and external complaint process. Information about internal and external complaint mechanisms is included in the care recipient’s information pack and newsletter. The newsletter has a feedback slip for care recipients to complete. Complaints received are discussed by management and provided to the board. The service provider has recently reviewed their complaints and staff processes due to feedback received from a care recipient. The service provider has reviewed their money handling processes and placed an ad titled ‘Let’s Talk About Money’ in their care recipient newsletter. Care recipients interviewed reported satisfaction with the responsiveness of staff and stated that they were aware of feedback processes.</p>	

Expected outcome 3.4 – Advocacy	Met
<p>The expected outcome requires that “each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate”.</p>	
<p>Reasons for findings for all program types:</p> <p>The service provider has systems in place to ensure care recipient’s choice of advocate is recognised and respected. During the assessment process for all care recipients, information regarding emergency contacts, next of kin and advocates are identified. The client’s handbook contains information about advocacy services and case managers discuss advocacy during the initial visit and reassessments and ensure the care recipients understanding. The care recipient’s files verified that case managers attend case conferences with other allied health practitioners, medical appointments and speak to or make referrals to other services or agencies on their behalf. Staff confirmed they have received training from an advocacy service and advocacy information is shared in the newsletter. Care recipients stated they are respected for their choices and feel supported by all the staff to remain independent.</p>	

Expected outcome 3.5 – Independence	Met
<p>The expected outcome requires that “the independence of service users is supported, fostered and encouraged”.</p>	
<p>Reasons for findings for all program types:</p> <p>There are processes in place to ensure the independence of all care recipients is promoted and encouraged. Care recipients care and support plans verified they are consulted in regards to identifying their goals, their abilities and how the support workers can undertake the tasks to promote their independence. There was evidence in the care recipient files of a range of aids, equipment and services to enable independent living including personal alarms, iPads for communication with community groups and family members overseas, raised garden beds, exercise bikes, massages, an electric lift armchair and mobility aids. Care recipients/representatives expressed their appreciation of the services provided and the kind and caring staff that supported them to live at home independently.</p>	