



2023-2024

Annual Report



Prepared by
Donna Kerr

1. Background and Purpose:

Linked to Life commenced operation in May 1996 under the auspice of Volunteering Coffs Harbour Inc, with a small joint State and Commonwealth government recurrent grant from what was then the Home & Community Care Program. Over the years the organisation has continued to expand and diversify because of a series of successful funding applications.

With the implementation of the NDIS in 2015, we ceased delivering services to people under the age of 65 to focus specifically on expanding our capacity as an aged care provider. In 2018, we were successful in our application to become an approved provider, a move that allows us to deliver home care packages, thus creating opportunities for our clients to remain with us throughout their ageing journey whilst living at home.

In early 2022, Volunteering Coffs Harbour Inc resolved to relinquish the auspice of the Linked to Life program: a decision that resulted in Linked to Life becoming a legal entity commencing in July 2022.

Over the years, the service has evolved from employing one sole part-time worker and a small team of volunteers to a team of 9 core staff, 30 paid Direct Care staff and a team of approximately 40 dedicated volunteers.

Our 2 primary service types include:

- Commonwealth Home Support Services (CHSP) – early entry level support services including social support and Domestic assistance
- Home Care Packages – tailored care and support packaged care for individual recipients of a Home Care Package Levels 1 to 4.

Our overall aim is to provide quality care and support services that enable older people to remain living independently in their own home thereby reducing the likelihood of premature admission into residential aged care.

2. Our Services:

CHSP -entry level services:

- ✓ assistance with shopping and housekeeping
- ✓ Online shopping
- ✓ assisted transport to medical and other appointments
- ✓ Help with paying bills/banking
- ✓ Friendly home visits
- ✓ Regular housekeeping, window cleaning
- ✓ Information and personal assistance in accessing My Aged Care and other community resources
- ✓ Social group activities.

HCP – Home Care Packages:

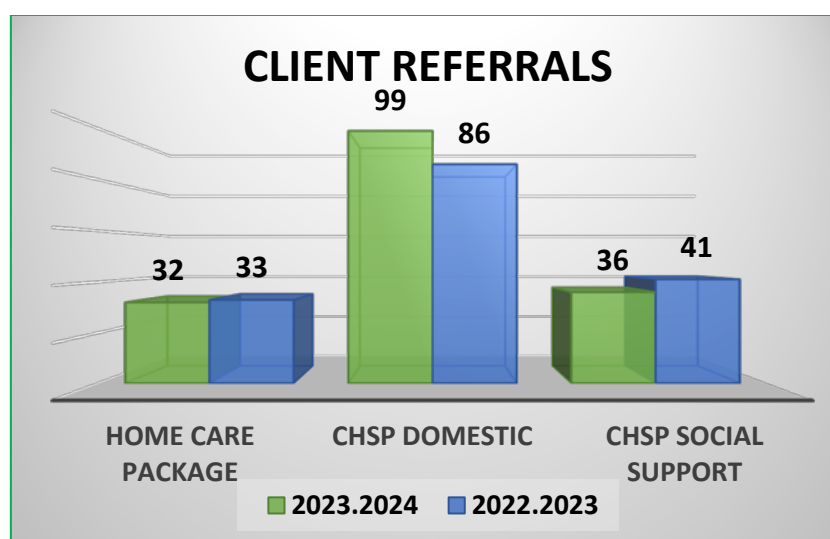
Individually tailored care and support packages designed to enhance lifestyle and meet the needs and goals for independent living at home. Services can include:

- ✓ Personal care
- ✓ Social support
- ✓ Domestic and household maintenance
- ✓ Clinical services and allied health
- ✓ Meals and nutrition services
- ✓ Home modifications
- ✓ Assistive technology
- ✓ Lease/purchase of equipment and aids.

3. Overview of Service Provision:

3.1 Service Intake/referrals:

Between 1 July 2023 and 30 June 2024, we had a total of 167 new client referrals (previous year 162) as detailed in the chart below:



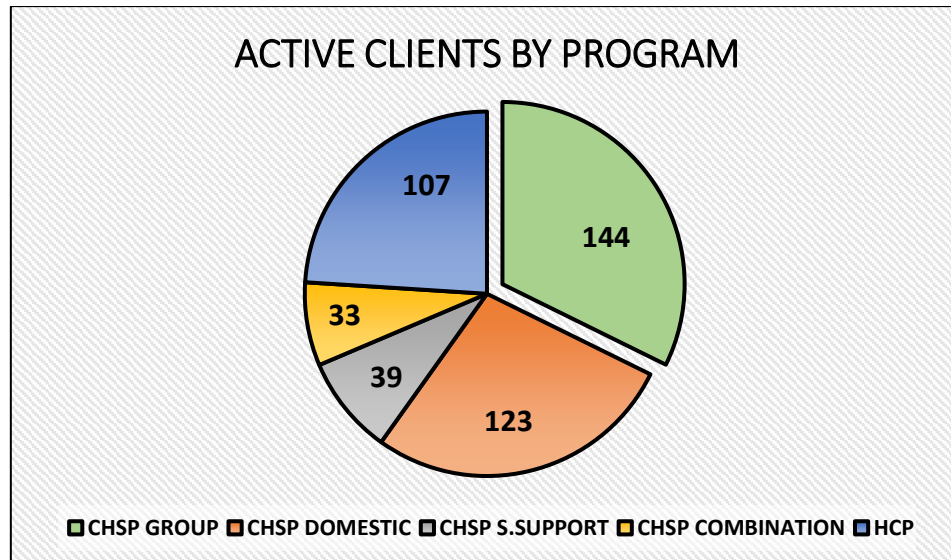
Of the total referrals, the majority (81%) were for early entry Commonwealth Home Support (CHSP) services, with referrals for social support representing 74% of all CHSP referrals.

Because we To ensure we can offer continuity of care to our existing CHSP clients when they transition to a home care package, the number of referrals for home care packages from external sources is deliberately restricted.

Of the 167 clients referred for assistance, a total of 155 were admitted and became active with the service, the remainder electing to not proceed with services from Linked to Life.

3.2 Service User Profile:

Throughout the 2023/2024 financial year, Linked to Life delivered services to 446 clients for some or all the year. Data shows that, in comparison to the previous year, we had 60 fewer clients this year (previous year 506). At the end of June 2024, a total of 362 clients were registered and active. The chart below shows the total number of clients by funded program type:



The chart shows that, of the total number of active clients, 339 (76%) were active in the CHSP program and 107 (24%) in Home Care Packages. These are very similar distributions to the previous year. Further breakdown shows that this year we had 5 fewer clients in home care packages (last year 112), and 51 fewer clients in CHSP (last year 390).

Of the 107 home care package clients, a total of 16 were clients who were in receipt of CHSP services and then transitioned to a home care package during the financial year, 6 fewer than the previous year (22).

3.3 CHSP Program:

Of the people who accessed the CHSP program, further breakdown shows the number of clients represented in each CHSP funded service type:

- ❖ 72 clients accessed a multiple CHSP service types
- ❖ 144 clients accessed one or more social group activities
- ❖ 123 clients accessed domestic assistance services.

Because there is uncertainty how or if group-based activities will be funded in the future under the new Support at Home Program that will be implemented in 2027, we will be working toward increasing our individual one-on-one social support and domestic assistance services over the next few years to ensure we are in a solid position to retain our existing level of funding on commencement.

3.4 Home Care Packages:

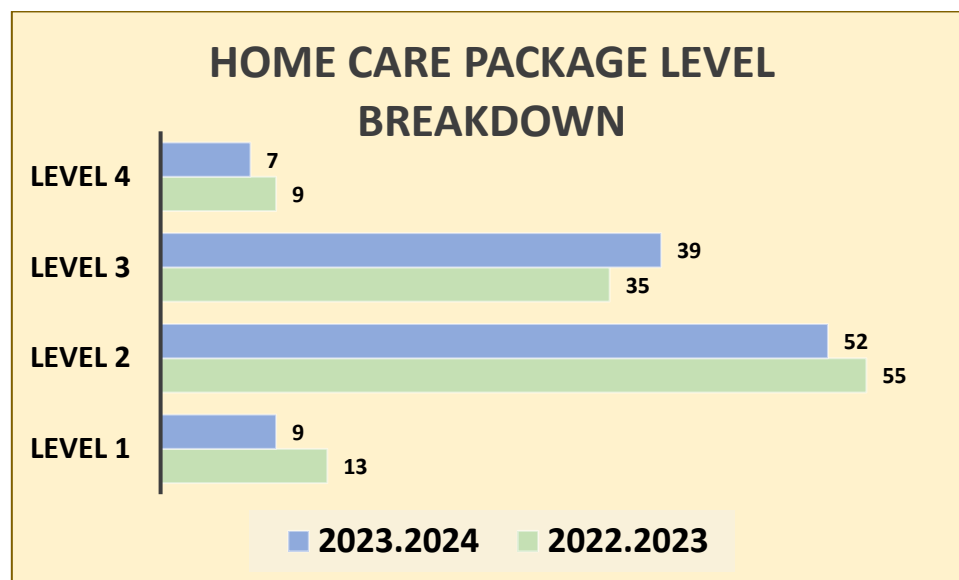
Over the annual period we managed a total of 107 home care packages. Activity relating to the Home Care Packages is as follows:

- ❖ Number of packages at beginning of year: 85
- ❖ Number of new packages during year: 20
- ❖ Number of packages exiting during year: 18
- ❖ **Total packages on 30 June 2024: 87**

In comparison to the previous year, there was a reduction in the number of new packages (last year 30 new intakes), but with 8 fewer clients who exited their package, there was a net gain of 2 clients. As previously mentioned, of the 20 new packages accepted during the year, 16 were clients already active with Linked to Life in the CHSP program and 4 were from external sources.

Throughout the year, a total of 11 home care package clients who were in receipt of interim lower-level package were approved for transition to a higher-level package with additional funding attached. While this change has no impact on overall client numbers, it does result in increased income for the organisation derived from higher fees charged.

The following chart shows the number of clients on each package level at 30th June (the or on date of their exit from a package) in comparison to the previous period:



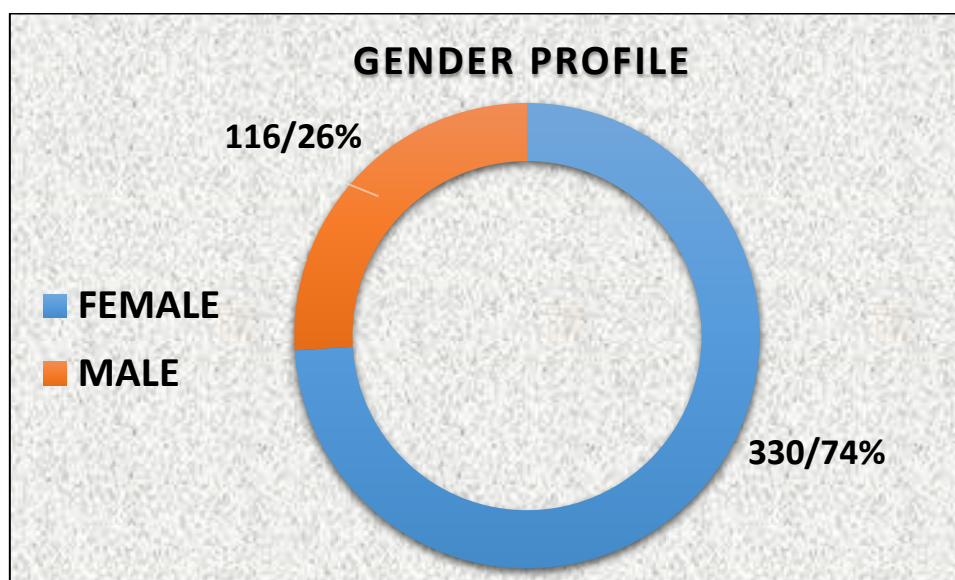
The chart above shows a similar pattern to the previous year with just under half of all package clients at level 2 (48.5%) and 36.5% at level 3. While there has been a reduction in number of clients with level 1 packages (-4) and level 4 packages (-2), the number of clients with level 3 packages has slightly increased (+4).

Further analysis of the number and level of packages shows that, in relation to income derived from fees, there has been a net loss of approximately \$15,000 that can be

directly attributed to fewer clients this year in all levels except level 3.

3.5. Gender Profile

The chart below shows the number of male and female clients active in the service during the year.



Client gender ratios are almost identical to the previous year. When comparing gender ratio by program, the ratio of male and females in both CHSP and HCP follow the same pattern as the overall ratio.

3.6 Cultural Analysis

The table below shows a breakdown of cultural origins of clients during the financial year:

AUSTRALIAN BORN	ABTSI	CALD	OES	TOTAL
351	5	40	50	446

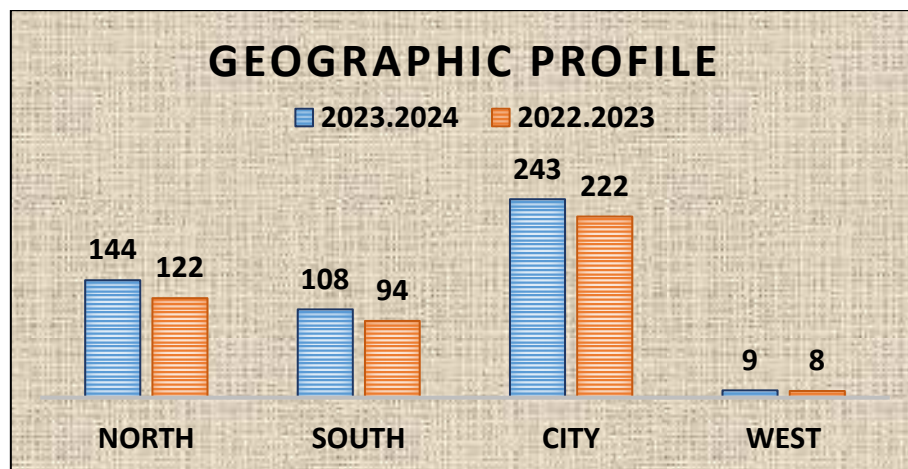
ABTSI – Aboriginal or Torres Strait Islander OES – Overseas English-speaking CALD – Culturally and Linguistically Diverse

As is consistent with previous years, clients born in Australia represent most clients (79%). Of the overseas English-speaking clients, the main country of origin is England followed by New Zealand. Within the non-English speaking group, a wide variety of countries are represented with India having the greatest representation (43%). Other countries include Germany, Indonesia, Nepal, Switzerland, Netherlands, Pakistan, Myanmar, Philippines and Nauru. The 5 clients who identify as Aboriginal receive services under a home care package.

3.7 Geographic Profile

Linked to Life delivers services to older people living within the Coffs Harbour Local Government area. The following chart shows where our clients reside within 4 districts as follows:

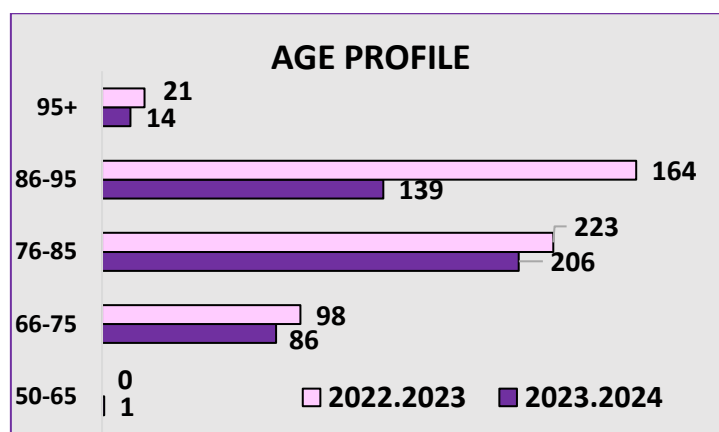
- ❖ City – central Coffs Harbour area
- ❖ North – villages from Korora north
- ❖ West – west from Red Hill
- ❖ South – south from Lindsays Road and the south end Hogbin Drive



The chart shows very similar pattern to previous years and is expected given the population in each of the areas described. Significant housing developments in areas north of Coffs Harbour and the subsequent increase in population could account for the rise in the number of clients in the north (+22).

3.8 Age Analysis

Linked to Life provides services to older people aged over 65, or aged 50+ for Aboriginal and Torres Strait Islander (ABTSI) clients. The chart below shows the number of clients who fall within each specific age category.



When comparing the age range of clients last year with those of this year, the pattern is very similar for each age bracket shown. Last year we delivered services to 60 more clients, thus fewer clients across each age bracket this year can be directly attributed to an overall reduction in the number of clients rather than any particular trend.

3.9 Extent of Service Delivery:

Commonwealth Home Support Program (CHSP):

Throughout the year, we provided services to a total of 339 clients in CHSP. The figures in the chart below provide details of the total hours (outputs) spent in the provision of direct services to clients for the 2023/24 period in comparison with previous year:

SERVICE TYPE	CURRENT YEAR	LAST YEAR	REQUIRED OUTPUTS	SURPLUS OR DEFICIT OUTPUTS
SOCIAL SUPPORT	14,731	13,648	14,421	+310
DOMESTIC ASSISTANCE	3,941	4,624	4,178	-237

This year we provided an additional 73 hours of service overall. While social support was higher, domestic assistance hours were below expected hours as shown. Over the next few years in the lead up to the implementation of the Support at Home program, we will work toward the gradual reduction in hours spent in group activities and grow the hours in individual one-on-one services so that we are in a good position to secure funding when the transition occurs. While in the past Linked to Life has secured funding to deliver group based activities, our current funding category for social support is 'individual' with a more one-on-one focus.

Further breakdown shows that there is a significant number of hours in cancelled shifts ie, shifts that were rostered and expected to occur but cancelled. Hours in cancelled shifts that are **not** included in the above are as follows:

- ❖ Social support – 336 hours
- ❖ Domestic assistance – 925.5 hours

While we are receiving block CHSP funding, cancelled shifts are not an issue, but, in the new world of claims based funding when we are paid for what we actually deliver, then 1,261 hours in cancelled shifts is a potential loss of income of approximately \$69,355 at our current hourly rates of charge.

Home Care Packages (HCP):

Throughout the year, we provided services to a total of 107 clients in HCP. Under the package model, clients receive a daily funding subsidy to purchase services and supports that they require. This includes case management and administration fees that we charge to manage their package.

HCP in-house services:

The chart below shows the breakdown of type and hours of service delivered internally by Linked to Life employees:

SERVICE TYPE	EXTENT
Domestic assistance	2,603 hours
Meal Preparation	403 hours
Personal/clinical care	3,611 hours
Social support	4,854 hours
Lawn/Garden	54 hours
Group activities	165 hours
Respite care	110 hours
TOTAL	11,800 HOURS

This year our staff delivered 600 additional hours of service than in the previous year to 5 fewer clients (last year 112) Services that have experienced growth include:

- ❖ personal care +653 hours
- ❖ social support + 424 hours
- ❖ domestic assistance +396 hours

The increase in hours can be attributed to clients transitioning to higher level packages. When clients move to a higher-level package their daily subsidy rate increases allowing them to access additional and more complex care to meet their needs. During the year 11 clients moved from a lower-level package to a higher level.

HCP external services:

Linked to Life engages a wide variety of external providers and contractors to deliver specific services to our clients, thereby ensuring that their care needs and preferences are provided by those with the qualifications, skill and expertise required.

We also liaise with a range of local and non-local suppliers to source non-service items including furniture, equipment and assistive aids and technology. The chart overleaf provides information about the type of external services and their frequency or instances of engagement.

SERVICE TYPE	EXTENT
Allied health services – e.g. podiatry, Occupational Therapy, Physiotherapy, massage therapy, chiropractic services	975 hours
Transport – taxi and other ride-share services	318 hours
Meal services – nutritional meal preparation and delivery to the home	502 instances
Home Modifications & Maintenance – modifications, repairs, maintenance, installations	447 hours
Lawn/garden services – mowing, pruning, garden maintenance, landscaping	1,033 hours
In home services – domestic, social support	1,633 hours
Consumables – purchase of consumables e.g.: nutrition items/continence aids	50 instances
Nursing – brokered nursing services	857 hours
Purchase of furniture/equipment – mobility equipment, in home easy use aids, household furniture, whitegoods and air conditioning/purifiers	75 instances
Personal Alarms and assistive technology – Purchase or monthly lease on personal alarms, magnifiers, electronic devices, etc	248 instances

3.10 Service User Exit:

Throughout 2023/24 a total of 79 service users exited the service. Clients exited the service for the following reasons:

Transitioned to packaged care (not L2L)	16
Deceased	9
Left area	4
Residential care	14
Improved status	2
Other provider/family	3
No longer eligible/terminated	5
Declining health & wellbeing	1
Client terminated/no-contact over time	25

Further breakdown shows that of the 79 client exits, 61 left the CHSP program and 18 from HCP. Under the CHSP program, there is always a percentage of clients who commence with the service only to later cancel or postpone and not return. This group represents 4% of all CHSP exits. Data also shows that a further 26.5% (16 clients) left CHSP to take up a home care package with an alternative provider, despite our continuous monitoring for the impending allocations of their packages and efforts to entice them to remain with us.

Only 50% of our CHSP clients who were allocated a home care package through the year chose to remain with Linked to Life as their package provider. To increase our success in attracting new home care package clients, we could commence accepting referrals from external clients, so that admissions are based solely on our ability to

deliver what the client needs regardless of their status as a current CHSP client.

Most home care package clients exited because they transitioned into permanent residential care. The most common reason being that their care needs could no longer be accommodated with their current level of package funding.



4. Our Direct Care Volunteer Activities:

Our volunteers are one of our most valued assets, performing a vital role in the provision of direct support and assistance to clients in receipt of CHSP social support services to individuals and groups. Throughout the year, we had a total of 41 volunteers who were active within the service, 10 fewer than the previous year. Volunteer numbers have declined gradually over the past years, largely due to life circumstances, personal lifestyle choices and an increased reliance on volunteers in a wide variety of community settings. Set out below is the number of volunteers we have had in each financial year, showing the gradual decline in numbers:

- ❖ 2018-2019 – 90 volunteers
- ❖ 2019-2020 – 79 volunteers
- ❖ 2020-2021 – 71 volunteers
- ❖ 2021-2022 – 64 volunteers
- ❖ 2023-2024 – 51 volunteers

4.1 Gender Ratio:

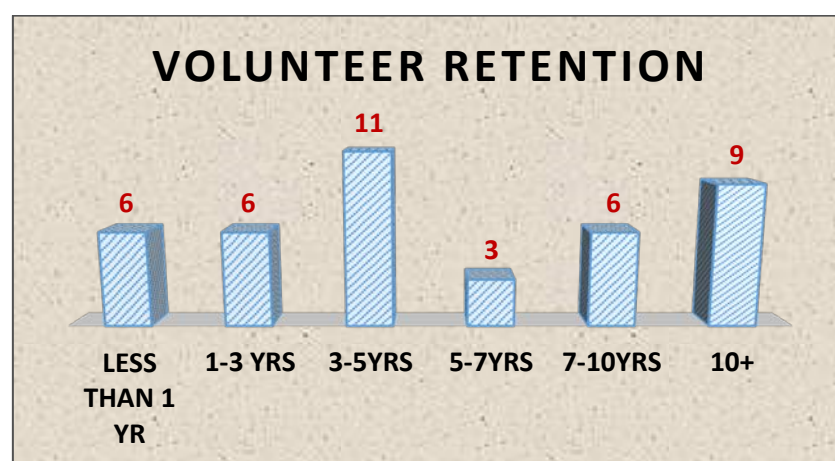
Similar to previous years, of the 41 volunteers active in the service during the year, 66% of volunteers were female and 34% male.

4.2 Age Profile:

Our data shows that 94% of volunteers active during the year are over the age of 60, with the majority in the 70-79 years age group (22). Our youngest volunteer is 33 and our oldest 87. Further analysis shows that 4 of our volunteers also accessed Linked to Life services during the year.

4.3 Volunteer Retention:

Of the 90 active volunteers during the year, the graph below provides an indication of their length of service as a volunteer with Linked to Life:



Of the 41 active volunteers, 44% have been active with the service for more than 5 years and, of this group, half have been active for more than a decade. Further analysis shows that of those active over 10 years:

❖ No active for 13 years:	3
❖ No active for 14 years:	1
❖ No active for 16 years:	2
❖ No active for 17 years:	2
❖ No active for 19 years:	1

4.4 Recruitment of Volunteer Staff:

Throughout this year we recruited only 5 new volunteers from the following sources:

• Word of Mouth:	3
• Volunteer service:	1
• Other service	1

While we will always welcome new volunteers to the service, because of the decline in numbers, we have learned to see them as a small and dedicated group who complement our core care team rather than people we rely on to maintain the viability of the organisation.

4.4 Volunteers exiting the service:

Over the twelve (12) month period a total of 4 volunteers exited the service for the following reasons:

Gained/increased paid employment:	1
Left area:	1
Ill-health:	1
Retired	1

4.5 Volunteer Orientation, Training and Support:

Linked to Life staff are committed to providing ongoing support to our volunteers, and I believe this is the reason for our success in retaining volunteers for lengthy periods. Throughout the year we held several formal and informal volunteer team sessions including a volunteer week “thank you” breakfast, our annual Christmas and recognition ceremony and morning teas.



5. Our Direct Care Team:

5.1 Overview:

Our paid care team perform an integral role in delivering direct services and supports to our clients. We are very fortunate to have a highly skilled and experienced team representing our organisation. We employ a mix of qualified and non-qualified staff who perform a range of tasks within their skill set including domestic assistance, social support and personal care. Moving forward, we will be relying more on paid staff for the delivery of social support to our CHSP clients, a role currently undertaken by an ever-diminishing pool of volunteers.

5.2 Recruitment:

Throughout the year we had a total of 36 Care Workers active for some or all the financial year, including 16 who commenced after 1st July 2023 from the following sources:

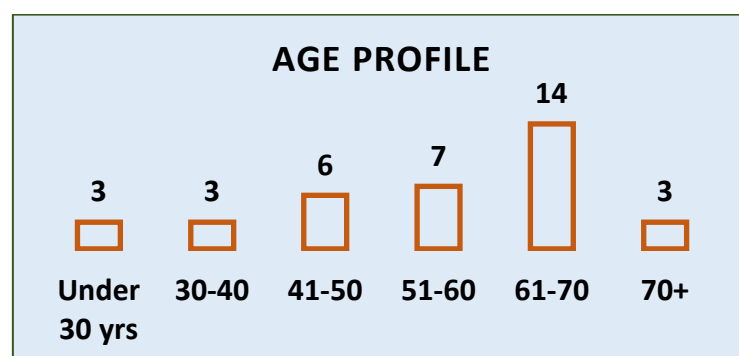
✓ Known to us/word of mouth:	4
✓ Employment agency:	3
✓ Website:	5
✓ Job Advertisement:	2
✓ Previous volunteer/staff:	2

5.3 Gender Profile:

Of the 36 active Care Staff throughout the year data shows the gender ratio is as follows:

❖ Female:	30
❖ Male:	6

5.4 Age Profile:



The above graph shows the age range of active care workers. What is notable is that approximately half of workers are over the age of 60, and almost 75% are aged 50 years or more. What is obvious is that a considerable proportion of our Care workforce are moving toward retirement, so we need to plan appropriately for this.

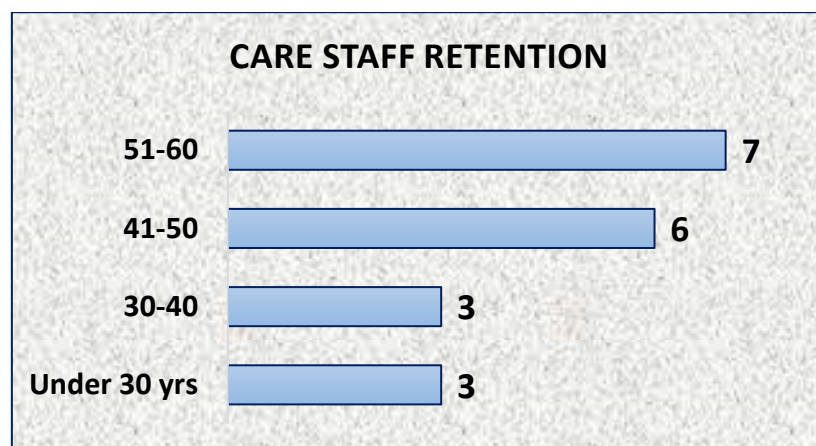
5.5 Staff Exit:

Throughout the year a total of 8 Direct Care Workers left for the following reasons:

✓ Moved out of area:	2
✓ Maternity/family:	2
✓ illness:	2
✓ Terminated:	2

5.6 Staff Retention:

At the end of June 2024, we had 28 Direct Care staff employed and active in the service. The chart below shows their length of employment:



Linked to Life commenced employing paid care staff in 2018, with the commencement of home care packages. We have 4 active staff who were employed as part of the initial intake of paid employees. The chart shows the just under half of current employees are newly recruited this year.



6. Our Management, Coordination and Support and Admin team:

6.1 Overview:

“An organisation is only as good as the sum of its parts” - for Linked to Life our success is based not only on those who deliver our services, but also because of the ongoing dedication and commitment of the team, both paid and unpaid, who work in the forefront and behind the scenes to ensure the organisation effectively and efficiently. I witness firsthand how our team strive to bring about great outcomes for our clients, often going over and above to ensure that the client gets the very best service possible, despite the everyday challenges that arise. I commend the Board of Management and office team for their professionalism and their commitment to the core values of the organisation.

6.2 Staff – incoming and outgoing:

This year, as in previous years, we have seen some staff leave only to welcome new faces who bring their share of expertise, experience and fresh new ideas to the mix. In September, Heath Gaal, a part-time Group Activity worker left after 3 years employment. In October, Carol Smith our CHSP Coordinator retired after 8 years with Linked to Life, and later Jessica Ryan resigned after being employed for a very short time.

This year we also welcomed new additions to our team - Sara Alexander who commenced in reception in July 2023, Jennifer Baurhenn in early in 2024 returning as CHSP Support Worker, and Suzie Small who was employed into a new team leader role.



7. Challenges, Milestones and Forward Plans:

7.1 CHSP and the Novation process:

In 2022, when formal separation occurred with Volunteering Coffs Harbour Inc, the Government declined to transfer the CHSP funding contract from them to us because, at that time, all CHSP contracts were due to end within one year. As a consequence, Linked to Life has delivered CHSP services under a sub-contract arrangement with Volunteering Coffs Harbour Inc.

Further to the announcement by the Government to extend CHSP block funding until June 2027, the Government agreed a formal novation of CHSP funds from Volunteering Coffs Harbour Inc. to Linked to Life. Formal novation is set to commence on the 1st October 2024.

7.2 Fair Work Commission 15% wage increase:

In July 2023, Linked to Life passed on the Federal Government's 15% wage increase to all aged care staff who work directly with clients. This increase was welcomed by the Board of Management and all staff who have been long overlooked for the critical role that they perform in delivering services to those most vulnerable members of our community.

In response to the Fair Work Commission decision, the Federal Government increased the client subsidy rate for all home care package clients by a similar percentage, allowing providers to increase their charges and absorb the wage increase. Additional funds for CHSP related wages were offered under a non-recurrent grant process. Linked to Life was successful in securing \$51,000 to cover the increase in staff wages for the 2023.2024 financial year.

7.3 Quality Review

In February 2024, the Aged Care Quality & Safety Commission held an on-site quality review. Two representatives were in attendance to undertake an assessment of Linked to Life's practices and processes against the National Aged Care Quality Standards. The assessment involved interviews with staff, Board, volunteers and clients, a thorough review of policies and procedures and the organisation's compliance with aged care legislation. The review was an overwhelming success with Linked to Life being assessed as meeting all aged care standards. The full report is available in **Addendum A**.

7.4 Client Advisory and Quality & Improvement Advisory Committees:

In accordance with new legislated requirements under the Aged Care Reforms, Linked to Life established two new committees as follows:

- ❖ **Client Advisory Group** – three clients responded to an open invitation to all clients to join the newly formed group that was promoted as an opportunity to provide feedback and make positive suggestions for change or improvement to the overall quality of client services. Our first meeting was held in April 2024. Feedback from this meeting was tabled as part of the agenda for the Quality & Improvement Committee meeting. The Client Advisory Group is set to meet again in October 2024 and will continue twice each year thereafter.
- ❖ **Quality & Improvement Committee** – this committee was formed by invitation to individuals that represent the organisation broadly. Its role is to review client feedback, complaints and incidents to identify recurring issues and to develop strategies and improve practices so as to prevent any further recurrence. Membership to this committee includes a member of the Board of Management, the Manager, the Registered Nurse, the Coordinator, a Direct Care Worker and a Volunteer.

The first meeting was held in May 2024 and will continue twice each year thereafter.

To date we have had some great feedback and are continuing to work on planned improvements.

7.6 Formal Service Evaluation:

In January 2024, we distributed surveys to all clients, volunteers and staff as a way of gathering feedback about their service or their volunteer or employment experience. An analysis of feedback was prepared and used as the basis for discussion by Quality and Improvement Committee. The survey analysis is available in **Addendum B**.

7.7 Aged Care Reforms:

CHSP:

As discussed previously in this report, the transition from the Commonwealth Home Support Program to the Support at Home Program that was set to commence in 2025, has now been held off until June 2027 to allow more time for the Government to prepare. The change will involve a move away from block recurrent funding to a claims-based method of funding where providers will be paid for each hour of service they deliver. Our goal over the next few years will be to ensure that we are in a solid position in relation to the number of clients and outputs so that we commence on solid financial footing.

HCP:

Changes to home care packages will commence from 1st July 2025. Providers will be required to register to deliver services under one or all categories of services. Clients will continue to purchase services from the provider of their choice. The major changes planned as part of these reforms are as follows:

- Registered Aged Care Assessment services (Regional Assessment Service (RAS) and Aged Care Assessment Team (ACAT) will join and be responsible for all assessments AND making the decision about what services the client will be approved as well as the quantity of services to be provided.
 - Clients can purchase their allocated services from one provider or multiple providers
 - The Case Management component of a package will only be funded if deemed necessary by the assessors.
- Notes relating to the changes are available in **Addendum C**.

7.8 Engagement of New Key Personnel – Clinical

This year we engaged Registered Nurse Reece Cassidy as our primary clinical care personnel. Reece's role is to complete all clinical assessments, develop clinical care plans, performs hands on clinical care to clients that is out of the scope for our care staff and to participate as a member of our Quality & Improvement Committee. Our partnership with Reece has proven to be very successful. His complete attention to detail has led to strengthened clinical systems and processes that are planned and consistent. Reece's disposition is one that clients warm to – he is very friendly and encouraging. We look forward to continued success in the shared relationship.

7.9 Looking forward:

Aged care services are ever evolving and changing. What I have noted, particularly in the past 5 years, is Government implementing measures that will ultimately lead to reduced funding for individuals and an increased reliance on clients contributing more toward their care. Already we have seen the Government take over the management of client unspent funds in home packages, and at the same time placing restrictions on what clients can purchase with their funds. In the future we will see a transition of block funding to a claims-based model where clients will be paid only for what they use will reduce their capacity to save and diversify their funds into much needed items that enable them to remain at home independently and safely. Already there is a huge disparity between funding for NDIS and Aged Care. The most that an older person can get on the highest level of care at home is \$61,440 per annum, equating to \$1,180 per week which is hardly enough to pay for the level of care that they require in the home setting, inevitably resulting in forced transition to a residential facility.

The Board of Management and team will work closely together over the next few years in the lead up to the implementation of the the new Support at Home Program which is set to commence in July 2027 to ensure we can continue to remain viable and sustainable. We have solid systems in place for managing claims-based funding, having worked under this model for home care packages for the past 6 years. I believe our new hurdle will be establishing realistic unit costing that factor in all the obvious and hidden costs of delivering a service and pricing that allows us to survive in a competitive market. I feel confident that we as a team have the skills, knowledge and drive to determination to succeed.

Donna Kerr - Manager

ADDENDUMS

ADDENDUM A: Quality Review Report 21-59

ADDENDUM B: Survey Analysis 60-77

ADDENDUM C: Aged Care Reform Notes 78-80



ADDENDUM A: QUALITY REVIEW OUTCOME REPORT – Aged Care Quality & Safety Commission

Assessment details

Name	Linked to Life Home Services
Commission ID	201518
Assessment type	Quality Audit
Dates	15 January 2024 to 18 January 2024
Assessment team	Team Leader: Alicia Armstrong Team Member: Graeme Rose

Service included in this assessment:

Home Care Packages (**HCP**) included:

Provider: 10216 Linked to Life Incorporated

Service: 28164 Linked to Life Incorporated T/A Linked to Life

Introduction

The assessment was conducted to assess the quality of care and services provided through the service against the Aged Care Quality Standards (the Quality Standards).

This Quality Audit report details the Assessment Team's assessment of the provider's performance, in relation to the service, against the Quality Standards. The Quality Standards and requirements are assessed as either Met or Not Met.

Where a Quality Standard is Met, all requirements of that Quality Standard have been assessed as Met.

Where a Quality Standard is Not Met, one or more requirements of that Quality Standard has been assessed as Not Met. Note that this does not mean that all requirements of the Quality Standard were assessed.

This Quality Audit report is to be read in conjunction with the Quality Standards

Protected information

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The Aged Care Quality and Safety Commission (the Commission) **does not publish** this report on the Commission's website.

Details about the service

Details about the service	Number
Total number of consumers receiving care	301

Interviews	Number
Consumers	8
Consumer representatives	0
Management	2
Clinical staff	1
Care staff	5
Hospitality and environmental services staff	0
Lifestyle staff	0
External contractors	0
Visiting service providers such as allied health professionals	0
Other	6

Overview of recommendations

This section is an overview of the Assessment Team's assessment of the provider's performance, in relation to the service, against the Quality Standards that were assessed.

Standard 1 Consumer dignity and choice	HCP	Met
	CHSP	Met
Requirement 1(3)(a)	HCP	Met
	CHSP	Met
Requirement 1(3)(b)	HCP	Met
	CHSP	Met
Requirement 1(3)(c)	HCP	Met
	CHSP	Met
Requirement 1(3)(d)	HCP	Met
	CHSP	Met
Requirement 1(3)(e)	HCP	Met
	CHSP	Met
Requirement 1(3)(f)	HCP	Met
	CHSP	Met
Standard 2 Ongoing assessment and planning with consumers	HCP	Met
	CHSP	Met
Requirement 2(3)(a)	HCP	Met
	CHSP	Met
Requirement 2(3)(b)	HCP	Met
	CHSP	Met
Requirement 2(3)(c)	HCP	Met
	CHSP	Met
Requirement 2(3)(d)	HCP	Met
	CHSP	Met
Requirement 2(3)(e)	HCP	Met
	CHSP	Met
Standard 3 Personal care and clinical care	HCP	Met
Requirement 3(3)(a)	HCP	Met
Requirement 3(3)(b)	HCP	Met
Requirement 3(3)(c)	HCP	Met

Requirement 3(3)(d)	HCP	Met
Requirement 3(3)(e)	HCP	Met
Requirement 3(3)(f)	HCP	Met
Requirement 3(3)(g)	HCP	Met
Standard 4 Services and supports for daily living	HCP	Met
	CHSP	Met
Requirement 4(3)(a)	HCP	Met
	CHSP	Met
Requirement 4(3)(b)	HCP	Met
	CHSP	Met
Requirement 4(3)(c)	HCP	Met
	CHSP	Met
Requirement 4(3)(d)	HCP	Met
	CHSP	Met
Requirement 4(3)(e)	HCP	Met
	CHSP	Met
Requirement 4(3)(f)	HCP	Met
	CHSP	Met
Requirement 4(3)(g)	HCP	Met
	CHSP	Met
Standard 6 Feedback and complaints	HCP	Met
	CHSP	Met
Requirement 6(3)(a)	HCP	Met
	CHSP	Met
Requirement 6(3)(b)	HCP	Met
	CHSP	Met
Requirement 6(3)(c)	HCP	Met
	CHSP	Met
Requirement 6(3)(d)	HCP	Met
	CHSP	Met
Standard 7 Human resources	HCP	Met
	CHSP	Met

Requirement 7(3)(a)	HCP	Met
	CHSP	Met
Requirement 7(3)(b)	HCP	Met
	CHSP	Met
Requirement 7(3)(c)	HCP	Met
	CHSP	Met
Requirement 7(3)(d)	HCP	Met
	CHSP	Met
Requirement 7(3)(e)	HCP	Met
	CHSP	Met
Standard 8 Organisational governance	HCP	Met
	CHSP	Met
Requirement 8(3)(a)	HCP	Met
	CHSP	Met
Requirement 8(3)(b)	HCP	Met
	CHSP	Met
Requirement 8(3)(c)	HCP	Met
	CHSP	Met
Requirement 8(3)(d)	HCP	Met
	CHSP	Met
Requirement 8(3)(e)	HCP	Met
	CHSP	Met

Summary of findings

Linked to Life Home Services currently provides care and services to 83 Home Care Package consumers and 218 Commonwealth Home Support Program consumers.

Consumers are treated with dignity and respect. The values, culture, diversity and cultural safety of consumers are recognised. Consumers are supported to make their own decisions, including decisions about risk, and are supported to maintain their independence.

The service demonstrated assessment and planning is undertaken in partnership with consumers and considers risks to consumers' health and wellbeing including high risk areas such as falls, wounds, and medication management. The service demonstrated, and consumers confirmed, staff are consistently delivering safe and effective personal and clinical care in accordance with consumers' needs, goals and preferences.

Consumers are supported to participate in activities of their choosing and the service works with the consumers and their families to ensure consumers maintain connections. Activities are designed to support the consumers' emotional, spiritual, and psychological well-being, individual needs, goals, and preferences, and optimise the consumers' independence, health, and quality of life.

The service supports consumers, consumer representatives and others are able to provide feedback and submit complaints. Consumers are confident they know how to provide feedback or submit a complaint if required. Complaints are actioned. Feedback and complaints are used as an input into the service's continuous improvement plan.

The workforce is planned to ensure the delivery and management of safe and quality care and services by people with appropriate qualifications and skills. Members of the workforce are kind, caring and respectful.

A suite of governance, risk and incident management systems are in place, and monitoring occurs to ensure the delivery of safe and quality care and services.

Standard 1 Consumer dignity and choice

HCP: **Met**

CHSP: **Met**

Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

Organisation statement:

2. The organisation:
 - (a) has a culture of inclusion and respect for consumers; and
 - (b) supports consumers to exercise choice and independence; and
 - (c) respects consumers' privacy.

Summary of Assessment of Standard 1:

The service is:

- Treating consumers with dignity, respect and in a culturally safe manner.
- Providing information in way that is timely, current and accurate, as well as maintaining consumer privacy.
- Supporting consumers to exercise choice through decision making, involving those the consumer chooses and to maintain their relationships.
- Enabling consumers to live the life they wish and take risks.

1(3)(a)

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they are being treated with dignity and respect by the staff and their identity, culture and diversity is known by staff and valued. Consumers said the service took the time to know their background and culture and how this has shaped their preferences. Staff spoke respectfully about the consumers and knew about the consumers culture and background, and how this shapes their identity. Management could provide examples of how consumer's rights and dignity is respected in their assessment approach. Documentation reviewed evidenced the service has a consumer-centred approach to delivering services. For example:

- Ms Keryn Mitchell (HCP 2) said the service and staff know she identifies as an Aboriginal Australian and they are very respectful, kind and caring and her identity has not been something that has come up the staff need reminding of.

1(3)(b)

Care and services are culturally safe.

HCP: Met

CHSP: Met

Assessment:

Consumers said staff understand their culture and how it can impact their care and services. Management said the service received a grant as part of their Commonwealth Home Support Program (CHSP) funding to provide care and services to the local Punjabi population within the community. The service has materials written in Punjabi and staff who are native Punjabi speakers to deliver the care and services require. All staff have received training in culturally safety. Care planning documentation demonstrated the service has an understanding of the diverse needs of their consumers and is able to deliver care in a culturally safe way. For example:

- 2 of 2 Punjabi consumers said the service understands their cultural needs and care is delivered in a way they feel culturally safe with.

1(3)(c)

Each consumer is supported to exercise choice and independence, including to:

- (i) make decisions about their own care and the way care and services are delivered; and*
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and*
- (iii) communicate their decisions; and*
- (iv) make connections with others and maintain relationships of choice, including intimate relationships.*

HCP: Met

CHSP: Met

Assessment:

Consumers said they are informed of the services available to them, are supported to make their own decisions about the services they receive, and the service supports them to be as independent as possible and to include those they want involved with their care. Consumers said they can speak with staff and/or management at any time to make requests or changes to their services and these

are acted on promptly. Management and staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers' preferences. They demonstrated awareness and understanding of individual consumer's communication needs, choices and preferences. For example:

- Ms Debra Hughes (HCP 4) said the service has worked with her to understand her preferences and are happy to listen and make changes when she requests them.

1(3)(d)

Each consumer is supported to take risks to enable them to live the best life they can.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they feel supported to continue to live the life they choose. Management said all consumers have a risk assessment completed at their initial assessment and then at reassessments as needed. Management said they discuss any potential risks with the consumer and there are dignity of risk forms to be completed if they are needed. Management said they will also consider risks to all consumers with their practices and adjust as needed to reduce risk. For example:

- The service noticed there were multiple consumers who struggled to use the steps to get on the bus for their regular day trips. Management said they assessed the potential risk of falls associated with this and now make the services car and extra staff available. This allows any consumer who is a falls risk with the stairs the ability to still attend these trips and remain social.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they receive information in a way they can understand, in a format appropriate to their needs, and which enables them to make informed choices. This includes information to understand aged care services and practical support to access the services they need. Management and staff demonstrated how they assist consumers with communication difficulties. For example:

- All consumers said they receive monthly statement and these are itemised and they understand the charges. There are instructions provided on how to read the statements and to understand the ongoing budget.
- All consumers said they are provided information on commencement including care planning documentation, complaint procedures including external contact information, Advocacy numbers, a home care agreement including translation services information and the Charter of Aged Care Rights.

1(3)(f)

Each consumer's privacy is respected, and personal information is kept confidential.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they are informed on how their personal information will be used and this is also outlined in the home care agreement. Consumer information is stored in a secure electronic database. Access to electronic information is limited by role and is password protected. Policy and procedures reviewed demonstrated privacy and confidentiality is important to the service. Consumers said care staff are respectful of their personal privacy. Staff were able to describe how they maintain privacy and confidentiality of consumer information. For example:

- Mr Russell Batiste (HCP 3) said the staff respect his privacy when they are in his home for his showers. Mr Batiste said he also feels his information is safe and confidential.

Standard 2 Ongoing assessment and planning with consumers

HCP: Met

CHSP: Met

Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Summary of Assessment of Standard 2:

The service is:

- Ensuring risks to consumers' health and wellbeing are identified with consumer incidents, changes in care needs and as part of the initial and ongoing assessment and care planning process.
- Completing consumer assessments to identify consumers' needs, goals, and preferences, including end of life (EOL) planning.
- Including consumer/representatives, external health services and other persons the consumer wishes to be involved, in the ongoing assessment, planning and review of the consumer's care and services.

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.

HCP: Met

CHSP: Met

Assessment:

Consumers said care is planned to meet consumers' care needs and preferences, with strategies to manage risk to consumers' health and wellbeing. Consumer care documentation demonstrates staff assess risk to consumers' health and well-being and plan consumer care to manage risk. The service has risk assessment tools and policies to guide staff in assessment and planning for consumers' care and services.

The Service uses an electronic care management system (ECMS) that is available on staff mobile devices to have live access to consumer information. For example:

- Ms Helen Greenhalgh (HCP 1) said she is well looked after and is involved in planning the care she desires. Ms Greenhalgh said she was offered to upgrade to a higher level of care but chose not to as Ms Greenhalgh said she prefers the social aspect of the Level 1 HCP.
- Ms Hughes said care staff know how she likes things done as she can be very particular.
- Care staff described strategies to support Ms Debra Hughes eating soft food such as blending solid foods into a consistency she prefers and monitoring Ms Hughes whilst she is eating. Care staff also said Ms Hughes can sometimes become anxious when eating and they stay with Ms Hughes until she has finished her meals.
- Ms Hughes care documentation identifies Ms Hughes' has diagnoses of dysphagia and care documentation also demonstrates strategies to prevent Ms Hughes from choking when eating.
- All consumer documentation the Assessment Team reviewed demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including identified risks.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said consumers' current needs, goals, and preferences, are assessed and planned for, including end of life (EOL) care if the consumer wished. The service's staff discuss with consumers/representatives EOL preferences on entry to the service contract, during case conferences and planned meetings if consumers move through palliative care phases. For example:

- Ms Noelene Herbert (HCP 3) said she and her husband have 'had the chat' about end of life and their preferences. Ms Herbert said staff were very professional and sincere about the sensitive subject.
- Management and coordinating staff could describe EOL care planning for consumers including supporting consumers and their representatives with completing advanced health directives (AHD) and ensuring consumers' care documentation reflects AHD preferences.
- The ECMS has a summary page for each consumer and contains consumers' EOL preferences highlighted at the top.

2(3)(c)*Assessment and planning:*

- (i) 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*
- (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

HCP: Met**CHSP: Met****Assessment:**

Consumers said they have discussions with the service when changes to consumer care and services are required. Consumers said that they are involved in the assessment and planning when the consumer first enters the service contract, when circumstances change and annually. The Assessment Team reviewed care plan documentation which evidenced other organisations and providers of care and services were involved in the care of consumers. Management said assessment and planning is based on ongoing partnership with the consumer and others involved in the consumers' care. For example:

- Mr Kenneth Rae (HCP 3) said the staff organise everything. Mr Rae asked if he could get his nails trimmed and they had it booked that afternoon. Mr Rae said his circumstances changed when his wife died last year, and the staff helped with the re-adjustment to his care needs.
- Documents show Mr Rae has regular appointments with Allied health team and care staff could articulate Mr Rae's needs and preferences when it comes to support and assistance.

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.

HCP: Met**CHSP: Met****Assessment:**

Consumers said staff discuss with them their care needs and preferences. Staff said they have access to care plans and other information through the electronic ECMS, with access via mobile devices. Review of consumer files demonstrate documentation of the outcomes of assessment and care planning. The Assessment Team reviewed care planning documentation and relevant information readily

available to staff delivering care. Consumers have a hard copy of their care plan and can request an electronic copy. For example:

- Mr Harbans Singh Gill (CHSP) said he has been with the service for a long time and has always been involved in choices for he and his wife. Mr Gill said the office always calls to check if things are ok and if they need to do any changes that will suit them better. Mr Gill said he has access to his care plan as there is a folder with everything in it at his home.
- Staff said they write comments in the folder at the consumer home as well as entering information into the ECMS that needs to be passed onto the office team.
- Staff that care for Ms Shirly Watson (HCP 3) on alternative days were able to describe Ms Watson's care and collaboratively demonstrate they all had knowledge of the specifics of Ms Watson's care needs.

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.

HCP: Met

CHSP: Met

Assessment:

Review of care documentation confirms care and services are reviewed when consumers' circumstances change, or incidents occur. The service reviews care and assessments on an annual basis from the date of commencement, with ad hoc reviews occurring if there are any changes in consumers' health, choice or incidents occur. Review of care planning documentation confirms care plans are reviewed on a regular basis. The service monitors clinical needs using and agency Registered Nurse (RN) that is contracted to cover clinical needs as they arise. For example.

- Ms Lorna Farr's (HCP 4) documentation shows she will be reviewed for medication management plan on 24 January 2024. The RN advised the Assessment Team that the reason for review is due to Ms Farr's failing eyesight and cognitive decline.
- Registered staff could describe how the ECMS adds consumers' review to an electronic task list for RN to complete, and the allocation schedule for RN for consumer reviews. Currently the RN is reviewing all HCP Level 3 and Level 4 consumers and completing a clinical care plan.
- Rostering staff said that Ms Nola McGovern (HCP L4) no longer wanted her cleaning service on Wednesday morning but would prefer it to be afternoons. This was confirmed in the operational notes.

Standard 3 Personal care and clinical care

HCP: **Met**

CHSP: **Met**

Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

Summary of Assessment of Standard 3:

The service is:

- Delivering safe and effective personal care and clinical care when needed in accordance with consumers' needs and preferences.
- Managing high impact or high prevalence risks for consumers such as wounds and falls.
- Demonstrating care of consumers nearing EOL is respectful and considers individual preferences to ensure care is provided ensuring comfort and with dignity.
- Recognising and responding to deterioration or change of a consumer's condition in a timely manner.
- Minimising infection-related risks through the implementation of screening processes prior to entering the consumers' environment, staff education and the use of personal protective equipment.
- Ensuring timely and appropriate referrals to individuals, other organisations, and providers of other care about the consumer's condition, needs, and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

3(3)(a)

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) optimises their health and well-being.*

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said care is safe and considers the individual consumer's needs, goals and personal preferences. Consumers are assessed by the RN and if they identify as needing clinical care The service has policies and procedures in place to support the delivery of care provided. For example:

- Ms Herbert said staff go out of their way to make life easy for her husband and herself. Ms Herbert had a fall late 2023 and sustained minor fractures and documents show she is under the clinical care of the Coffs Harbour Hospital. Management team said a full clinical review will be conducted on 5 February 2024 when she is no longer in the hospital nursing care team. The service team said they have assisted with a submission to the aged care assessment team to have Ms Herbert's HCP level to be increased to Level 4 which is currently in process.
- Review of relevant documentation confirms consumers' medication is reviewed by the RN when needed, with appropriate authorisation documentation in place to allow the care staff to assist with consumer medication. There are currently no consumers with complex care needs however all documentation process and policies are in place if, and when needed.
- The service care staff conducts skin integrity checks during personal care and promptly notifies the appropriate management team of their concerns.

3(3)(b)

Effective management of high-impact or high-prevalence risks associated with the care of each consumer.

HCP: Met

CHSP: Met

Assessment:

All consumers were satisfied that risks are effectively managed. For consumers sampled, key risks that were risk assessed and documented in the ECMS that included life choices, decisions about consumer's living situation, mobility changes and possible complex nursing needs. Care planning documentation identified that effective strategies were in place to manage identified risks and were recorded in care plans and progress notes. The service demonstrated that risks for each consumer, including life choices and mobility preferences, are effectively managed. For example.

- Mr Rae said he used to use a walking stick, but the care team suggested a 4-wheel walker as he would be able to use it to carry things and free up his hands for stability. Documentation shows the relevant assessments by allied health to obtain the correct equipment.
- Analysis and investigation are conducted by the care management team for all incidents to identify the contributing factors so that appropriate

interventions/actions can be implemented to prevent recurrence however there have been no clinical or high-risk incidents involving consumers in the 18 months of operation.

- Care plans include detailed instructions for staff that reflect recommendations or directives from the dietitian, physiotherapist, occupational therapist, medical officer and RN and where applicable. Staff could articulate how they assist consumers with care and support to meet consumers' needs under the guidance of the external clinical teams.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

The service recognises and documents the needs, goals and preferences of consumers who are nearing the end of their life. Members of the workforce advised that the service includes advance care directives and palliative care plans. A review of care documentation reflects that an advance health directive is in place for those consumers who choose to have one in place, and palliative care plans are in place where appropriate. The service has support from the Coffs Harbour Hospital palliative care, and a local volunteer palliative care team supports the service as required. For example:

- Ms Herbert said she has spoken to her family and care staff of her preferences, and all are aware of her choices.
- Advance care plans are in place on consumer files audited, the clinical team reviews care every 12 months and as required to ensure they reflect consumer wishes, and to discuss with any consumers who do not have a plan.
- Previous consumers on palliative pathway were under the monitoring of the Coffs Harbour Hospital palliative care program as to their request.
- Consumers with cultural background have plans in place for family to be responsible for their preferences when palliative care is needed. Mr Gill is of Punjabi heritage said his family will take care of him and his wife when the time comes.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said that the staff know them well and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration, and care planning documentation includes consumer preferences, advance health plans, and baseline observations. These guide the staff response to deterioration for each consumer. For example:

- Mr Rae said that staff are very good and quick to assess and act when he has become unwell. Mr Rae said he is now living alone and relies on the care staff to identify conditions he may not be aware of.
- Ms Herbert said she has had a recent admission to hospital following a fall and her care was well managed by the external provider. She said the service were quick to review Ms Herbert's care plan after hospital and care staff were requested regularly monitor her for any changes. Documentation shows a complex care plan has been completed and prepared for the transition when Coffs Harbour Health services care is completed.
- All care staff said they have been trained in the procedure if they identify a consumer in decline and could articulate clearly the steps involved.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

The service uses an ECMS to store and manage consumer data such as personal, preferred care, medical and clinical information, care plans and support plans, advance care plans and other relevant information, including consumers' current condition and circumstances, goals, needs and preferences. Consumers say their personal or clinical care is consistent, they don't have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others. Documents reflect how the organisation asks for consent to release or share information using methods suitable for each consumer and in accordance with privacy legislation. There is evidence that relevant members of the workforce, including external providers, have appropriate access to consumer records where needed. For example:

- Mr Rae confirmed staff know his care needs and external health care services are informed of changes in his condition or circumstances.
- Documentation for Ms Lorna Farr show care staff recording on 9 November 2023 a visit to her medical officer and relevant information for other care staff to follow up.

- Care staff interviewed described how information about consumers is shared through electronic messaging systems, documents at the consumer home and regular meetings. The care team update progress notes and changes in consumer records at each consumer visit through the ECMS mobile phone application and any urgent or critical information is handed over to the coordinators.
- Care staff describe the clinical team as being very responsive and supportive communicators. The care team and allied health staff were observed to competently access the care management system to read and update client notes.

3(3)(f)

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

HCP: Met

CHSP: Met

Assessment:

Consumers said they are satisfied with the care and services delivered by external services involved in their care. Staff could describe the process for referrals, which are completed in consultation with the consumer/representative. The management team provided examples of how allied health professionals are engaged in response to changes in consumer needs. Care planning documents demonstrate referrals to allied health professionals and other service providers occurs when appropriate and in a timely manner. For example:

- All consumers sampled said referrals for consumers are timely, appropriate and occur when needed and the consumer has access to, or can be referred to relevant health professionals, such as allied health and medical specialists.
- A review of sampled consumers' documentation and care plans demonstrates care regularly provided by physiotherapists, podiatrists, occupational therapists and pharmacists.
- The RN described how they refer consumers to other health services using the ECMS which the coordinating team contact the external services directly.

3(3)(g)

Minimisation of infection-related risks through implementing:

- (i) *standard and transmission-based precautions to prevent and control infection; and*
- (ii) *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

HCP: Met

CHSP: Met

Assessment:

Consumers said they are satisfied the service implements strategies to minimise infections to consumers. Staff provided examples of practices to prevent and control infections such as hand hygiene, the use of personal protective equipment (PPE), and COVID-19 testing. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks. For example:

- Mr Rae said the nursing staff were always hygienic, washing hands and wearing gloves before starting wound care. Mr Rae said they are very particular about preventing infections.
- Ms Loris Pastiga (HCP 3) care documentation identifies Ms Pastiga was diagnosed with COVID-19 on 4 January 2024 and for 8 days staff monitored Ms Pastiga's condition via phone. Staff that attended Ms Pastiga's care said they followed all COVID-19 and PPE protocols, and some staff chose not to attend. Documents show that Ms Pastiga was contacted via a phone call each day to monitor her health when there were no scheduled visits.
- In relation to preventing COVID-19 consumer infections, the Assessment Team sighted documents and staff could articulate going through a screening process prior to entering the consumer home, and what PPE to wear during consumer cares.

Standard 4 Services and supports for daily living

HCP: **Met**

CHSP: **Met**

Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Summary of Assessment of Standard 4:

The service is:

- Involving consumers in a variety of leisure and lifestyle activities that are based on consumers' individual needs, capabilities and interests.
- Promoting consumers' emotional, spiritual and psychological well-being through compassion and connection between consumers and members of the workforce and community.

- Providing a variety of options to support consumers to live as independently as possible, enjoy life and remain connected to their local community.
- Supporting consumers to organise meals and equipment.

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

HCP: Met

CHSP: Met

Assessment:

Consumers said they are supported to engage in activities of interest to them, and are provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Staff interviewed articulated good understanding of what is important to individual consumers and could describe how they help the consumer to do as much as they can for themselves, if this is their preference. For example:

- All consumers that use the social bus said they look forward to the trips. Ms Helen Greenhalgh said she enjoys the social trips where they stop for coffee and chat.
- Staff that take consumers on daily bus outings said they are aware of individual choices and needs when they go on outings, where they like to sit on the bus and who they sit with.
- Consumers' care and service plans include choices and preferences with social activities and travel preferences.
- Mr Edward Luck's (HCP 2) care and service plan details the assistance provided to purchase mobility aids to support Mr Lucks surgery recovery and independence.
- Policies, procedures and training guide staff in person-centred support.

4(3)(b)

Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.

HCP: Met

CHSP: Met

Assessment:

Consumers said the service provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. For example.

- Lifestyle support staff said consumers' care and service plans guide the delivery of care and services and these plans included how to promote emotional well-being. For example, staff said Ms Farr sometimes is forgetful and feels lonely, so the staff engage her with photos on her walls and encourage her to chat about her life. This is documented in the ECMS.
- Staff and volunteers with heritage in Punjabi have been employed to assist with cultural needs of the Punjabi consumers. Management stated it makes some of the consumers more comfortable and more open to discussing the consumer needs.
- Lifestyle volunteers provide one-on-one activities with consumers, including conversation, board games, grocery trips and walking. Consumers said the volunteers are great to just have around and chat to when your unable to get out and socialise.

4(3)(c)

Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and*
- (ii) have social and personal relationships; and*
- (iii) do the things of interest to them.*

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said consumers are supported to take part in community activities outside of their homes including to go shopping and to meet friends at social gatherings. Staff could describe those consumers who have developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer. For example:

- Mr Gill said he and his wife enjoy the outings and Mr Gill specially enjoys the men's shed meetings. Mr Gill said it is good to just chat amongst friends and catch up on interests they share. Mr Gill and his wife also attend the lunch trips to the bowls club and any other outings that are organised.
- Lifestyle volunteers encourage and provide support to immobile and non-active consumers and support them at home with activities that are suitable. Coordination staff explained how volunteers are partnered up with consumers on compatibility using the consumer profile.
- Consumers' care and service plans effectively convert assessment information into effective care and service strategies. For example, Mr Gill's file has detailed information on his social preferences.

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.

HCP: Met

CHSP: Met

Assessment:

Consumers interviewed said services and supports are consistent and the staff know their individual preferences and other organisations that may be involved in their care and services. Staff, explained how they are updated on the changing condition, needs and preferences of consumers as they relate to services and supports for daily living, including through handover notes and in the service's ECMS. For example:

- Mr Rae said most staff know what his interests and preferences are. He said staff knew of his history and how he has a specific way and time to wash his bedsheets.
- Staff said any changes to consumer needs and services are noted in consumer care documentation on a day-by-day basis which is secured on the ECMS. Any changes to consumers' current lifestyle need and preferences are communicated with the coordinator team. For example, Ms Watson's notes show multiple alterations to care services as she was, unwell, out visiting friends or cancelation of appointments. Adjustments to care services were programmed accordingly.
- Management evidenced consumers/representatives provide information regarding consumers' life history and preferences to the service on commencement. Staff and management evidenced current consumer activity participation and preferred activities are recorded in the ECMS.

4(3)(e)

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

HCP: Met

CHSP: Met

Assessment:

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the needs of consumers. Consumers' daily living needs are assessed to inform their care and service plans. Policies and training guide management and staff. Staff understand

these policies and how to support consumers to participate in the community and have relationships and interests. For example: here

- The service referred Mr Luck to occupational therapist for support to manage his recovery after surgery. Review of care documentation evidenced this referral process within the service.
- Consumers are satisfied with services and supports for daily living. Consumer Mr Rae said he uses Meal on Wheels and is satisfied with the service they provide.
- Care and service records show referrals are made to allied health professionals for equipment and mobility aids and to meal providers. Records evidence referrals are timely.

4(3)(f)

Where meals are provided, they are varied and of suitable quality and quantity.

HCP: **Met**

CHSP: **Met**

Assessment:

While the service does not provide meals, it supports consumers to organise meals. Consumers are satisfied with the support provided. Policies are available to guide management and staff and relevant training is provided. For example: here

- Ms Hughes has been diagnosed with a swallowing disorder and requires her food to be blended to a finer consistency. Staff said they are aware of this and know that Ms Hughes is very particular about the ingredients and consistency. Ms Hughes said she is satisfied with the service she receives.
- Consumers are offered preprepared meal services if they choose and staff can assist in meal preparation if consumers are unable to do so.
- The organisation's policies cover nutrition, meals and hydration, and Lifestyle assistants are trained in safe food handling.

4(3)(g)

Where equipment is provided, it is safe, suitable, clean and well maintained.

HCP: **Met**

CHSP: **Met**

Assessment:

While the service does not provide equipment, it supports consumers to organise suitable equipment. Consumers and staff said the equipment that is purchased and used in the consumer environment is safe and they know how to report any concerns or issues. The service has processes for purchasing, servicing and replacing equipment that is needed for the individual consumer. For example:

- Mr Rae said he was assessed by the occupational therapist about getting a 4-wheel walker instead of using his walking stick. Occupational therapist notes recommended a 4-wheel walker was appropriate as he would be able to use it to carry things and free up his hands for stability. Documentation shows the relevant assessments by allied health to obtain the correct equipment.
- Documentation shows several items of equipment were purchased for Mr Luck in preparation for his return home after surgery in November 2023. However, some of the equipment purchased that was recommended by the occupational therapist was deemed unsuitable by Mr Luck's representatives. The item was returned, refunded and a new item was purchased.

Standard 6 Feedback and complaints

HCP: Met

CHSP: Met

Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

Summary of Assessment of Standard 6:

The service is:

- Encouraging and supporting consumers and others to provide feedback and make complaints.
- Making consumers aware of advocacy, language services, and other methods for raising a complaint.
- Using feedback and complaints to improve their care and services and are undertaking open disclosure with their complaints.

6(3)(a)

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

HCP: Met

CHSP: Met

Assessment:

Consumers said they feel supported to provide feedback and make complaints when needed. Consumers said they are encouraged to talk with staff and management whenever they have a concern, and these concerns are listened to and dealt with promptly. Most consumers said they had not yet had a reason to make a complaint about the service, however they would feel comfortable in doing so. Management said they provide all consumers with information about how to provide feedback or make a complaint and the service undertakes a written survey once a year asking consumers to provide any feedback, suggestions or complaints at that time also.

Care staff were able to explain how they support consumers to provide feedback or make a complaint. For example:

- All consumers said they feel listened to and supported when they provide feedback or make a complaint. Consumers said they are involved in the process and the service will apologise when it is needed.

6(3)(b)

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

HCP: Met

CHSP: Met

Assessment:

Consumers are provided with information on commencement with the service including how to access advocacy services, the consumer's right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint, as well as information on how to access language services for assistance with interpreting or translation. Consumers said they are comfortable in raising concerns or feedback with management but were also aware of other methods they can use to raise these concerns. For example:

- 2 of 2 consumers of Punjabi heritage said the service provides materials about the Commission in Punjabi for them.

6(3)(c)

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

HCP: Met

CHSP: Met

Assessment:

Management was able to discuss the use of open disclosure and how they use this when dealing with complaints. Management said there will be training for care staff on open disclosure this year to ensure all staff have a better understanding of this. Consumers said their complaints are listened to, acted on promptly and they receive an apology. The service has policies and procedures in place to assist staff with responding to complaints and these are included in the staff handbook which every staff member receives at orientation. For example:

- Review of the services complaint register demonstrated all complaints are investigated by management, follow up is undertaken with the consumer and open disclosure is practiced.

6(3)(d)

Feedback and complaints are reviewed and used to improve the quality of care and services.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers who provided feedback to the service said that the service made efforts, or have been able to make changes, to improve care and services, after receiving feedback. The board of directors (the board) said they review the feedback, complaints and compliments register regularly and discuss this monthly at their board meetings. For example:

- The board was able to talk to the complaints identified in the register from the last 3 months and how they use these to find trends or areas for improvement for the service.

However, office staff said they often deal with consumers complaints on the spot and do not always document these. Review of the complaints registered demonstrated the service only documented a single complaint in December 2023. When discussed with management, they acknowledge this is an area they need to improve on. Management came back to the Assessment Team with a plan to undertake further training with staff around the importance of documenting all feedback and complaints, discuss staff what constitutes a complaint and include any complaint about staff in their staff folder also. The service stated they would follow this up in the February 2024 staff meeting.

Standard 7 Human resources

HCP: **Met**

CHSP: **Met**

Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Summary of Assessment of Standard 7:

The service is:

- Planning their workforce to meet the needs of their consumers and will ensure the right mix and number of staff to provide safe and quality care.
- The workforce is competent with appropriate qualifications and knowledge and is supported, trained and equipped to perform their roles and deliver cares in line with these standards.
- The workforce is delivering care that is kind, caring and respectful and the workforce is monitored and there are informal reviews.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they were happy with the staff, they arrive on time, or will advise them if they are running late and staff are not rushed when providing cares, making them feel safe in the care and services being delivered. Management said they look at staff capacity and qualifications before agreeing to accept new consumers to ensure they are able to provide appropriate, safe and quality care. Staff said they are able to ask for additional time to complete tasks if needed so they can deliver the right cares. For example:

- Care staff said they never feel they need to rush with care delivery and will call the office if they are running late and this is adjusted to allow appropriate time for travel and care delivery for the next consumer also.
- Mr Batiste said the staff turn up on time or will let him know if they are running late and will even make sure to have the time to have a 'cuppa' with him before they leave.

7(3)(b)

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said all staff treat them with kindness and respect and are caring in their interactions. Staff could demonstrate they are aware of consumer's individual identity, preferences and cultural requirements. Management and staff were respectful and caring in how they spoke about consumers and demonstrated an understanding of individual consumers identity, culture and diversity. For example:

- Mr Teja Singh (HCP 4) said the service is very helpful, they look after him and his community well. Mr Singh said the service and staff know his background and they help him in a kind way.

7(3)(c)

The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they feel the care staff are competent in providing care and services. Management said the service will work with all care staff, including their volunteers to ensure they are competent to perform their role. Management said care staff for consumers on a Home Care Package (HCP) are qualified staff and they use volunteers to assist with social support under CHSP. All staff and volunteers have their mandatory checks undertaken and receive a thorough orientation including buddy shifts to ensure they are competent prior to working independently with consumers. For example:

- Management said the volunteers will assist the care staff with care and services and work alongside them at social outings and social gatherings organised by the service. Management said this is so volunteers are not working outside of their scope.
- Ms Hughes said the care staff are trained well and know how she likes her cares and services to be delivered and this makes her feel the staff are competent.

7(3)(d)

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

HCP: **Met**

CHSP: **Met**

Assessment:

Consumers said they are confident in the workforce's ability to deliver care and services as staff are well trained. Care staff and volunteers said they receive training that provides them with the knowledge required to perform their roles. Management described the processes used to train, equip and support the workforce. Training records indicate most staff have completed training that supports them to deliver the outcomes required by the Standards. For example:

- Staff said and management confirmed the service provides training session every 2 months with training added to monthly staff meeting if there is a need.
- Management said they will put together training or 'how to' booklets as needed and gave the example of a consumer who had a leg brace. Management said they were trained by an Allied Health professional on the procedure on how to apply this leg brace and this was turned into a booklet for staff with photographs, so it was applied correctly.

7(3)(e)

Regular assessment, monitoring and review of the performance of each member of the workforce.

HCP: Met

CHSP: Met

Assessment:

The service started about 18 months ago and management and the board have acknowledged in that time there has been no formal performance reviews. However, the service demonstrated they are recording feedback about their staff and volunteers in their electronic files, as well as discuss this feedback with staff.

Management provided the Assessment Team with their corporate calendar which demonstrated they have time scheduled to undertake performance reviews over the coming months. The board said they have undertaken a review of the manager, and this is the template management will be using for all staff moving forward. Staff said they receive feedback from the service on an ad-hoc basis when this is provided by consumers. For example:

- Care staff said they receive feedback from management, and they are comfortable requesting additional training and management are responsive to their requests.

Standard 8 Organisational governance

HCP: **Met**

CHSP: **Met**

Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

2. The organisation's governing body is accountable for the delivery of safe and quality care and services.

Summary of Assessment of Standard 8:

The service is:

- Engaging with consumer/representatives to improve care and develop and evaluate services.
- Promoting a culture of safe, inclusive and quality care for all.
- Using effective governance systems and has risk management system in place to manage high-impact or high-prevalence risks.
- Preparing clinical governance frameworks to become ready for increased clinical care needs as they arise.

8(3)(a)

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

HCP: **Met**

CHSP: **Met**

Assessment:

The service demonstrated that consumers/representatives are engaged in the development, delivery and evaluation of care and services. Consumers confirmed the service seeks their input into the care and services they receive, including through surveys and speaking to staff and management. Consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their diverse needs. The service completes an annual survey, they discuss any concerns with the consumers at reviews and the consumer advisory committee is due to meet in March 2024, with the quality care committee meeting in April 2024. For example:

- All consumers said they have received information about the upcoming consumer advisory and quality care committees before Christmas 2023.

- The board said they have sent out the annual consumer feedback survey and they have an email address for all consumers and representatives to contact them directly with any feedback, concerns or questions.

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.

HCP: **Met**

CHSP: **Met**

Assessment:

Management and the board described the organisational structure and how it promotes a culture of safe, inclusive and quality care. A review of the service's clinical governance framework and board meeting minutes indicate the organisation's governing body promotes, and is accountable for, the delivery of safe, inclusive and quality care and services. For example:

- Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures or changes to legislation. These are communicated via notifications through electronic mail, traditional mail, and training sessions.

8(3)(c)

Effective organisation wide governance systems relating to the following:

- (i) *information management*
- (ii) *continuous improvement*
- (iii) *financial governance*
- (iv) *workforce governance, including the assignment of clear responsibilities and accountabilities*
- (v) *regulatory compliance*
- (vi) *feedback and complaints.*

HCP: **Met**

CHSP: **Met**

Assessment:

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example:

Information management

Consumers said they were satisfied with the way information about care and services is managed and how the information is provided to them. Staff said they can readily access the information they need to deliver safe and quality care and

services, and to support them to undertake their respective roles. The service maintains an ECMS which provides staff access to consumer care planning documentation; policies and procedures are available to staff in an electronic format; and staff receive training in policies and procedures via electronic and face-to-face training. The service's ECMS is also available via a mobile phone application, which allows information to be available at the point of care and notes to be added to the consumers file if needed also. The service has a suite of policies and procedures to guide staff in the management of information.

Continuous improvement

Management and the board advised continuous improvement initiatives are drawn from a variety of sources, including consumer/representative feedback and complaints mechanisms, regular analysis of incident data and staff meetings. The Assessment Team reviewed the service's Plan for Continuous Improvement (PCI) which identifies planned and completed improvement actions in relation to various areas of care and service delivery.

Financial governance

Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or the depletion of funds available to provide ongoing care and services. Monthly statements include income and expenditure, including an itemised list of the care and service provided, and ongoing balance. Financial governance systems and processes are in place to manage the finances and resources that the service needs to deliver care and services. Unspent funds and financial matters are monitored and reported monthly to the board, including the plan for how to manage and spend funds were applicable.

Workforce governance

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. Position descriptions are relevant to role. Staff were clear on their responsibilities, showed an awareness of the functions carried out by others and how to share information and/or escalate any concerns or suggestions for improvement. All staff and volunteers are given a handbook on commencement, and this outlines what is expected of them as well as things they are able to complete and not able to inline with their training and position.

Regulatory compliance

The service has systems to ensure it complies with the regulations it is required to meet as an approved provider of aged care services. These systems are designed to identify relevant regulatory requirements and to incorporate these requirements into the service's policies, procedures and practices. Staff are informed about relevant regulatory requirements through training and meetings as they change. The service has effectively implemented relevant requirements, such as:

- HCP Agreement
- The provision of monthly budgets and statements.
- Providing notification to consumers and representatives about Quality Audits.
- The completion of incident reports.
- The monitoring staff requirements such as current national criminal history checks.

Feedback and complaints

The organisation has an established system for logging, escalating, and tracking feedback and complaints. The board reviews all complaints at their monthly meetings and said they will discuss trends as they emerge and add to the PCI as needed. However, the Assessment Team identified the staff are not always recording complaints and feedback when it came to the service. Please refer to Requirement 6(3)(d) for further information.

8(3)(d)

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high-impact or high-prevalence risks associated with the care of consumers*
- (ii) identifying and responding to abuse and neglect of consumers*
- (iii) supporting consumers to live the best life they can*
- (iv) managing and preventing incidents, including the use of an incident management system.*

HCP: **Met**

CHSP: **Met**

Assessment:

The service has developed effective risk management systems and associated practices. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The service has an incident management system. The service has developed Clinical Governance framework to monitor clinical indicators and incidents, however at this time there is no consumers with ongoing or chronic medical conditions which require continuing analysed to identify risks and risk mitigation strategies. For example:

- The service has a risk management policy.
- The service has an incident management system. The details of incidents are recorded, contributing factors are identified and follow up actions implemented. Management advised that the incidents are reviewed, risks and risk mitigation strategies are identified and implemented.

- Staff are provided with relevant training, in for example, falls minimisation, challenging behaviours, fire and emergencies, preventing and managing pressure injuries and infection control.

8(3)(e)

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

- (i) antimicrobial stewardship*
- (ii) minimising the use of restraint*
- (iii) open disclosure.*

HCP: **Met**

CHSP: **Met**

Assessment:

The service has a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care is delivered by a registered nurse and this is documented in the consumers files. This is then reviewed by the board. The service has policies on anti-microbial stewardship, and this is practiced. There are policies and procedures for minimising the use of restraints and open disclosure. The service currently has a small number of consumers receiving short-term clinical cares. Management discussed the service, currently, does not accept consumers with high clinical needs as they are not in a position to currently provide appropriate cares to these consumers. The board discussed they are in the process of identifying the staff and processes required to better manage those consumers with ongoing care needs.

ADDENDUM B: SURVEY ANALYSIS

CLIENT SURVEY ANALYSIS – JANUARY 2024

In January 2024 a formal service evaluation form was distributed by mail to a total of 363 home care package and commonwealth home support (CHSP) clients, to gain their feedback related to a range of areas, with the aim of using this feedback as a continuous improvement strategy.

Of the total evaluations mailed out, a total of 85 were returned (approximately 25% only). To encourage high participation in the survey, we included a return stamped envelope with each mailed survey so that clients did not have to bear the costs associated with return postage. Barriers to participation in the survey, as evidenced by the low return rate could be attributed to difficulty reading, an inability to respond in writing or cognitive impairment. An analysis of feedback is as follows:

1. Question 1 asked the respondents to confirm their status as a client or the representative of the client.

Client: 78 Representative: 7

2. Of the 85 clients: CHSP: 35 Home Care Package: 51 Not identified: 2
3. Question 3 asked respondents to identify all the service types they are happy with:

Social group outings	43
Domestic assistance	49
Transport	17
Lawn/gardening	14
Personal care	9
meal preparation	3
social support – shopping	19
Nursing care	0
Respite	0
Other	6

Further analysis shows that of the 17 respondents who selected transport for this question, related this directly to transport provided as part of group activities.

Of the 51 CHSP clients:

27 were happy with group activities
 9 were happy with their domestic assistance
 3 were happy with their social support shopping
 4 were happy with both groups and shopping
 2 were happy with both groups and domestic
 3 selected other and all were happy with the exercise class
 1 person made no selection of services they were happy with

The service types home care package clients indicated they are happy with:

Group activities 10

Domestic	29
Transport (not group)	3
Lawn/garden	15
Personal care	7
Meal preparation	4
Shopping	10
Nursing	0
Respite	0
Other	2 (physiotherapy and Podiatry services)

We asked the respondents to provide feedback about what they like about the services they are getting with comments as follows:

CHSP clients:

- 10 out of 10 for services, staff and volunteers
- Enjoy the outings have only been on a few so far
- Happy with worker karen she cleans well. staff in office are pleasant
- I enjoy social outings. Some of the hotels don't offer enough choices from their menus. Shopping bus is very good
- we appreciate the quality of service we receive
- meeting other people on outings
- I have enjoyed one activity so far – very pleasant
- Happy with all services I get
- happy with the staff/volunteers and how they treat and care for us. Reasonably happy with venue choices
- exercise class teacher is skilful, time is good and group friendly
- happy with current volunteer
- staff very helpful on outings
- everyone is helpful
- everything
- excellent
- I am happy with the staff and the day and time works well
- Respect and care by staff/volunteers
- I am happy with the staff member and the work she does. I would like to alter the time of service though
- exercise class - I only attend this and have come on a couple of groups which are fun. Instructor very good
- shopping bus always on time. drivers and assistants so caring and smiling – look forward to outings
- you cannot do better
- outings great - good organisation and care dementia help good
- the social outings are great. very well organised.
- staff/volunteers - friendly & caring
- other appts. Very happy with staff/vol
- exercise class. Doing this in the morning starts well for the rest of the day. ruth Ann gets us moving. I enjoy it and feel sore
- very happy with my cleaning service

- transport from door to door staff care excellent. Good outings

HCP Clients:

- the quality of care from my personal care (showering) ladies are excellent - my regulars being pamela, Jutta & Karen
 - like everything about them
 - my two services are fine
 - love lucy. She is my sunshine girl. Sometimes helps me with laptop or mobile as well. A joy to have around. Don't lose her
 - I am more than satisfied
 - my lawn mowing man does a fabulous job & is friendly & helpful. Da help is good although not all jobs are completed each week
 - peter does a great job. He is always happy and sings while he works
 - my da worker lucy is very capable and friendly. mitch hind my mowing man is very
 - reliable and thorough. I am very disappointed now not to have anyone to help me in my garden. He only came about 3-6 monthly to prune and tidy up. can't do it myself
 - friendliness and willingness to help
 - physio. I am very satisfied with my services
 - staff are good, workers are good
 - am very happy & thankful for the girls helping me and uplifting me in my 'down' days
 - staff and quality of assistance
 - my podiatry. Staff great, efficient & on time
 - friendly staff. good regular service. good contact with management, very satisfied with services
 - all good services
 - very happy with my cleaner
 - staff always happy to help with problems. the services I receive have been extremely helpful and the administration of the services has taken a very big load off my daily and weekly concerns of look after household matters and functional needs
4. Question 4 asked clients to provide feedback on the services they receive that they are not happy with:

CHSP Services:

4 clients are indicated that there were some services they were not happy with as follows:

- o Client 1: domestic assistance - I expected the person to do a more thorough job without my having to tell them what to do
- o Client 2: shopping – I miss the one-to-one contact
- o Client 3: group outings - transport to outings - if bus is over 1/2 hour late could they phone to let us know and give an idea of time please
- o Client 4: did not indicate a specific service but commented that they were not provided with information about how to access lawn/garden services

HCP Services:

9 clients indicated that there were some services they were not happy with as follows:

- o Client 1: group activities – too expensive
- o Client 2: group activities – too expensive and not enough venue choice
- o Client 3: lawn/garden - gov changes have reduced what I can use from my package for garden, thereby limiting what can be done in my garden
- o Client 4: did not indicate any specific service type but commented -my worker seems tired by the time she gets to me and doesn't complete all tasks that are required - afternoon shift. I find it hard to get her to do more as she seems very tired. She must be busy
- o Client 5: personal care – no further feedback given
- o Client 6: lawn/gardening – not allowed – miss it!
- o Client 7: personal care and domestic - I am a bit worried about the HOT uniforms and the time schedule from person to person. a few have to rush to arrive in time
- o Client 8: group activities – no further feedback given
- o Client 9: domestic assistance - a new girl came and could not find my house when she finally arrived I only got 40 mins it was my final clean so I had to do a lot more

5. Question 5 was in relation to the information they were provided with about the service and what they could expect prior to commencing with Linked to Life (e.g. information about their rights, access to information, making complaints etc) as follows:

- o 73 clients indicated that YES they did receive adequate information
- o 3 clients indicated that NO they did not receive adequate information

Further analysis shows that of the 3 clients who indicated they did not receive adequate information 2 made no further comment about what could be done better in this area and 1 said that the rules changed after they joined up so they could no longer have what they thought they could.

Of those who indicated they were satisfied with the information provided to them made comments as follows:

- o yes but it was that long ago I can't remember them
- o excellent
- o everything was explained to me
- o so far so good
- o for what I need yes. No info on the hcp at all
- o very full information
- o can't remember but I think so
- o heather came to my home and explained everything to me, she was wonderful
- o can always ring and get answers. very good
- o most contact made with my family. They are
- o happy with services provided. I am happy with the service provided
- o just given to read mostly
- o very good

6. Question 6 asked clients to indicate if their service plan is tailored to meet their individual care needs and preferences:

- o YES: 72
- o NO: 2

Of the 2 clients (1 x CHSP, 1 x hcp) that claimed their services are not tailored to meet their specific needs, neither provided any comment about what could be improved

Of the 72 who said their services were tailored to meet their care needs, they made further comments as below:

- o Very good
- o My services and staff/volunteer is age appropriate
- o At this stage
- o all staff make sure to the best of their ability and the circumstances that my care needs are met
- o sort of
- o vols are very caring seeing to our comfort and wellbeing during our outings
- o yes but not gardening – that's the rule
- o although I feel I certainly need more help if I am to stay at home e.g. Maintenance etc. spoke to someone this week and something will be done to help me
- o would love some talk time
- o would like more cleaning and a water activity
- o the only problem is I have my service Friday in the middle of the day which prevents me from some outings
- o I only go out on outings and everything there is perfect

7. Question 7 asked clients to indicate if they feel comfortable contacting us to make changes to their service plans

- o YES: 75
- o NO: 1

The client who claimed that they did NOT feel comfortable contacting the office did not provide any further feedback about their reason why they don't, nor make any suggestions for improvement.

Of those who claimed they DO feel comfortable, further comment is as follows:

- o Services all ok
- o not really I don't want to get anyone into trouble
- o I have no need to change my plans but would feel comfortable to change plans
- o The girls are just so nice
- o I do
- o I actually rang recently and they were very helpful
- o I do so regularly
- o No arguments ever
- o Very approachable

8. Question 8 asked clients to indicate if they feel that we respond to them in a prompt and timely manner when they contact us:

YES: 75

NO: 1

The client who claimed that they did NOT feel we responded in a prompt and timely manner did not provide any further feedback, nor provide suggestions for improvement

Of those who responded YES, some provided further feedback as follows:

- o 10 out of 10
- o First time
- o Sometimes
- o the only times that responses slow down are when there are office staff shortages
- o also always happy and friendly manner
- o I was told I needed an up to date referral code. So I rang mac and then rang back
- o Always
- o Very good – wonderful!

One client did not specifically indicate yes or no to this question but commented – “sometimes calls aren't returned when I leave a message. I don't think the messages are passed on to the Person”.

9. Question 9 asked clients to indicate if our staff act in a courteous and professional manner:

YES: 79

NO: 0

Clients made the following comments:

- o 11 out of 10
- o staff are friendly usually with a sense of humour
- o always
- o very much so
- o yes
- o 99% of time. odd time way back may not have been but current staff lovely
- o yes very courteous & very professional indeed

One client (the same client as in question 8) did not specifically indicate yes or no to this question but commented – “usually, however can be short. Like if they ask how are you? they sometimes don't give you time to answer. They just continue to tell you what they want to tell you. so they shouldn't ask”.

10. Question 10 asked clients if they were confident that our staff and volunteers who deliver services to them are adequately skilled and trained and have the equipment needed to perform their services.

YES: 77

NO: 2 (1 x CHSP, 1 x hcp)

Of the 2 clients who claimed staff were not adequately skilled and trained

Client 1: contract cleaners have been a disappointment

Client 2: no further feedback provided

Of those who responded YES to the question, further feedback is as follows:

- o Always
- o but please ask drivers to keep both hands on the steering wheel and stop waving their hands around while driving as they have passengers in the vehicle
- o okay
- o yes I have even brought equipment to make it easier for them
- o the staff are always patient and friendly the vols do their best. Sometimes they are too caring
- o some are better than others, but you can rely on help from them all
- o sometimes have to ask for a small thing (ok) to do for me. My 4 girls do and see a list ahead
- o most staff
- o I have always felt comfortable & confident from day one

11. Question 11 asked clients to indicate if they feel they are informed about any changes that may impact their services at an organisational and government level:

YES: 68

NO: 5

Of the 5 who answered NO to this question, feedback is as follows:

- o 2 clients claimed they were misinformed about what could be claimed in their package – “at late stage purchase telephone after being advised by you then refused payment” and “we are extremely disappointed about our medical appointments and aids. E.g. glasses and hearing aids we had to pay out of our own accounts”
- o more information re gov changes, both from gov and l2life would be appreciated
- o 2 clients made no comment regarding improvements

Of those who said YES to this questions provided feedback as follows:

- o I hope so
- o yes with some help and talk with my daughter
- o I would like to know exactly what I can claim in my package
- o only at organisation level, not government

12. Question 12 asked clients to indicate if they believe their privacy, confidentiality and rights are respected:

YES: 77

NO: 0

Of those who responded YES to this question, feedback is as follows:

- o I hope so
- o As far as I know
- o Very much

Two clients did not indicate specifically yes or no to this question but commented that they couldn't answer this question as they did not know if we respected their privacy, confidentiality and rights.

13. We asked clients several questions that relate specifically to the complaints process as follows:

13a. clients were asked if they have raised a complaint or concern with staff, or if they would feel comfortable raising a complaint or concern:

YES: 70

NO: 6

Of those that indicated NO to the question, comments were as follows:

- o 2 x not necessary
- o 2 x no comment
- o 1 x I don't like to complain
- o 1 x probably not

Of those who indicated YES to this question, feedback is as follows:

- o I know they would be helpful if need arises
- o one member of staff didn't speak clearly on the phone
- o haven't had many complaints till now
- o office staff yes, worker no
- o I have had to in the past
- o I would but I'm sure that would never be the case

One client did not indicate yes or no to this question but commented "sometimes, other times I couldn't be bothered".

13.b This question asked those clients who HAVE raised a complaint to indicate if their complaint was handled to their satisfaction:

YES: 24

NO: 3

Of the three clients who were not satisfied with how their complaint was handled their comments are as follows:

- o I was told I could purchase phone \$849.94 when I did it was refused and also medical expenses - double dipping

- o most of my concerns are handled well, but again because of rec govt changes, not all of my timing preferences can be met
- o 1 x no feedback provided

Further comments about how complaints were handled:

- o my complaint was a long time ago. The friendly staff member rang me at home to tell me the situation was taken care of and apologised for the behaviour of the volunteer
- o did not want to change my helper
- o not raised a complaint except no social visit
- o 5 clients responded that 'they have no complaints'

13c. Clients were asked to provide feedback/suggestions on what we could have done differently to achieve a better outcome for them relating to complaints, with feedback as follows:

- o not being told that I could not purchase a phone
- o yes it could have been handled differently especially peters new phone which apparently was considered not essential after spending \$100 on a Samsung phone we did not get any rebate (new gov policy)
- o listen to me better and not brush me aside
- o I am happy the way it is

14. Clients were asked to provide their opinion about improvements and/or changes we could make that would make their services or relationship with Linked to Life better, with feedback as follows:

- o the planning & programming of outings are ever changing and have been and will be commendable
- o outing to south west rocks something to see as well as having lunch
- o all is ok for me
- o cant think of any improvements to the service. I do enjoy the various places we visit
- o nil - meets my current needs
- o very happy with service provided
- o cover medical expenses
- o please issue all your clients with information concerning all your policies
- o I will let you know when and if that happens
- o better communication. Time changes in shifts, gov package changes (not l2life's fault). Whilst staff do a good job, mostly communicating, there is always room for improvement
- o treat us like you care about us. Jenna is perfect at this. some of the other girls in office aren't so nice
- o would like personal care for ron to be earlier if possible
- o small bus for social outings. I am on a walker. Better provision for stowing walker on small bus
- o more in between time for both of us
- o change days of my service to suit
- o everything is wonderful

- o the outings sometimes it would be good to not just have a meal but actually see something e.g. museum or sightseeing. A lot of clients feel the same
- o have an earlier or later service for domestic help
- o worker closer to my age came to do cleaning work
- o make sure they have correct instructions re address this girl was driving around park looking for my house
- o as many clients are very old, may consider this a little more when planning venues especially for very hot summer weather, or extreme cold times. maybe some volunteers, mixing more with clients when at an outing especially when new client attending
- o this is my first year of receiving services and at this point in time I am finding the assistance I receive quite adequate and staff very helpful
- o as far as I am concerned at the moment as I only have outings I think it all works fine
- o just keep up the good work

15. The next question asked clients to rate on a scale of 1-5 the overall quality of their services they receive, with 1 being poor quality and 5 being very high quality, with results as follows:

1:	0
2:	1
3:	2
4:	28
5:	49

6 x clients did not provide any rating

Of the 80 clients over half (60%) rated the quality of services as being very high quality and an overwhelming 96.5% rated the quality of services as being within a high to very high quality rating.

16. Clients were asked to rate on a scale of 1-5 how much difference the services provided by Linked to Life has made to their quality of life and independence, with results as follows:

1:	0
2:	1
3:	2
4:	19
5:	57

7 x clients did not provide any rating.

97% of clients confirmed that the services provided by Linked to Life have enhanced their quality of life and independence.

17. The final section of the survey asked clients to provide any further comments, as follows:

- o I am a new client so it was difficult to have an opinion yet. so far I am pleased with our interaction
- o joined only recently to respond to this survey
- o I am happy with everything - all services are great for me
- o Thanks for service given
- o at this moment I only have shopping service and I am very happy with my volunteers
- o very happy with the help I get
- o we need medical expenses covered not double dipping glasses and hearing aids
- o we are looking forward to our home safety fittings eg new support rails in bathroom and staircase
- o as far as I am concerned you people do good work in getting cleaners etc when there is always a shortage of people. so far I am fairly independent but if I get much older I may have to need more help. I feel I have passed my used by date the girls in the office are splendid workers and very friendly. Thank you all
- o I am thankful and appreciate all you done for me
- o given the challenges in the last years, my experiences with l2life is a positive one
- o would like a phone call occasionally to say hello and check how things are going - not many of us get a call from a friendly voice and we can be lonely
- o my mum has been with l2life for some 6 years and over this time, thankfully there have been minimal interruptions with staff. all levels and depts have been helpful and accommodating with any issues that have arisen over this time. all responses to enquiries are very quick and staff are always pleasant, polite and helpful - nothing is too much trouble. As an organisation they are great communicators.
- o sharon, Diane and peter are professional, kind and caring. The office staff are pretty special, supportive, helpful and caring too
- o I am so happy to be a l2life member
- o we are so lucky to have you all . Thankyou
- o doing a great job thanking you
- o l2life has been a very friendly and organised company which has made getting older a lot easier
- o my mum has attended 3 social groups. She enjoyed herself but felt it hard to make friends as everyone seemed to know everyone else -whereas she is a newcomer. we are well aware it takes time to make new friends. Maybe she will feel better as time goes by
- o we would like if the cleaning lady could move the mats before doing the floor and vacuuming and if she could dust occasionally. Generally happy otherwise
- o I am pleased with the company
- o The exercise class suits me fine and I will be more than happy to join any other fitness class you offer my concern is sometimes not much time for my helpers between clients. sometimes they have to rush from me due to distance. Love my 'off' time shared with Margarethe and Debbie - very healing and peaceful in a nasty world. Dorry about last sentence but you know what I mean.
- o love the local service. Thankyou
- o I have been happy with the service received since my 1st contact and ongoing
- o happy with social support to date

- o bus trips - just being picked up and dropped off at home and because since I was 19. I have cared for others. And I enjoy seeing where other people live
- o very grateful for the home service. Outings generally very good and pleasant
- o very happy thank you
- o gods blessings
- o l2life is very important to us, especially as we get less mobile. There's never a problem we are very happy with the help we receive
- o on the whole apart from hiccup, I have been very happy with service, staff, communication etc and would recommend l2life. office staff are delightful and very helpful. My care worker jenna and priscilla are next level, first class
- o thank you
- o l2l handles its services very well and very professionally. Thank you all for your work on my welfare and care. I need it. at this point I don't need any extras but that could change if so I will contact you. again many thanks for your help in keeping me functioning at my home

SERVICE EVALUATION JANUARY 2024

ANALYSIS OF FEEDBACK – STAFF/VOLUNTEERS

In January paper-based service evaluations were distributed to the home address of all staff and volunteers (35 paid staff and 38 volunteers in total). Of the 73 surveys distributed, a total of 28 were completed and returned (12 paid staff and 16 volunteers).

1. The first question asked respondents to provide information about how long they have been associated with Linked to Life as follows:

- o Less than 6 months: 5
- o Between 6&12 months: 2
- o More than 1 years: 21

2. The respondents were asked to rate their satisfaction with the orientation process and provide comment re process, as follows:

- o The orientation process was smooth and thorough: 23
- o The orientation process could be more thorough: 2
- o No indication: 3

Feedback/suggested improvements:

Paid staff:

- o orientation good but not much outside of my job was shown. I had to scramble as I went to find information as not all my co-workers had answers
- o only that we can meet all office staff in person so we can put a face to the name
- o all good as far as I'm concerned I was told what was expected and help was offered if needed
- o I was fortunate to have sumer know me well and I had my job provider with me. timing was perfect
- o I was surprised that there was no intro to clients when I first started
- o as long as new staff are introduced to office staff, I don't think any changes are needed

Volunteers:

- o nothing
- o no improvements come to mind possibly an intro to all staff and what their roles are
- o more information on clients needs, wellness & disabilities

- o more detail taken of qualifications and speciality field of work
- o with new people send them out with experienced vols
- o don't really recall, however I suspect I would remember if it was unsatisfactory
- o not sure was some time ago from memory smooth - would be good to be able to talk with vols and clients about their experiences
- o none

3. The respondents were asked to rate their satisfaction and provide feedback about the process of setting them up with a new client (*introduction to the specific workplace, home risk assessment, tools and resources to perform their role etc*), as follows:

- o Very satisfactory: 14
- o Satisfied: 11
- o Unsatisfied: 0

Feedback/suggested improvements:

Paid staff:

- o client information needs to be updated and checked. Some clients info has changed but not updated
- o all information is on the roster and if there is special info then I am phoned
- o I am fortunate to have had hands on experience at home. I feel I have an above fair awareness to unexpected situations. The notes pre-visit are wonderful for prep
- o I am satisfied with the process

Volunteers:

- o take vols to meet the client especially important when filling in with clients
- o none
- o always need to meet new client with a staff member
- o more detail of clients state of health
- o taking people shopping is hardly a strain

4. Respondents were asked several questions about training – if they have attended any training, if not what has prevented them from attending, what they liked and found useful from training and their ideas and suggestions for improving training, as follows:

- o Number who have attended training: 24

- o Number who had not attended any training: 4

Of the 4 who indicated that they had not attended any training, the reason they had not is indicated below:

- o 3 were newly recruited paid care staff who indicated that they were scheduled to attend their first training scheduled for February
- o 1 volunteer stated that it is too far to travel to Coffs Harbour to attend training
- o One volunteer who had attended some training also commented that they would prefer to miss the training than confuse their client re change of routine

In relation to what respondents liked or found useful about the training, comments are as follows:

- o The training calendar in advance and the information from the training
- o The down to earth, clear messaging
- o First aid, dementia an domestic abuse
- o Basic life support, aged care complaints process, dementia
- o You never stop learning
- o New ground for me
- o Things discussed – adds to the memory bank
- o Reinforcing the way we approach our clients
- o I love the training keeping skills & knowledge updated and meeting new staff
- o specific training on most matters that pertain to our clients eg dementia, manual handling and things to look out for
- o presented in a relaxed forum, great time to meet other staff
- o information on dementia – reinforcing common sense approaches
- o information that I learned that I did not know
- o first aid/cpr
- o like the informal setting
- o friendly – able to connect and meet staff and other volunteers
- o facilitator presents well – good to go over things we need to know
- o information
- o first aid
- o up-to-date information
- o I enjoy meeting other staff which doesn't happen during work week

When asked for feedback about how we could improve their training experience to make it more effective, feedback included:

- o More topics on aged care related issues
- o I like examples and more practical work
- o Change of day – day not practical for me
- o make sure speakers know their topic. One speaker I heard read straight from the book and could not answer questions

- o train volunteers separate to paid staff – last session I was the only volunteer
- o several small groups is better than bigger groups
- o nothing comes to mind
- o avoid clashes with client time for service perhaps send out summary of presentation so we can think about issues prior to training
- o less gabfest, more experiential
- o there could be a social component to foster a team spirit and the possibility to get to know other members

5. Respondents were asked to provide feedback about their training needs, as follows:

- o Abuse/incidents – reporting and documenting
- o Management/medication
- o Annual cpr/falls prevention
- o Don't know
- o First aid/emergency procedures yearly
- o wound care!! Lots of clients get cuts/skin tears & scratches weird marks - show us how to do proper care for them
- o dementia training pertains to many of our clients so more training would be good
- o communication skills
- o ageing issues, training in manual handling, covid issues
- o all topics are important and regularly change in best practice as we learn and grow give me anything and everything to improve my ability
- o cpr, first aid and whs
- o maybe around the issue of clients wishing they could die

6. Respondents were asked to comment on their experience in dealing with office staff, as follows:

- o Welcoming/friendly
- o No problems dealing with office staff
- o All great
- o All seems to run smoothly and they keep me up-to-date with matters
- o mostly positive one-on one interaction. I do feel a lot of tension and secretiveness
- o excellent I find them very supportive and accommodating
- o good
- o very responsive
- o very good – helpful and pleasant
- o absolutely no bad
- o comments. Office staff
- o are very friendly,
- o helpful and always ready to listen and sort out problems

- o always helpful, always polite on the phone -no problems
- o nothing is too much trouble and they go out of their way to help – the best!!
- o Unfortunately, workforces are hard today. communication breakdown
- o Excellent x 2
- o Office staff are all wonderful, friendly and helpful
- o Staff always helpful and friendly
- o All good
- o I have always found staff pleasant and helpful x 3
- o No complaints, but they tend to be a bit remote
- o they do a good job. Its a difficult time helping clients and staff being sick etc
- o happy with them all
- o office staff are my backbone & strength toward better preparation. they have all been truly supportive - we are all in it together
- o they are great
- o friendly, helpful and very understanding
- o friendly and accommodating

7. Respondents were asked for their feedback about how things are done and any changes needed (*management, administration and service delivery*)

- o communication through all aspects of business could be better
- o a meeting focussed on office structure, Communication and a space to discuss past problems and move forward no-one is at fault. We need better communication
- o none except change days of morning teas so all get a chance to attend
- o you need more room
- o keep us in the loop re our regular clients and any changes. try and keep regular staff for clients especially for pc
- o my one small criticism is that sometimes client are not informed of time changes
- o have a white board displaying when people are away or unavailable
- o is there a volunteer roster? or can vols put their name down for specific activities etc
- o staff seem to change often which could lead to inconsistency and information breakdown
- o include more movies and shows as part of group activities for clients
- o at this point I have had a very smooth transition back to the workplace and hopefully learning quickly through the support offered. Someone has always been available which is important to me
- o the afterhours number needs to be reliable

8. Respondents were asked several questions in relation to complaints and incidents. When asked if they had raised a complaint or incident

- o 13 people responded - yes
- o 13 responded – no
- o 2 people – no comment

Of those who had raised a complaint, 10 indicated that the complaint was resolved to their satisfaction. 1 volunteer indicated the complaint was not resolved to their satisfaction, stating that staff were “not following the direction of the clients family” as the reason their complaint was not resolved adequately.

Further comments in relation to complaints handling were:

- o I was impressed by Linked to Life’s pro-action and the support I was given
- o Did not hear any more about it
- o Raised numerous concerns (it’s part of my job)will talk in person at office – always taken notice of
- o It was with a difficult client and was resolved with speed
- o Only in relation to concern about a client
- o I did ask not to work with a difficult client
- o I have only had a problem with clients who are known to be difficult
- o It is the way to get over it and move on positively
- o It was some years ago – all resolved

Respondents who indicated that they had not raised a complaint previously were asked if they are aware of the process for making a complaint and if they would feel comfortable raising a complaint or concern with staff, with feedback as follows:

- o 15 people indicated that they were aware of the process
- o 4 people indicated that were not aware of process for making a complaint

Further analysis shows that of the 4 people who were not aware of process, 3 were volunteers and 1 a paid staff member, with all 4 indicating that despite not knowing the process, they all indicated they would feel comfortable raising a complaint with staff.

9. Respondents were asked if they felt that the time and effort they contribute to the organisation is valued, appreciated and adequately rewarded:

Yes:	25
No:	1
Yes and no	1
No response:	1

The respondent who indicated that they **didn't** feel valued, appreciated or adequately rewarded stated the reason for their response as "I would like more informal events". The respondent who provided **no response** made the comment "some feedback". The respondent who indicated **yes and no** commented "from some staff but not others I feel I work really hard whilst also helping others and I feel like it's not appreciated, reciprocated or valued by some staff".

Respondents were asked to provide their ideas or suggestions for ways we could improve our relationships with the team. The feedback is as follows:

- o Clear communication – same treatment of staff inside and outside the office
- o Absolutely
- o Keep doing what is current
- o The team is well chosen and dedicated – no changes required
- o Can't think of anything – maybe some social catch-ups for those who want to
- o Cant think of anything – you have all been wonderful
- o Be up front and make sure staff and volunteers are informed of changes
- o Provide a more appropriate uniform for summer – something breathable
- o Keep doing what you are doing
- o Less bureaucracy more individual care
- o I feel I have a good relationship with all members – time and place for everything and it works
- o All fine communication is excellent
- o Most of the time. I am not sure how the team get to know each other – there seems to be more volunteers than staff

10. The final question asked respondents to describe what they really like about Linked to Life and what inspires them to continue to work with our organisation, with comments as follows:

- o The values of the organisation – small, quality and personal
- o my whole experience working with other staff & clients has been a very rewarding and enjoyable process
- o clients, staff, vols we deal with have the same common goal to provide a safe efficient service, with respect
- o it is relaxed & informal, concern for both staff and clients
- o I am inspired by clear communication and support. Some days I feel motivated due to the awesome communication and support in the office I enjoy providing this service to clients, getting feedback from them and creating exciting new opportunities for them
- o everyone is great. friendly. Lift your spirits on a bad day. staff attitudes the opportunity to meet wonderful clients and volunteers. I enjoy giving back to vulnerable people
- o it appears to be a very good caring team

- o friendly, satisfying
- o all good things happening
- o staff are extremely friendly. Clients mostly well suited to volunteers. Always ready to assist with problems. Happy, positive people
- o I like that staff are approachable. We are local. I love old people. I love being useful, knowing im making a positive difference
- o staff are great. I feel secure and wanted I feel I am making a difference to people's lives. I am truly proud to wear the shirt
- o being able to give personal care in a professional manner with compassion
- o the clients and friendly supportive staff
- o the sense of contribution
- o provides me with an opportunity to do something not completely selfish
- o love helping the elderly
- o staff are always very kind to assist clients on bus trips which is wonderful my ladies are always happy to see me and we have a nice time. I am honoured to make a difference to their lives & they make a difference to mine
- o staff friendly & easy to communicate with
- o small org mainly centred on clients and not profit. Continue to wish to contribute to community and lovely aged people who have rungs on the board re their own contribution
- o helping people and feeling valued
- o things run well for me. the org is great to work for, and when I tell someone I work for l2life it's a positive reaction
- o I feel we are all a family
- o the amazing time getting to know you as a wife and carer of a client. From day one it was working and working well. Listening understanding and supporting our needs that is where & who I wanted to work for ethics and beliefs we seem to have
- o it's very well run and all team members are so helpful
- o provide excellent service to the community. I feel my small contribution is helpful and rewarding to me
- o I like to l2l is a small org, making it more personal

ADDENDUM C: AGED CARE REFORMS UPDATE

NOTES FROM WEBINAR 19.06.24 - AGED CARE REFORM UPDATE

- New Aged Care Act is set to be implemented July 2025 and all providers will need to comply with the Act
- Commissions language has changed from 'comply' to 'conform'

WHAT'S NEEDED:

- Update to policies and procedures
- Planning of whole organisation rollout of new p&p's
- New standards drafted and will come into effect in line with the Act – some standards will be same some will be new
- Standards and adherence to standards will be determined by what categories the organisation registers under – all providers will have an obligation to comply with some standards eg. Code of conduct etc, while others who register for other categories will need to comply with all standards

REGISTRATION CATEGORIES (not yet set in concrete):

There will be 6 registration categories as follows:

1. Home and community care – domestic assistance etc
2. Assistive technology
3. Advisory services
4. Personal and social care
5. Nursing and complex care
6. Residential care

Chsp providers will need to transition in 2027 will need to start looking now at:

- The registration process and categories
- Map old standards to new to identify what changes are needed
- Organisational training on new standards

STANDARDS

Currently there is no clear process for transition to new aged care standards. New standards are;

1. The person
2. The organisation
3. Care and services
4. The environment
5. Clinical care
6. Food and nutrition (residential only – but useful tool for home care providers)
7. Residential care (residential only)

SINGLE ASSESSMENT WORKFORCE

- Tender process for assessors – RAS AND ACAT personnel
- A new assessment tool will be developed and used to capture client needs etc – assessors will classify needs into levels of care (similar to hcp)
- 2 types of assessments – regular assessment and a more specialised clinical assessment

WHAT DO WE NEED TO BE AWARE OF:

- Hcp providers – there will be a significant impact on role of care managers. Low level and high level care is becoming more visible.

CARE MANAGEMENT NOW	CARE PARTNER/MANAGER FUTURE
Currently 'care management is a default component of home care package service	Care partner =care manager/case manager
Eligibility for hcp assumes a need for care management	Need for care management is based on an independent assessment
Providers 'design' their care management service model	Funding may be activity based (fixed amount/service) or grant based (set amount/period)
Care management is part of package of support for clients	Care management is a component of the proposed 'advisory services' and 'nursing and complex care' categories
Care management role is based on psycho/social model	Care partner role will be focused on psycho/social/health support model
What is different – different levels (including zero) of care management, increased client oversight and monitoring, more knowledge of complex care needs, health literacy as a capability	

AGED TASKFORCE

- The aged taskforce released 23 recommendations. Some of them are:
 - o That the focus of future aged care be focused on ageing in place – giving older people the support they need to live safely, independently and comfortably in the place they want, for as long as possible
 - o Make fees fairer, simpler and more transparent
 - o Aged people make a fair co-contribution to the cost of their care
 - o Ensure what is allowed and not allowed is widely known and clear
 - o Fee for service model – improved value for money
 - o Introduce a 'support at home' co-contribution that varies depending on the service type – 'everyday' living expenses eg cleaning should be higher because they are day-to-day normal living expenses as apposed to 'care that directly relates to ageing'

SUPPORT AT HOME

- o The assessment will result in short term care – goods, allied health, home mods and ongoing support.
- o Ongoing support can be delivered by one provider or multiple
- o services can be adjusted within the quarterly services budget.
- o It may include clinical care partners.
- o Contribution will be set by capacity to pay
- o Regular reporting on budgets
- o Mixed funding model
- o Activity based funding – get paid for what is delivered
- o Supporting grants for group respite etc

DATES FOR IMPLEMENTATION OF SUPPORT AT HOME:

- HCP – 2025
- CHSP – 2027

TRANSITION

- Existing providers will transition to support at home via a ‘deeming’ process – this is expected to be consistent with the client’s current services delivered by the provider
- Provider transition will support continuity of care for clients – they will continue to get what they get now by same provider
- Hcp clients will retain same level and same funding amount on transition

WHAT IS NOT YET KNOWN:

- Details of the ‘deeming’ process
- Final form of registration categories
- Consumer fees
- How the registration process will be rolled out

THINGS TO START THINKING ABOUT

- What categories the organisation will register for and what are the requirements of each category
- What will be our workforce needs
- Unit price – have a ‘true cost’ of delivering specific service types to ensure ongoing financial viability
- Current level of compliance with standards and remedy areas of non-compliance
- Get head around categories – what they mean
- Think about how organisation operations and administration will need to change to transition and comply
-

ACCOUNTABILITY:

- All providers will have to complete provider operations reports annually